Filing at a Glance

Company:	Continental Casualty Company
Product Name:	ILTC
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate
Date Submitted:	10/16/2018
SERFF Tr Num:	CNAB-131651014
SERFF Status:	Closed-Approved
State Tr Num:	CNAB-131651014
State Status:	Approved & Filed
Co Tr Num:	VA-PS-RA16-R1
Implementation Date Requested:	On Approval
Author(s):	Louis Scarim, Saira Makhani, John Munro, Arun Madappat, Kimeya Koparkar, Avleen Badwal, Rafael Bergerman, Rebecca Butler
Reviewer(s):	Bill Dismore (primary), Elsie Andy
Disposition Date:	06/25/2020
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

General Information

Project Name: VA-PS-RA16-R1
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date: 07/11/2020
Submitted By: Jeffrey Greco

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 08/16/2017
Domicile Status Comments: Illinois completed review and closed this filing on 8/16/2017.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/25/2020
State Status Changed: 06/25/2020
Created By: Jeffrey Greco
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

The purpose of this filing is to request a 154.7% rate increase on insured's with an automatic benefit increase rider for the individual long term care policy forms covered in this filing. The 154.7% rate increase request is reflective of the rate relief required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets.

Company and Contact

Filing Contact Information

Saira Makhani, Actuarial Consultant
151 N. Franklin Street
Chicago, IL 60606

Saira.Makhani@cna.com
312-822-2375 [Phone]

Filing Company Information

Continental Casualty Company
151 N. Franklin Street
Chicago, IL 60606
(312) 822-4006 ext. [Phone]

CoCode: 20443
Group Code: 218
Group Name: CNA Insurance Companies
FEIN Number: 36-2114545

State of Domicile: Illinois
Company Type: Property and Casualty
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	06/25/2020	06/25/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	06/09/2020	06/09/2020
Info has been requested from company	Bill Dismore	03/02/2020	03/02/2020
Info has been requested from company	Bill Dismore	02/03/2020	02/03/2020
Info has been requested from company	Bill Dismore	01/07/2020	01/07/2020
Info has been requested from company	Bill Dismore	12/09/2019	12/09/2019
Info has been requested from company	Bill Dismore	03/08/2019	03/08/2019
Info has been requested from company	Bill Dismore	02/05/2019	02/05/2019
Info has been requested from company	Bill Dismore	02/05/2019	02/05/2019
Info has been requested from company	Bill Dismore	12/13/2018	12/13/2018
Info has been requested from company	Bill Dismore	12/12/2018	12/12/2018

Response Letters

Responded By	Created On	Date Submitted
Louis Scarim	06/11/2020	06/11/2020
Louis Scarim	03/24/2020	03/24/2020
Louis Scarim	02/04/2020	02/04/2020
Louis Scarim	01/10/2020	01/10/2020
Louis Scarim	01/07/2020	01/07/2020
Louis Scarim	03/13/2019	03/13/2019
Louis Scarim	03/05/2019	03/05/2019
John Munro	02/06/2019	02/06/2019
Jeffrey Greco	12/13/2018	12/13/2018
Jeffrey Greco	12/13/2018	12/13/2018

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	11/28/2018	11/28/2018
Info has been requested from company	Bill Dismore	11/26/2018	11/26/2018
Info has been requested from company	Bill Dismore	11/08/2018	11/08/2018
Info has been requested from company	Bill Dismore	10/19/2018	10/19/2018

Response Letters

Responded By	Created On	Date Submitted
Jeffrey Greco	12/10/2018	12/10/2018
Jeffrey Greco	12/11/2018	12/11/2018
Jeffrey Greco	11/14/2018	11/26/2018
Jeffrey Greco	11/06/2018	11/07/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Increased Contingent Non-Forfeiture Offering	John Munro	02/05/2019	02/05/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Update	Note To Filer	Bill Dismore	05/20/2020	05/20/2020
Status Update	Note To Reviewer	Louis Scarim	05/19/2020	05/19/2020
Increase Contingent Non-Forfeiture Addendum Submitted	Note To Reviewer	John Munro	02/05/2019	02/05/2019
Increased Non-Forfeiture Offering	Note To Filer	Bill Dismore	02/05/2019	02/05/2019
Increased Contingent Non-Forfeiture Offering	Note To Reviewer	John Munro	02/05/2019	02/05/2019
Increased Contingent Non-Forfeiture Offering	Note To Reviewer	John Munro	01/02/2019	01/02/2019
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	02/03/2020	
RRS	Reviewer Note	Bill Dismore	11/07/2018	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Disposition

Disposition Date: 06/25/2020
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):
Continental Casualty Company	154.700%	154.700%	$9,227,253	2,839	$5,966,153	154.700%	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	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	State Filing Status	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 10/19/2018	Received & Acknowledged	Yes
Supporting Document	Excel Exhibits	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 11/8/2018	Received & Acknowledged	Yes
Supporting Document	Contingent Non-Forfeiture Benefit Election Form	Received & Acknowledged	Yes
Supporting Document (revised)	Policy Endorsement Form	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 11/26/2018	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document (revised)	Frequently Asked Questions	Received & Acknowledged	Yes
Supporting Document (revised)	Certificate of Compliance	Received & Acknowledged	Yes
Supporting Document	Increased Contingent Non-Forfeiture Offering	Received & Acknowledged	Yes
Supporting Document	Readability Certifications	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated March 8, 2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated December 9, 2019	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to Objection Dated March 2, 2020	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated June 9, 2020		Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Product Checklist	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	State Filing Status	Withdrawn	No
Supporting Document	Policy Endorsement Form	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Frequently Asked Questions	Withdrawn	No
Supporting Document	Certificate of Compliance	Withdrawn	No
Supporting Document	Certificate of Compliance	Withdrawn	No
Form (revised)	ICNF Policyholder Notification	Filed	Yes
Form (revised)	Policy Endorsement Form	Approved	Yes
Form (revised)	Change Request Form	Approved	Yes
Form (revised)	ICNF Rider	Approved	Yes
Form	ICNF Policyholder Notification	Withdrawn	No
Form	ICNF Policyholder Notification	Withdrawn	No
Form	ICNF Policyholder Notification	Withdrawn	No
Form	ICNF Policyholder Notification	Withdrawn	No
Form	ICNF Policyholder Notification	Withdrawn	No
Form	ICNF Policyholder Notification	Withdrawn	No
Form	Policyholder Notification & FAQ	Withdrawn	No
Form	Policyholder Notification & FAQ	Withdrawn	No
Form	Policyholder Notification & FAQ	Withdrawn	No
Form	Policyholder Notification & FAQ	Withdrawn	No
Form	Policyholder Notification & FAQ	Withdrawn	No

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Policy Endorsement Form	Withdrawn	No
Form	Policy Endorsement Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	ICNF Rider	Withdrawn	No
Rate	Rate Sheets	Approved	Yes

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/09/2020
Submitted Date	06/09/2020
Respond By Date	07/09/2020

Dear Saira Makhani,

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

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1. On page 2 under, "Why is this Premium Rate Increase Necessary?" in the third paragraph, the Bureaus website should be updated in the policyholder letter to the current URL which is: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

2. The VA BOI previously requested that the policyholder letter contain a statement that the insured has the right to a revised rate schedule. After reviewing your response and discussing with the management team, we respectfully disagree and maintain that the policyholder notification letter cannot be Filed and this filing approved until such time that the statement required by 14 VAC 5-200-75 A 4 b is made. Without this statement, the insured, policyholder or person otherwise designated to receive such notifications may not be aware that they are entitled to receive a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

3. Please provide a sample of the Schedule of Benefits form that is referred to in the Policy Change Endorsement form, R1-A45-ICNF.

Objection 2

- Statement of Variability (Supporting Document)

Comments: The Statement of Variability related to form R1-A45-ICNF must express the minimum and maximum variable range for the Home and Community Based Care Percentage benefit. 14 VAC 5-200-90 B provides that the amount allowable for home health and community care services may not be less than 50% of the nursing home benefits.

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,

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/02/2020
Submitted Date	03/02/2020
Respond By Date	03/31/2020

Dear Saira Makhani,

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 upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the form. The logo should not appear more prominently than the corporate name. Our concern would be resolved if Underwritten by Continental Casualty Company were emboldened and appeared in a type size equal to or larger than the largest type size used in the letter.

Objection 2

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

- ICNF Rider, RIICNF_VA45 (Form)

Comments: We recognize that the Increased Contingent Non-Forfeiture Benefit Option is designed to provide a greater benefit than the Standard Contingent Non-Forfeiture Benefit Option; however, the benefit provided remains a contingent benefit. For conformity with 14 VAC 5-200-185 E 3, the contingent benefit must be the greater of all premiums paid or 30 times the daily nursing home benefit.

Objection 3

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

*Comments: 1) Under "What are my Options?; 2. Reduce Coverage to Offset the Rate Increase" there is an * that appears in the second sentence. The explanation for the * appears at the end of the paragraph in parenthesis and is confusing.*

*Our concern would be resolved if the * were removed and the parenthesis text was revised and placed at the end of the second sentence. As an example:*

"Your policy includes an automatic benefit increase rider which has increased your policy's maximum daily benefit amount by 5% per year to protect against inflation, on a simple or compound basis, depending on the specific provision in your policy."

2) Page 3, "2. Reduce Coverage to Offset the Rate Increase" the first sentence contains the word "increase[s]" with the s in brackets. Please remove the brackets and replace with parenthesis to address this concern.

Objection 4

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) Appearing on page 4, the sentence, "The total Lifetime Maximum Benefit would be based our daily benefit amount times a factor of 1,825." appears to be missing text (i.e. "on") and an incorrect word "our".

Our objection would be resolved if the sentence were reworded to read, ".... would be based on your daily benefit amount ." (i.e. add "on" and change "our" to "your").

2) Similar to the comment in 1) above, the next sentence, "Please see the enclosed Change Request Form for actual Lifetime Maximum benefit and associated premium." also appears to be missing text (i.e. "your").

Our objection would be resolved if the sentence were reworded to read, ".... for your actual Lifetime Maximum Benefit "

Objection 5

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: 14 VAC 5-200-75 A 4 b requires that the premium increase notification include a statement that the insured has a right to a revised premium rate or rate schedule.

We did not find such a statement in the Policyholder Notification form.

On the Change Request form, the second paragraph, second to last sentence states, "We will send you confirmation of your policy changes once processed." This sentence should be revised to follow the language as closely as possible as outlined in 14 VAC 5-200-75-A. 4. b.

Objection 6

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Under the Section, "How much is my Premium Increase and when does my Bill Increase?, the two options (i.e. single increase or series of increases) should be bracketed on the policyholder notification form and explained on the Statement of Variability.

Objection 7

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) On page 2, under "1. Reduce Coverage and Stop Paying Premium", the underlined text under section b) that states, "If you wish to elect this ICNF option, .." refers to the enclosed "ICNF Change Request Form". This is not the correct name of the form. R1-PS16CRF-A45 is titled "CHANGE REQUEST FORM" and for consistency should be referred to correctly.

Our concern would be resolved if the Company were to revise the sentence to read:

"If you wish to elect this ICNF option, you must complete Option 1 - INCREASED CONTINGENT NON-FORFEITURE BENEFIT OPTION on the enclosed CHANGE REQUEST FORM and return to us by [rate incr eff date + 60 day].

Objection 8

- Statement of Variability (Supporting Document)

Comments: The SOV should describe how the bracketed paragraphs appearing on Page 4 are subject to change from the text as presented. The paragraphs begin with:

[Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit .]

[Reduce other benefit features.]

Objection 9

- Statement of Variability (Supporting Document)

Comments: Change Request Form Statement of Variability

14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the Change Request Form.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Objection 10

- Statement of Variability (Supporting Document)

Comments: R1-A45-ICNF

1) We have the following concerns with the non-inflated daily benefit revision option.

The option is bracketed as variable because it may or may not appear in the endorsement. However, the specific dollar amounts are also variable. As such, the dollar amounts should be bracketed. The SOV should describe the minimum and maximum dollar range.

The option includes a drafter note. The drafter note should be removed from the endorsement and included in the SOV.

Based on the drafter note, the term non-inflated should also be bracketed and described in the SOV.

2) Related to the first bullet directly above, any numerical range presented in the options should be bracketed. The SOV should express the minimum and maximum values.

Objection 11

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Option 1 is described as PAID-UP WITH REDUCED LIFETIME MAXIMUM BENEFIT AMOUNT OPTION (i.e. ICNF). However, the policyholder letter refers to the benefit as the Increased Contingent Non-Forfeiture Benefit. To avoid confusion, the benefit description should be consistent.

Our concern would be resolved if the Company were to consider language such as, "INCREASED CONTINGENT NON-FORFEITURE OPTION" which matches the description of the benefit provided in the policyholder notification letter.

Objection 12

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Option 2 and Option 3 are indicated as being variable in their entirety. Please advise under what circumstances the options are offered and, conversely, would not appear in the change form. The Statement of Variability should reflect the variances.

Objection 13

- ICNF Rider, RIICNF_VA45 (Form)

Comments: The <<print date>> appears to be a variable field. The field should be described in the SOV. In addition, the brackets should be consistent with those used on the other forms (i.e. the double carat should not replace the "[ ]" currently used throughout the other forms).

Objection 14

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Waiver of Premium

The policyholder notification letter should address insureds who are on premium waiver due to a claim, how the premium increase notice affects their current premium and when the insured in must select an option once they come off waiver of premium status.

Objection 15

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Both Options 2 and 3 on the CHANGE REQUEST FORM are bracketed. The end brackets are placed prior to the

Signature and Date lines. Our concern would be addressed if the end brackets were moved to follow the Signature and Date lines. This would indicate that the Signature and Date lines would not appear on the form if these options are not offered.

Objection 16

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Enclosures on last page of letter.

[Encl] should not be bracketed if there is to be no variance to the letter that currently includes a return envelope and the Change Request Form.. Otherwise, the Statement of Variability must list the specific items that are variable as an enclosure.

Objection 17

- Response to Objection Dated December 9, 2019 (Supporting Document)

Comments: The "John Doe" version of the policyholder letter notification shows an inconsistency with 14VAC5-200-75D which requires the premium increase notice be sent at least 75 days prior to the implementation date. Our concern would be addressed if the date of the letter is at least 75 days prior to the "Premium Renewal Date".

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 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,
Bill Dismore

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/03/2020
Submitted Date	02/03/2020
Respond By Date	02/28/2020

Dear Saira Makhani,

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

- Statement of Variability (Supporting Document)

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) First sentence in the last paragraph on page 1, <<frequency>> has inconsistent brackets to indicate variability. Please revise the brackets to match " [ ] ".

2) Last page of letter, [Encl:] must state the enclosure options that may appear in the policyholder notification letter on the Statement of Variability.

Objection 2

- Statement of Variability (Supporting Document)

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Options 1, 2 and 3 pages are not bracketed on the Change Request Form. Please clarify if the company's intention is that every Change Request Form will contain all three of these options. If that is not the intention, please bracket the sections that contain the variable options and provide an explanation for when the option is included and when it is not included.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/07/2020
Submitted Date	01/07/2020
Respond By Date	02/07/2020

Dear Saira Makhani,

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

Comments: Rate/Rule Schedule - Company Rate Information

Since policies without the automatic benefit increase rider will receive no increase, the Minimum % Change where required should equal 0%.

Objection 2

- Statement of Variability (Supporting Document)

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) Please use only "[ ]" to designate variability, as per SERFF instructions. The BOI cannot accept a variety of different bracket symbols. We note at least 4 different types of bracket symbols used to designate variability.

2) «default_modal_prem2» and «default_modal_prem3» are not described on the Statement of Variability for form R1-PS16LTR-A45.

3) The Option 2 Description on the Statement of Variability for form R1-PS16LTR-A45 is too vague. Please specify the insertion instructions and specify when the option is to be inserted within the letter.

4) R1-PS16LTR-A45 does not contain brackets nor a description for the "officer's signature" space.

5) Enclosures should be listed on R1-PS16LTR-A45 and the various enclosure options described on the statement of variability. Form R1-PS16CRF-A45 Change Request Form and a return envelope are two examples of possible enclosures.

6) <<XX,XXX.XX >> and $<<XXX.XX>> variable items are not described on the Statement of Variability. Please ensure that all bracketed variable items are added to the Statement of Variability with a complete description of the allowable variances.

7) [Month XX, 20XX] is not listed and described on the Statement of Variability.

8) The BOI encourages the Company to make their company address, customer service telephone, customer service hours and fax number variable. Should you elect to do so, please be sure to add and describe any variances on the Statement of Variability.

Objection 3

- Statement of Variability (Supporting Document)

- Change Request Form, R1-PS16CRF-A45 (Form)

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Comments: 1) Please use only "[ ]" to designate variability, as per SERFF instructions. The BOI cannot accept a variety of different bracket symbols. We note at least 3 different types of bracket symbols used to designate variability (>>; »;]).

2) Under Option 2, "Daily Benefit (no further annual increases)", the words "(no further annual increases)" is confusing. Please describe what this means on the Change form. For example, did the Company meant to say, in bold text, "I understand that if I elect Option 2 with a revised daily benefit, I cannot increase the daily benefit in the future."

3) On page 1 of the Change Request Form, the Current Lifetime Maximum Benefit and Automatic Benefit Increase Type have options. Please fully explain which option is used and when on the statement of variability.

4) In Option 2, Lifetime Maximum Benefit has options. Please fully explain which option is used and when on the statement of variability.

5) There are no instructions on the Change Request form on where to mail the completed change form.

6) There is no contact information on the Change Request form. This is important in the event the change form is separated from the policyholder notification letter.

Conclusion:

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

A response to this objection 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:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/09/2019
Submitted Date	12/09/2019
Respond By Date	01/09/2020

Dear Saira Makhani,

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

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: The Company name may not be presented as being variable pursuant to 14VAC5-100-50 2. This objection applies in all instances where the company name is variable and also to the generic use of <<Company>>. Please also be sure to correct corresponding Statements of Variability if applicable.

Objection 2

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 3rd Paragraph, last sentence under, "Why is this Premium Rate Increase Necessary?".

Consideration should be given towards making the Virginia Bureau of Insurance webpage, www.scc.virginia.gov/BOI variable in the event the webpage should change in the future.

Objection 3

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Please clarify how the CNA logo applies to Continental Casualty Company and what the relationship is between CNA and Continental Casualty. The policyholder notification letter must be clear as to who is the insuring company.

Objection 4

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: The Change Request Form is designed to be removed from the policyholder letter and returned to the company. 14VAC5-100-40 1. provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. Since the Change Request Form will not remain with the policyholder letter, it cannot be identified by the same form number as that of the letter.

Please separate the Change Request Form from the letter and attach it as an independent form to the Form Schedule with its own unique form number.

Objection 5

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Objection 6

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Please explain if the policyholder will receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

Objection 7

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Once the policyholder letter has been updated, please provide a "John/Jane Doe" version of a ICNF Policyholder Notification (R1-PS16LTR-A45), Change Request Form (with new form number) and Policy Endorsement Form (R1-A45-ICNF).

Objection 8

- Policy Endorsement Form, R1-A45-ICNF (Form)

Comments: Please provide the approved version of the Increased Contingent Nonforfeiture Benefit Rider along with the Statement of Variability. If this form filing is currently pending in Virginia, please provide the SERFF Tracking Number under which the form has been filed for approval.

Objection 9

- Policy Endorsement Form, R1-A45-ICNF (Form)

Comments: Please provide a redlined version of the changes to this form in comparison to the previously approved R1-A45 form that was approved under MILL-128834437. Please also include a revised Statement of Variability.

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:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/08/2019
Submitted Date	03/08/2019
Respond By Date	04/07/2019

Dear Saira Makhani,

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

- Statement of Variability (Supporting Document)

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) If the Company logo is variable, please add this to the Statement of Variability ("SOV").

2) Pursuant to 14VAC5-200-75 A. please add the following:

-Per paragraph A.1. A statement that that the policy may be subject to rate increases in the future;

-Per paragraph A.5. a. Information regarding each premium rate increase on this policy form over the past 10 years per sections (1) through (3).

3) 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.

4) Please include two additional columns under "Subsequent increases will be applied..." by adding "Current Premium" and "New <<frequency>> Premium" Subsequent increase section should be made variable for use when Company makes a series of increases rather than a single increase. Please add this to the SOV.

5) Consideration should be given towards making the reason for the premium rate increase variable to allow the letter to be used on future rate increases.

6) As the Increased Contingent Non-Forfeiture Benefit Option ("ICNF") is not yet approved and may not be offered, it is suggested that the information pertaining to ICNF be made variable and add to the SOV.

7) On page 3 of the letter, remove the sentence, "Normal variable paragraph for unlimited LTM". The options are variable and they should be added and explained on the SOV.

8) On page 4 of the letter, remove the sentence, "Normal variable paragraph for all other LTM limits". The options are variable and they should be added and explained on the SOV.

9) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

10) The letter should contain a disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2019
Submitted Date	02/05/2019
Respond By Date	03/06/2019

Dear Saira Makhani,

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

- Increased Contingent Non-Forfeiture Offering (Supporting Document)

Comments: 1) Please advise if this Increased Contingent Non-Forfeiture form has been approved previously in Virginia. If so, please provide the SERFF tracking number for the form approval.

2) If this is a new form, please move the Contingent Non-Forfeiture Offering to the "Forms Schedule" tab. Note that the form must comply with 14VAC5-100-50. Form Requirements.

3) Please advise the number of other states that have approved the increased Contingent Non-Forfeiture Offering.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2019
Submitted Date	02/05/2019
Respond By Date	03/06/2019

Dear Saira Makhani,

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

- Increased Contingent Non-Forfeiture Offering (Supporting Document)

Comments: 1) For those policyholders that purchased the Contingent Non-Forfeiture Offering prior to this new proposed endorsement, please explain how the Company plans to treat those policyholders that may have a different non-forfeiture offering.

2) Provide documentation for any studies or research that indicates if this new offering will affect the lapse rates?

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/13/2018
Submitted Date	12/13/2018
Respond By Date	12/27/2018

Dear Saira Makhani,

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

Comments: Please move the following forms from the Form Schedule tab and place them under the Supporting Documentation tab:

1) VA Cert of Compliance - Signed 11.14.18.pdf

2) Statement of Variability - PS VA.v3.pdf

3) VA_PS16 mailing FAQ 2017 v8_Pricing.pdf

Please leave form VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf in the Form Schedule tab.

Conclusion:

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

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/12/2018
Submitted Date	12/12/2018
Respond By Date	12/27/2018

Dear Saira Makhani,

Introduction:

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

Objection 1

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: First Page - "Underwritten by ..." and Company address.

Pursuant to 14VAC5-100-50 5., "Individual accident and sickness forms must be printed using a type size of at least 10 point. All other forms must be printed using a type size of at least eight point." Please revise the underwriting company and address to at least a 10 point font size.

Objection 2

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: Statement of Variability & Rate Increase Policyholder Notification Letter

The Statement of Variability shows the Company Logo as a variable field. The policyholder notification letter should contain brackets ("<< >>") around the "CNA" logo.

Objection 3

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: Page 7 - Option 2

In the third paragraph, "the premium increase effective date of" is followed by brackets (<<Month XX, 20XX>>). There is no explanation for this bracketed item in the Statement of Variability. Please revise the Statement of Variability and explain this variable item.

Conclusion:

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

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/28/2018
Submitted Date	11/28/2018
Respond By Date	12/19/2018

Dear Saira Makhani,

Introduction:

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

Objection 1

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: Thank you for revising the Policyholder ("PH") Notification and the Statement of Variability. We have some additional concerns as follows:

1. Pursuant to 14VAC5-100-50. Form Requirements, Section 2., the inclusion of a logo in addition to the full corporate name is not prohibited provided such logo does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. Policyholders may be confused by the logo "CNA" and not connect it to the Full and Legal Name of the responsible insurance company, "Continental Casualty Company." The inclusion of the Company's full and legal name immediately below the logo would add prominence as required by the regulation.

2. On pages 2 and 3 and throughout the Frequently Asked Questions section of the PH Notification, the term "CNA" is used. CNA is not referenced back to the Company's full and legal name. This issue would be resolved if CNA is replaced by <<Company>> when the term, "CNA" appears. Also, on the Statement of Variability, the issuing company name might state, Continental Casualty Company ("CNA") as an example.

3. The term, "New Premium" $<<XX,XXX.XX>> is not listed and explained on the Statement of Variability. This term appears in the table on the Change Request Form, Option 1, Option 2, and Option 3 pages.

Conclusion:

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

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/26/2018
Submitted Date	11/26/2018
Respond By Date	

Dear Saira Makhani,

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.Since only a sample of voluntary lapse rates is supplied, please provide the range and weighted average of ultimate voluntary lapse rates assumed for this block of business.

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

a.Any limited-pay policies that have reached paid-up status should be removed, both from historical experience and future projections.

b.Assumptions should be on a best-estimate basis without margins for moderately adverse conditions.

c.Future shock lapses, benefit reductions, CBUL, or adverse selection should be removed.

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

e.Accumulation and discounting of the cash flows should use the appropriate weighted average maximum valuation interest rate based on issue years.

3.Because the bureau has seen that projected loss ratios can vary greatly for subsets of policies with different benefit richness, for each of the four subsets of the business corresponding to the combinations of (with/without lifetime benefit periods) and (simple/compound inflation protection), please provide (in Excel format with working discount formulas) the following six nationwide projections (24 total):

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

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

d.current assumptions with the proposed rate increase, including shock lapses, benefit reductions, CBUL, or adverse selection

e.original assumptions and original premiums from inception

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

4.For each subset of the business above, please provide the active life reserves on a nationwide basis.

5.It appears that the State Status Listing only includes the current round of rate increases. Please provide in Excel format an expanded version of this exhibit with all historical rate increases is each state.

6.Please explain how diminishing credibility at older ages and later durations was handled in developing morbidity assumptions.

Conclusion:

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

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/08/2018
Submitted Date	11/08/2018
Respond By Date	

Dear Saira Makhani,

Introduction:

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

Objection 1

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: 1) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? This should be explained in the letter.

2) Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt? If this form been approved and the Company plans to use an approved form, please provide the SERFF number under which the form was approved. Attach any approved forms for use with the policyholder notification in Supporting Documentation.

3) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

4) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

5) A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

6) The full company name should appear directly below the "CNA" logo above the company address on page 1. Unless the company name is subject to change, it should not be in brackets since there is no corresponding explanation in the Statement of Variability ("SOV"). The need for "Company:" in the subject line is redundant and should be removed if previously stated.

7) The date, November 6, 2018, should be removed and appear on the letter as, "<<notification generation date>>" to be consistent with the SOV.

8) Please explain the reason for the <<POLICY NUMBER>> appearing in the Subject line and also in the first sentence of the letter.

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

9) There is no explanation on the SOV for the bracketed term, <<Continental Casualty Company>>. Please determine if the brackets should be removed.

10) On the first page of the letter under "New <<frequency>> Premium" the "r_" should be removed from "<<r_default_modal_prem>>".

11) On pages 1 and 2, under "Percentage Increase", the terms XX% should be bracketed and added to the SOV.

12) Please review the entire letter for bracket consistency. Some pages use "[ ]" and other pages use "<< >>". The SOV and the brackets and terms should match exactly. An terms that are variable should be bracketed and explained on the SOV.

13) The letter must include an explanation of the potential for future premiums rate revision(s) as required by 14VAC5-200-75 A 2.

14) On page 3, under "Choose the Option That is Best for You", the 5th line contains an abbreviation, "CCC". Please revise or provide an explanation for this abbreviation.

15) On the "Change Request Form" and the "Option 1 and Option 2" pages, different terminology ("Automatic Benefit Rider" vs. "Inflation Protection") are used along with different options (5% Compound, 5% Simple and None). Please ensure consistency in language and in the use of the options and ensure that these terms/options are fully explained in the SOV.

16) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

Conclusion:

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

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/19/2018
Submitted Date	10/19/2018
Respond By Date	11/19/2018

Dear Saira Makhani,

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

Comments: Rate Request Summary - Part 1

Please provide a completed Rate Request Summary along with a consumer-friendly narrative explaining the reason for the rate revision. Since the Company proposes to implement the rate increase over two years, please complete a Rate Request Summary for each series.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide the original actuarial memorandum along with the assumptions and factors utilized in the initial rate development.

2) Has the previously approved rate increase been fully implemented? If so, please provide the implementation date(s) for each series.

3) Provide a copy of all projections along with calculations and formulas in Excel so that these projections can be recreated.

4) Provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

5) Please provide an explanation of the reserve basis and justification for the reserve levels provided.

6) The filing does not include a description of the benefits applicable for each type of policy as required by 14VAC5-130-70 B 1. Please include a description of benefits by policy type.

7) Provide a comparison of the differences in the assumptions used in the original filing with those actually experienced and those included or revised in this filing.

8) Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force 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.

9) Provide a loss ratio projection (both past and future) which reflects all 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.

10) Provide the active life reserves on a nationwide basis related to these policies.

11) Please provide the original interest rate used in the original pricing of these plans.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: In accordance with 14VAC5-200-75 D, please confirm that the Company will provide at least 75 days notice prior to the implementation of the premium rate schedule increase.

Objection 4

Comments: Policyholder Notifications

Pursuant to 14VAC5-200-75, policyholder notifications regarding rate increases are required to be filed with the Bureau of Insurance at the time the premium rate increase is filed.

If the Company intends to use previously approved policyholder notifications, please attach the approved letters and forms under the Supporting Documentation tab and provide the SERFF tracking number under which the letter(s) and form(s) were approved.

If new letters and forms are to be used and are to become part of the policy, please attach these documents under the Form Schedule tab.

Please ensure that the policyholder notification fully complies with 14AC5-200-75.

Conclusion:

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

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/11/2020
Submitted Date	06/11/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the revised policyholder notification that addresses these two items, along with a sample schedule of benefits.

Related Objection 1

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1. On page 2 under, "Why is this Premium Rate Increase Necessary?" in the third paragraph, the Bureaus website should be updated in the policyholder letter to the current URL which is: https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

2. The VA BOI previously requested that the policyholder letter contain a statement that the insured has the right to a revised rate schedule. After reviewing your response and discussing with the management team, we respectfully disagree and maintain that the policyholder notification letter cannot be Filed and this filing approved until such time that the statement required by 14 VAC 5-200-75 A 4 b is made. Without this statement, the insured, policyholder or person otherwise designated to receive such notifications may not be aware that they are entitled to receive a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

3. Please provide a sample of the Schedule of Benefits form that is referred to in the Policy Change Endorsement form, R1-A45-ICNF.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated June 9, 2020
Comments:	Attached are the revised Statement of Variability documents for the policyholder notification letter and policy change endorsement along with a sample schedule of benefits.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf Sample Schedule of Benefits.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 06/11/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*Policyholder Notification Letter - VA PS.pdf*	*Date Submitted: 03/24/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification Letter Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and*	*Date Submitted: 03/05/2019 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 06/11/2020 By: Louis Scarim
							Drop w ICNF v6 - Final.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 06/11/2020 By: Louis Scarim
							VA.v3.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the revised statement of variability for the policy change endorsement with this correction. Also attached is a revised statement of variability for the policyholder notification letter.

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)

Comments: The Statement of Variability related to form R1-A45-ICNF must express the minimum and maximum variable range for the Home and Community Based Care Percentage benefit. 14 VAC 5-200-90 B provides that the amount allowable for home health and community care services may not be less than 50% of the nursing home benefits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated June 9, 2020
Comments:	Attached are the revised Statement of Variability documents for the policyholder notification letter and policy change endorsement along with a sample schedule of benefits.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf Sample Schedule of Benefits.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions or need anything else. Thank you for your time and consideration.

Sincerely,

Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/24/2020
Submitted Date	03/24/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response and supporting documents.

Related Objection 1

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the form. The logo should not appear more prominently than the corporate name. Our concern would be resolved if Underwritten by Continental Casualty Company were emboldened and appeared in a type size equal to or larger than the largest type size used in the letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response and supporting documents.

Related Objection 2

Applies To:

- *ICNF Rider, RIICNF_VA45 (Form)*
- *ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)*

Comments: We recognize that the Increased Contingent Non-Forfeiture Benefit Option is designed to provide a greater benefit than the Standard Contingent Non-Forfeiture Benefit Option; however, the benefit provided remains a contingent benefit. For conformity with 14 VAC 5-200-185 E 3, the contingent benefit must be the greater of all premiums paid or 30 times the daily nursing home benefit.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
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Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
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Previous Version									
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State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
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4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
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					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see our response and supporting documents.

Related Objection 3

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

*Comments: 1) Under "What are my Options?; 2. Reduce Coverage to Offset the Rate Increase" there is an * that appears in the second sentence. The explanation for the * appears at the end of the paragraph in parenthesis and is confusing.*

*Our concern would be resolved if the * were removed and the parenthesis text was revised and placed at the end of the second sentence. As an example:*

"Your policy includes an automatic benefit increase rider which has increased your policy's maximum daily benefit amount by 5% per year to protect against inflation, on a simple or compound basis, depending on the specific provision in your policy."

2) Page 3, "2. Reduce Coverage to Offset the Rate Increase" the first sentence contains the word "increase[s]" with the s in brackets. Please remove the brackets and replace with parenthesis to address this concern.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see our response and supporting documents.

Related Objection 4

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) Appearing on page 4, the sentence, "The total Lifetime Maximum Benefit would be based our daily benefit amount times a factor of 1,825." appears to be missing text (i.e. "on") and an incorrect word "our".

Our objection would be resolved if the sentence were reworded to read, ".... would be based on your daily benefit amount ." (i.e. add "on" and change "our" to "your").

2) Similar to the comment in 1) above, the next sentence, "Please see the enclosed Change Request Form for actual Lifetime Maximum benefit and associated premium." also appears to be missing text (i.e. "your").

Our objection would be resolved if the sentence were reworded to read, ".... for your actual Lifetime Maximum Benefit "

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see our response and supporting documents.

Related Objection 5

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: 14 VAC 5-200-75 A 4 b requires that the premium increase notification include a statement that the insured has a right to a revised premium rate or rate schedule.

We did not find such a statement in the Policyholder Notification form.

On the Change Request form, the second paragraph, second to last sentence states, "We will send you confirmation of your policy changes once processed." This sentence should be revised to follow the language as closely as possible as outlined in 14 VAC 5-200-75-A. 4. b.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see our response and supporting documents.

Related Objection 6

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Under the Section, "How much is my Premium Increase and when does my Bill Increase?, the two options (i.e. single increase or series of increases) should be bracketed on the policyholder notification form and explained on the Statement of Variability.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
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Previous Version									
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Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see our response and supporting documents.

Related Objection 7

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 1) On page 2, under "1. Reduce Coverage and Stop Paying Premium", the underlined text under section b) that states, "If you wish to elect this ICNF option, .." refers to the enclosed "ICNF Change Request Form". This is not the correct name of the form. R1-PS16CRF-A45 is titled "CHANGE REQUEST FORM" and for consistency should be referred to correctly.

Our concern would be resolved if the Company were to revise the sentence to read:

"If you wish to elect this ICNF option, you must complete Option 1 - INCREASED CONTINGENT NON-FORFEITURE BENEFIT OPTION on the enclosed CHANGE REQUEST FORM and return to us by [rate incr eff date + 60 day].

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

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Previous Version									
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3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
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Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
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State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

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					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
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State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

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	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see our response and supporting documents.

Related Objection 8

Applies To:

- Statement of Variability (Supporting Document)

Comments: The SOV should describe how the bracketed paragraphs appearing on Page 4 are subject to change from the text as presented. The paragraphs begin with:

[Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit .]

[Reduce other benefit features.]

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
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State: Virginia **Filing Company:** Continental Casualty Company
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Form Schedule Item Changes

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					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see our response and supporting documents.

Related Objection 9

Applies To:

- Statement of Variability (Supporting Document)

Comments: Change Request Form Statement of Variability

14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the Change Request Form.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 10

Comments:

Please see our response and supporting documents.

Related Objection 10

Applies To:

- Statement of Variability (Supporting Document)

Comments: R1-A45-ICNF

1) We have the following concerns with the non-inflated daily benefit revision option.

The option is bracketed as variable because it may or may not appear in the endorsement. However, the specific dollar amounts are also variable. As such, the dollar amounts should be bracketed. The SOV should describe the minimum and maximum dollar range.

The option includes a drafter note. The drafter note should be removed from the endorsement and included in the SOV.

Based on the drafter note, the term non-inflated should also be bracketed and described in the SOV.

2) Related to the first bullet directly above, any numerical range presented in the options should be bracketed. The SOV should express the minimum and maximum values.

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
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Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 11

Comments:

Please see our response and supporting documents.

Related Objection 11

Applies To:

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Option 1 is described as PAID-UP WITH REDUCED LIFETIME MAXIMUM BENEFIT AMOUNT OPTION (i.e. ICNF). However, the policyholder letter refers to the benefit as the Increased Contingent Non-Forfeiture Benefit. To avoid confusion, the benefit description should be consistent.

Our concern would be resolved if the Company were to consider language such as, "INCREASED CONTINGENT NON-FORFEITURE OPTION" which matches the description of the benefit provided in the policyholder notification letter.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 12

Comments:

Please see our response and supporting documents.

Related Objection 12

Applies To:

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Option 2 and Option 3 are indicated as being variable in their entirety. Please advise under what circumstances the options are offered and, conversely, would not appear in the change form. The Statement of Variability should reflect the variances.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 13

Comments:

Please see our response and supporting documents.

Related Objection 13

Applies To:

- ICNF Rider, RIICNF_VA45 (Form)

Comments: The <<print date>> appears to be a variable field. The field should be described in the SOV. In addition, the brackets should be consistent with those used on the other forms (i.e. the double carat should not replace the "[ ]" currently used throughout the other forms).

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 14

Comments:

Please see our response and supporting documents.

Related Objection 14

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Waiver of Premium

The policyholder notification letter should address insureds who are on premium waiver due to a claim, how the premium increase notice affects their current premium and when the insured in must select an option once they come off waiver of premium status.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 15

Comments:

Please see our response and supporting documents.

Related Objection 15

Applies To:

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Both Options 2 and 3 on the CHANGE REQUEST FORM are bracketed. The end brackets are placed prior to the Signature and Date lines. Our concern would be addressed if the end brackets were moved to follow the Signature and Date lines. This would indicate that the Signature and Date lines would not appear on the form if these options are not offered.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 16

Comments:

Please see our response and supporting documents.

Related Objection 16

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Enclosures on last page of letter.

[Encl] should not be bracketed if there is to be no variance to the letter that currently includes a return envelope and the Change Request Form.. Otherwise, the Statement of Variability must list the specific items that are variable as an enclosure.

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 17

Comments:

Please see our response and supporting documents.

Related Objection 17

Applies To:

- Response to Objection Dated December 9, 2019 (Supporting Document)

Comments: The "John Doe" version of the policyholder letter notification shows an inconsistency with 14VAC5-200-75D which requires the premium increase notice be sent at least 75 days prior to the implementation date. Our concern would be addressed if the date of the letter is at least 75 days prior to the "Premium Renewal Date".

Changed Items:

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*30.000*	*PS VA Policy Change Endorsement - With ICNF.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
Previous Version									
1	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
2	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*			*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
3	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
3	*ICNF Rider*	*RIICNF_VA45*	*CERA*	*Initial*			*40.000*	*VA_ICNF_Rider Final v4.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
4	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf*	*Date Submitted: 02/04/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version									
4	*ICNF*	*R1-PS16LTR-*	*OTH*	*Initial*			*41.000*	*VA PS16*	*Date Submitted:*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Policyholder Notification	*A45*						*Notification Letter Only.pdf*	*01/07/2020 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version									
4	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
								letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
4	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*			*43.100*	*VA PS16*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf	Date Submitted: 03/24/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
	Notification & FAQ	*A45*						*Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions or need additional information. Thank you for your time and consideration.

Sincerely,

Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/04/2020
Submitted Date	02/04/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

The brackets have been revised in the notification letter as noted above.

The statement of variability for the notification letter has been revised to include a description of the possible enclosures. Please note the Option 2 description was removed from the statement of variability for the notification letter (the Option 2 description is included on the change request form).

Related Objection 1

Applies To:

- *Statement of Variability (Supporting Document)*
- *ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)*

Comments: 1) First sentence in the last paragraph on page 1, <<frequency>> has inconsistent brackets to indicate variability. Please revise the brackets to match " [ ] ".

2) Last page of letter, [Encl:] must state the enclosure options that may appear in the policyholder notification letter on the Statement of Variability.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see the revised statement of variability for the notification letter and change request form.
Attachment(s):	Statement of Variability - PS VA Policy Change Endorsement.pdf Statement of Variability - PS VA Policyholder Notification Letter - Revised 2-3-20.pdf Statement of Variability - PS VA Change Request Form - Revised 2-3-20.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see the revised statement of variability for the notification letter and change request form.*
Attachment(s):	*Statement of Variability - PS VA Policy Change Endorsement.pdf* *Statement of Variability - PS VA Policyholder Notification Letter - Final.pdf* *Statement of Variability - PS VA Change Request Form - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.*
Attachment(s):	*Statement of Variability - PS VA Policyholder Notification Letter.pdf* *Statement of Variability - PS VA Change Request Form.pdf* *Statement of Variability - PS VA Policy Change Endorsement.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf	Date Submitted: 02/04/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification Letter Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf	Date Submitted: 02/04/2020 By: Louis Scarim
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification &*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf,*	*Date Submitted: 11/26/2018*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf	Date Submitted: 02/04/2020 By: Louis Scarim
	FAQ						*Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Option 1 is not variable since every insured will receive that offer. We removed the variability for Option 1. Option 2 and 3 are variable, and changes to the change request form and it's statement of variability have been revised as such.

Related Objection 2

Applies To:

- *Statement of Variability (Supporting Document)*

- Change Request Form, R1-PS16CRF-A45 (Form)

Comments: Options 1, 2 and 3 pages are not bracketed on the Change Request Form. Please clarify if the company's intention is that every Change Request Form will contain all three of these options. If that is not the intention, please bracket the sections that contain the variable options and provide an explanation for when the option is included and when it is not included.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see the revised statement of variability for the notification letter and change request form.
Attachment(s):	Statement of Variability - PS VA Policy Change Endorsement.pdf Statement of Variability - PS VA Policyholder Notification Letter - Revised 2-3-20.pdf Statement of Variability - PS VA Change Request Form - Revised 2-3-20.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see the revised statement of variability for the notification letter and change request form.*
Attachment(s):	*Statement of Variability - PS VA Policy Change Endorsement.pdf* *Statement of Variability - PS VA Policyholder Notification Letter - Final.pdf* *Statement of Variability - PS VA Change Request Form - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.*
Attachment(s):	*Statement of Variability - PS VA Policyholder Notification Letter.pdf* *Statement of Variability - PS VA Change Request Form.pdf* *Statement of Variability - PS VA Policy Change Endorsement.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	R1-PS16CRF-A45	OTH	Initial		40.000	VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - 2-3-20.pdf	Date Submitted: 02/04/2020 By: Louis Scarim
Previous Version								
1	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*		*40.000*	*VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf*	*Date Submitted: 01/10/2020 By: Louis Scarim*
Previous Version								
1	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*		*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions or need anything else. Thank you for your time and consideration.

Sincerely,

Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/10/2020
Submitted Date	01/10/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

A post-submission update will be submitted that indicates the minimum % change is 0%.

Related Objection 1

Comments: Rate/Rule Schedule - Company Rate Information

Since policies without the automatic benefit increase rider will receive no increase, the Minimum % Change where required should equal 0%.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the revised notification letter and statement of variability that addresses items #1-#7. As far as item #8, the company prefers to not make the company address, etc. variable and understands if any of this information changes, a revised notification letter will need to be filed.

Related Objection 2

Applies To:

- *ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)*
- *Statement of Variability (Supporting Document)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1) Please use only "[ ]" to designate variability, as per SERFF instructions. The BOI cannot accept a variety of different bracket symbols. We note at least 4 different types of bracket symbols used to designate variability.

2) «default_modal_prem2» and «default_modal_prem3» are not described on the Statement of Variability for form R1-PS16LTR-A45.

3) The Option 2 Description on the Statement of Variability for form R1-PS16LTR-A45 is too vague. Please specify the insertion instructions and specify when the option is to be inserted within the letter.

4) R1-PS16LTR-A45 does not contain brackets nor a description for the "officer's signature" space.

5) Enclosures should be listed on R1-PS16LTR-A45 and the various enclosure options described on the statement of variability. Form R1-PS16CRF-A45 Change Request Form and a return envelope are two examples of possible enclosures.

6) <<XX,XXX.XX >> and $<<XXX.XX>> variable items are not described on the Statement of Variability. Please ensure that all bracketed variable items are added to the Statement of Variability with a complete description of the allowable variances.

7) [Month XX, 20XX] is not listed and described on the Statement of Variability.

8) The BOI encourages the Company to make their company address, customer service telephone, customer service hours and fax number variable. Should you elect to do so, please be sure to add and describe any variances on the Statement of Variability.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see the revised statement of variability for the notification letter and change request form.
Attachment(s):	Statement of Variability - PS VA Policy Change Endorsement.pdf Statement of Variability - PS VA Policyholder Notification Letter - Final.pdf Statement of Variability - PS VA Change Request Form - Final.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.*
Attachment(s):	*Statement of Variability - PS VA Policyholder Notification Letter.pdf* *Statement of Variability - PS VA Change Request Form.pdf* *Statement of Variability - PS VA Policy Change Endorsement.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf	Date Submitted: 01/10/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*41.000*	*VA PS16 Notification Letter Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf	Date Submitted: 01/10/2020 By: Louis Scarim
							Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf	Date Submitted: 01/10/2020 By: Louis Scarim
							v4_Pricing2.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the revised change request form and statement of variability that addresses each of these items.

Related Objection 3

Applies To:

- *Change Request Form, R1-PS16CRF-A45 (Form)*
- *Statement of Variability (Supporting Document)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1) Please use only "[ ]" to designate variability, as per SERFF instructions. The BOI cannot accept a variety of different bracket symbols. We note at least 3 different types of bracket symbols used to designate variability (>>; »;]).

2) Under Option 2, "Daily Benefit (no further annual increases)", the words "(no further annual increases)" is confusing. Please describe what this means on the Change form. For example, did the Company meant to say, in bold text, "I understand that if I elect Option 2 with a revised daily benefit, I cannot increase the daily benefit in the future."

3) On page 1 of the Change Request Form, the Current Lifetime Maximum Benefit and Automatic Benefit Increase Type have options. Please fully explain which option is used and when on the statement of variability.

4) In Option 2, Lifetime Maximum Benefit has options. Please fully explain which option is used and when on the statement of variability.

5) There are no instructions on the Change Request form on where to mail the completed change form.

6) There is no contact information on the Change Request form. This is important in the event the change form is separated from the policyholder notification letter.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see the revised statement of variability for the notification letter and change request form.
Attachment(s):	Statement of Variability - PS VA Policy Change Endorsement.pdf Statement of Variability - PS VA Policyholder Notification Letter - Final.pdf Statement of Variability - PS VA Change Request Form - Final.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.*
Attachment(s):	*Statement of Variability - PS VA Policyholder Notification Letter.pdf* *Statement of Variability - PS VA Change Request Form.pdf* *Statement of Variability - PS VA Policy Change Endorsement.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	R1-PS16CRF-A45	OTH	Initial		40.000	VA PS16 Change Request Form - Freeze and Drop w ICNF - V1 - response to VA Objection - Final.pdf	Date Submitted: 01/10/2020 By: Louis Scarim
Previous Version								
1	*Change Request Form*	*R1-PS16CRF-A45*	*OTH*	*Initial*		*40.000*	*VA PS16 Change Request Form Only.pdf*	*Date Submitted: 01/07/2020 By: Louis Scarim*

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions or need additional information. Thank you for your time and consideration.

Sincerely,

Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/07/2020
Submitted Date	01/07/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the response and supporting documents.

Related Objection 1

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: The Company name may not be presented as being variable pursuant to 14VAC5-100-50 2. This objection applies in all instances where the company name is variable and also to the generic use of <<Company>>. Please also be sure to correct corresponding Statements of Variability if applicable.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the response and supporting documents.

Related Objection 2

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: 3rd Paragraph, last sentence under, "Why is this Premium Rate Increase Necessary?".

Consideration should be given towards making the Virginia Bureau of Insurance webpage, www.scc.virginia.gov/BOI variable in the event the webpage should change in the future.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
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Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
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Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
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Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the response and supporting documents.

Related Objection 3

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Please clarify how the CNA logo applies to Continental Casualty Company and what the relationship is between CNA and Continental Casualty. The policyholder notification letter must be clear as to who is the insuring company.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the response and supporting documents.

Related Objection 4

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: The Change Request Form is designed to be removed from the policyholder letter and returned to the company. 14VAC5-100-40 1. provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. Since the Change Request Form will not remain with the policyholder letter, it cannot be identified by the same form number as that of the letter.

Please separate the Change Request Form from the letter and attach it as an independent form to the Form Schedule with its own unique form number.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
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State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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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1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

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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	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see the response and supporting documents.

Related Objection 5

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see the response and supporting documents.

Related Objection 6

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Please explain if the policyholder will receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see the response and supporting documents.

Related Objection 7

Applies To:

- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)

Comments: Once the policyholder letter has been updated, please provide a "John/Jane Doe" version of a ICNF Policyholder Notification (R1-PS16LTR-A45), Change Request Form (with new form number) and Policy Endorsement Form (R1-A45-ICNF).

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see the response and supporting documents.

Related Objection 8

Applies To:

- Policy Endorsement Form, R1-A45-ICNF (Form)

Comments: Please provide the approved version of the Increased Contingent Nonforfeiture Benefit Rider along with the Statement of Variability. If this form filing is currently pending in Virginia, please provide the SERFF Tracking Number under which the form has been filed for approval.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
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Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
	Notification & FAQ	*A45*					*Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	VA PS16 Notification Letter Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
					Replaced Form Number:	*R1-A45*			
3	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	VA PS16 Change Request Form Only.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see the response and supporting documents.

Related Objection 9

Applies To:

- Policy Endorsement Form, R1-A45-ICNF (Form)

Comments: Please provide a redlined version of the changes to this form in comparison to the previously approved R1-A45 form that was approved under MILL-128834437. Please also include a revised Statement of Variability.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
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Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA - Certification of Compliance - Signed.pdf*
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
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Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
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Satisfied - Item:	Statement of Variability
Comments:	Please see attached Statement of Variability for each of the forms on the Form Schedule tab that have variable language.
Attachment(s):	Statement of Variability - PS VA Policyholder Notification Letter.pdf Statement of Variability - PS VA Change Request Form.pdf Statement of Variability - PS VA Policy Change Endorsement.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA v1 - response to VA Objection.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

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	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*46.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf*	*Date Submitted: 03/13/2019 By: Louis Scarim*
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Previous Version								
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1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder*	*R1-PS16LTR-*	*OTH*	*Initial*		*42.500*	*VA Cert of*	*Date Submitted:*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

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	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
					Previous MILL-			

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

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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2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Filing Number:*	*128834437*	30.000	PS VA Policy Change Endorsement - With ICNF.pdf	Date Submitted: 01/07/2020 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			
Previous Version									
2	*Policy Endorsement Form*	*R1-A45-ICNF*	*CERA*	*Revised*	*Previous Filing Number:*	*MILL-128834437*	*41.000*	*PS Endorsement Form with ICNF - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
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4	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	VA_ICNF_Rider Final v4.pdf	Date Submitted: 01/07/2020 By: Louis Scarim

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions or need additional information. Thank you for your time and consideration.

Sincerely,

Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/13/2019
Submitted Date	03/13/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the response letter including the revised ICNF policyholder notification letter and Statement of Variability.

Related Objection 1

Applies To:

- *ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)*
- *Statement of Variability (Supporting Document)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1) If the Company logo is variable, please add this to the Statement of Variability ("SOV").

2) Pursuant to 14VAC5-200-75 A. please add the following:

-Per paragraph A.1. A statement that that the policy may be subject to rate increases in the future;

-Per paragraph A.5. a. Information regarding each premium rate increase on this policy form over the past 10 years per sections (1) through (3).

3) 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.

4) Please include two additional columns under "Subsequent increases will be applied..." by adding "Current Premium" and "New <<frequency>> Premium" Subsequent increase section should be made variable for use when Company makes a series of increases rather than a single increase. Please add this to the SOV.

5) Consideration should be given towards making the reason for the premium rate increase variable to allow the letter to be used on future rate increases.

6) As the Increased Contingent Non-Forfeiture Benefit Option ("ICNF") is not yet approved and may not be offered, it is suggested that the information pertaining to ICNF be made variable and add to the SOV.

7) On page 3 of the letter, remove the sentence, "Normal variable paragraph for unlimited LTM". The options are variable and they should be added and explained on the SOV.

8) On page 4 of the letter, remove the sentence, "Normal variable paragraph for all other LTM limits". The options are variable and they should be added and explained on the SOV.

9) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

10) The letter should contain a disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it.

Changed Items:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 8, 2019
Comments:	
Attachment(s):	VA - PS - RA16 - Objection #9 Response Letter.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated March 8, 2019
Comments:	
Attachment(s):	VA - PS - RA16 - Objection #9 Response Letter.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA v1 - response to VA Objection.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA - Final.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		46.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf	Date Submitted: 03/13/2019 By: Louis Scarim
Previous Version								
1	*ICNF Policyholder Notification*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*45.000*	*VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf*	*Date Submitted: 03/05/2019 By: Louis Scarim*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		46.000	VA PS16 Notification letter - Freeze and Drop w ICNF - V1 - response to VA Objection.pdf	Date Submitted: 03/13/2019 By: Louis Scarim
							and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Conclusion:

Sincerely,
Louis Scarim

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/05/2019
Submitted Date	03/05/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

The ICNF form has not been previously approved in Virginia. The ICNF form submitted in the prior response was meant only as an addendum to the actuarial memorandum. We have attached the ICNF form that we propose to use to notify, and explain, ICNF to the insureds on the Form Schedule tab.

Also attached on the From Schedule tab is a revised Policy Endorsement form, that now includes ICNF as an option.

A readability certification for each of these two new forms has been included in the Supporting Documents tab, along with a statement of variability for the ICNF form.

An update certification of compliance has also been included with this response.

In response to item #3 in the objection, we have 7 ICNF approvals to date with another 8 that have shown interest and are currently reviewing.

Related Objection 1

Applies To:

- Increased Contingent Non-Forfeiture Offering (Supporting Document)

Comments: 1) Please advise if this Increased Contingent Non-Forfeiture form has been approved previously in Virginia. If so, please provide the SERFF tracking number for the form approval.

2) If this is a new form, please move the Contingent Non-Forfeiture Offering to the "Forms Schedule" tab. Note that the form must comply with 14VAC5-100-50. Form Requirements.

3) Please advise the number of other states that have approved the increased Contingent Non-Forfeiture Offering.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policy Endorsement Form*
Comments:	*Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.*
Attachment(s):	*VA Endorsement Form - FINAL.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policy Endorsement Form*
Comments:	*Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.*
Attachment(s):	*VA Endorsement Form - FINAL.pdf*

Satisfied - Item:	Frequently Asked Questions
Comments:	The FAQ's have been removed as most of the information is now included in the notification letter and the other questions/answers are no longer applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions*
Comments:	*Please see attached.*
Attachment(s):	*VA_PS16 mailing FAQ 2017 v8_Pricing.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policy Endorsement Form*
Comments:	*Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.*
Attachment(s):	*VA Endorsement Form - FINAL.pdf*

Satisfied - Item:	Frequently Asked Questions
Comments:	The FAQ's have been removed as most of the information is now included in the notification letter and the other questions/answers are no longer applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions*
Comments:	*Please see attached.*
Attachment(s):	*VA_PS16 mailing FAQ 2017 v8_Pricing.pdf*

Satisfied - Item:	Readability Certifications
Comments:	The readability certifications for the forms included on the Form Schedule tab, are attached here.
Attachment(s):	

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

	VA - PS ICNF Letter - Readability Signed.pdf VA - PS Endorsement Form - Readability - Signed.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policy Endorsement Form*
Comments:	*Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.*
Attachment(s):	*VA Endorsement Form - FINAL.pdf*

Satisfied - Item:	Frequently Asked Questions
Comments:	The FAQ's have been removed as most of the information is now included in the notification letter and the other questions/answers are no longer applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions*
Comments:	*Please see attached.*
Attachment(s):	*VA_PS16 mailing FAQ 2017 v8_Pricing.pdf*

Satisfied - Item:	Readability Certifications
Comments:	The readability certifications for the forms included on the Form Schedule tab, are attached here.
Attachment(s):	

	VA - PS ICNF Letter - Readability Signed.pdf VA - PS Endorsement Form - Readability - Signed.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA - Final.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see the Certificate of Compliance on the Form Schedule tab.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policy Endorsement Form*
Comments:	*Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.*
Attachment(s):	*VA Endorsement Form - FINAL.pdf*

Satisfied - Item:	Frequently Asked Questions
Comments:	The FAQ's have been removed as most of the information is now included in the notification letter and the other questions/answers are no longer applicable.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions*
Comments:	*Please see attached.*
Attachment(s):	*VA_PS16 mailing FAQ 2017 v8_Pricing.pdf*

Satisfied - Item:	Readability Certifications
Comments:	The readability certifications for the forms included on the Form Schedule tab, are attached here.
Attachment(s):	

	VA - PS ICNF Letter - Readability Signed.pdf VA - PS Endorsement Form - Readability - Signed.pdf

Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA - Final.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	*Please see attached.*
Attachment(s):	*Statement of Variability - PS VA.v3.pdf*

Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached.
Attachment(s):	VA - Certification of Compliance - Signed.pdf
Previous Version	
Satisfied - Item:	*Certificate of Compliance*
Comments:	*Please see attached.*
Attachment(s):	*VA Cert of Compliance - Signed 11.14.18.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial		45.000	VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf	Date Submitted: 03/05/2019 By: Louis Scarim
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			45.000	VA PS16 Notification letter - Freeze and Drop w ICNF v6 - Final.pdf	Date Submitted: 03/05/2019 By: Louis Scarim
								VA.v3.pdf	
Previous Version									
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version									
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*			*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*
2	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	41.000	PS Endorsement Form with ICNF - Final.pdf	Date Submitted: 03/05/2019 By: Louis Scarim
					Replaced Form Number:	*R1-A45*			

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any questions or need additional information. Thank you for your continued time and consideration.

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Sincerely,

Louis Scarim

State:	Virginia	**Filing Company:**	Continental Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	ILTC		
Project Name/Number:	VA-PS-RA16-R1/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/06/2019
Submitted Date	02/06/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

1) Thank you for your continued review of this filing, including the Increased Contingent Non-Forfeiture (ICNF) addendum. Please note that contingent non-forfeiture is provided to insureds at no cost. However, a small portion of the block purchased a contractual non-forfeiture rider (i.e. the policyholder paid additional premium for this rider). All premium-paying insureds, regardless of whether they have a contractual non-forfeiture rider or a contingent non-forfeiture rider, will have this higher ICNF option available to them during the temporary window to elect the contingent benefit.

2) The Companys offering of this benefit is in response to policyholders and regulators asking for additional options in lieu of paying rate increases and is strictly optional for an insured to elect. A pilot program offering the 150% ICNF was launched in mid-2018 in two states and policyholder behavior was observed for a period of six months. During this period, the Company received positive feedback from both regulators and policyholders and therefore would like to offer this improved benefit in other states, including Virginia. Providing an increased CNF offering to insureds of 150% of lifetime premium not only provides a more meaningful benefit in lieu of paying the rate increase, but also provides the Company more certainty around the risk of the block as people positively elect the benefit. As the pilot study is not yet completed and full results have not yet been shared with the pilot states, we are unable to share the results with Virginia at this time. However, early indications are that we are seeing a favorable reaction from policyholders with respect to the offering. We will continue to monitor our experience from the pilot program, monitor ICNF elections in other states as they are rolled out, and will adjust our best-estimate persistency assumptions in the future if warranted.

Related Objection 1

Applies To:

- Increased Contingent Non-Forfeiture Offering (Supporting Document)

Comments: 1) For those policyholders that purchased the Contingent Non-Forfeiture Offering prior to this new proposed endorsement, please explain how the Company plans to treat those policyholders that may have a different non-forfeiture offering.

2) Provide documentation for any studies or research that indicates if this new offering will affect the lapse rates?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

John Munro

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

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

Dear Bill Dismore,

Introduction:

Thank you for reviewing our filing. This is in response to your objection dated December 13, 2018.

Response 1

Comments:

The following forms have been moved from the Form Schedule tab to the Supporting Documentation tab:

1) VA Cert of Compliance - Signed 11.14.18.pdf

2) Statement of Variability - PS VA.v3.pdf

3) VA_PS16 mailing FAQ 2017 v8_Pricing.pdf

Related Objection 1

Comments: Please move the following forms from the Form Schedule tab and place them under the Supporting Documentation tab:

1) VA Cert of Compliance - Signed 11.14.18.pdf

2) Statement of Variability - PS VA.v3.pdf

3) VA_PS16 mailing FAQ 2017 v8_Pricing.pdf

Please leave form VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf in the Form Schedule tab.

Changed Items:

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA.v3.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA.v3.pdf

Satisfied - Item:	Frequently Asked Questions
Comments:	Please see attached.
Attachment(s):	VA_PS16 mailing FAQ 2017 v8_Pricing.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Please see attached.
Attachment(s):	Statement of Variability - PS VA.v3.pdf

Satisfied - Item:	Frequently Asked Questions
Comments:	Please see attached.
Attachment(s):	VA_PS16 mailing FAQ 2017 v8_Pricing.pdf

Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached.
Attachment(s):	VA Cert of Compliance - Signed 11.14.18.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf*	*Date Submitted: 12/13/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
							VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Jeffrey Greco

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

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

Dear Bill Dismore,

Introduction:

Thank you for reviewing our filing. This is in response to your objection dated December 12, 2018.

Response 1

Comments:

Please see the revised notification letter on the Form Schedule tab with the increased font size of 10 point for the text on first page "Underwritten by ..." and Company address.

Related Objection 1

Applies To:

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: First Page - "Underwritten by ..." and Company address.

Pursuant to 14VAC5-100-50 5., "Individual accident and sickness forms must be printed using a type size of at least 10 point. All other forms must be printed using a type size of at least eight point." Please revise the underwriting company and address to at least a 10 point font size.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
							and Drop 2018 v4_Pricing2.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the revised notification letter on the Form Schedule tab with the brackets included around the "CNA" logo.

Related Objection 2

Applies To:

- *Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)*

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: Statement of Variability & Rate Increase Policyholder Notification Letter

The Statement of Variability shows the Company Logo as a variable field. The policyholder notification letter should contain brackets ("<< >>") around the "CNA" logo.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
							and Drop 2018 v4_Pricing2.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the revised notification letter on the Form Schedule tab, where <<Month XX, 20XX>> is replaced with a variable <<policy_incr_eff_date>>. Since this variable <<policy_incr_eff_date>> already exists on the Statement of Variability, no revisions were made to the Statement of Variability.

Related Objection 3

Applies To:

- *Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: Page 7 - Option 2

In the third paragraph, "the premium increase effective date of" is followed by brackets (<<Month XX, 20XX>>). There is no explanation for this bracketed item in the Statement of Variability. Please revise the Statement of Variability and explain this variable item.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*42.500*	*VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf*	*Date Submitted: 12/10/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v6_Pricing.pdf	Date Submitted: 12/13/2018 By: Jeffrey Greco
							and Drop 2018 v4_Pricing2.pdf	
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Jeffrey Greco

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2018
Submitted Date	12/10/2018

Dear Bill Dismore,

Introduction:

This is in response to your objection dated November 28th, 2018.

Response 1

Comments:

Please see the revised Policyholder Notification Letter, Frequently Asked Questions, and Statement of Variability documents on the Form Schedule tab.

Related Objection 1

Applies To:

- Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)

Comments: Thank you for revising the Policyholder ("PH") Notification and the Statement of Variability. We have some additional concerns as follows:

1. Pursuant to 14VAC5-100-50. Form Requirements, Section 2., the inclusion of a logo in addition to the full corporate name is not prohibited provided such logo does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. Policyholders may be confused by the logo "CNA" and not connect it to the Full and Legal Name of the responsible insurance company, "Continental Casualty Company." The inclusion of the Company's full and legal name immediately below the logo would add prominence as required by the regulation.

2. On pages 2 and 3 and throughout the Frequently Asked Questions section of the PH Notification, the term "CNA" is used. CNA is not referenced back to the Company's full and legal name. This issue would be resolved if CNA is replaced by <<Company>> when the term, "CNA" appears. Also, on the Statement of Variability, the issuing company name might state, Continental Casualty Company ("CNA") as an example.

3. The term, "New Premium" $<<XX,XXX.XX>> is not listed and explained on the Statement of Variability. This term appears in the table on the Change Request Form, Option 1, Option 2, and Option 3 pages.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		42.500	VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v5_Pricing.pdf, VA_PS16 mailing FAQ 2017 v8_Pricing.pdf, Statement of Variability - PS VA.v3.pdf	Date Submitted: 12/10/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.000*	*VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf*	*Date Submitted: 11/26/2018 By: Jeffrey Greco*
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Jeffrey Greco

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/11/2018
Submitted Date	12/11/2018

Dear Bill Dismore,

Introduction:

This is in response to your objection dated November 26th, 2018.

Response 1

Comments:

Please see the attached response letter with supporting attachments, as well as the updated State Status Listing on the Supporting Documentation tab.

Related Objection 1

Applies To:

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

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1.Since only a sample of voluntary lapse rates is supplied, please provide the range and weighted average of ultimate voluntary lapse rates assumed for this block of business.

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

a.Any limited-pay policies that have reached paid-up status should be removed, both from historical experience and future projections.

b.Assumptions should be on a best-estimate basis without margins for moderately adverse conditions.

c.Future shock lapses, benefit reductions, CBUL, or adverse selection should be removed.

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

e.Accumulation and discounting of the cash flows should use the appropriate weighted average maximum valuation interest rate based on issue years.

3.Because the bureau has seen that projected loss ratios can vary greatly for subsets of policies with different benefit richness, for each of the four subsets of the business corresponding to the combinations of (with/without lifetime benefit periods) and (simple/compound inflation protection), please provide (in Excel format with working discount formulas) the following six nationwide projections (24 total):

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

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

d.current assumptions with the proposed rate increase, including shock lapses, benefit reductions, CBUL, or adverse selection

e.original assumptions and original premiums from inception

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

4.For each subset of the business above, please provide the active life reserves on a nationwide basis.

5.It appears that the State Status Listing only includes the current round of rate increases. Please provide in Excel format an expanded version of this exhibit with all historical rate increases is each state.

6.Please explain how diminishing credibility at older ages and later durations was handled in developing morbidity assumptions.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	State Filing Status
Comments:	Please see attached.
Attachment(s):	Preferred Solution Filing Status as of 2018.10.15.xlsx Preferred Solution Filing Status as of 2018.10.15.pdf
Previous Version	
Satisfied - Item:	*State Filing Status*
Comments:	*Please see attached.*
Attachment(s):	*Preferred Solution Filing Status as of 2018.10.15.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	State Filing Status
Comments:	Please see attached.
Attachment(s):	Preferred Solution Filing Status as of 2018.10.15.xlsx Preferred Solution Filing Status as of 2018.10.15.pdf
Previous Version	
Satisfied - Item:	*State Filing Status*
Comments:	*Please see attached.*
Attachment(s):	*Preferred Solution Filing Status as of 2018.10.15.pdf*

Satisfied - Item:	Response to Objection Dated 11/26/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #3 Response Letter with Supporting Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Jeffrey Greco

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/14/2018
Submitted Date	11/26/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

In addition to the attached response letter, please see the revised Notification Letter and Statement of Variability, as well as the Certificate of Compliance, the previously approved Policy Endorsement Form, and the previously approved Contingent Non-Forfeiture Benefit Election Form.

Related Objection 1

Applies To:

- *Policyholder Notification & FAQ, R1-PS16LTR-A45 (Form)*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? This should be explained in the letter.

2) Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt? If this form been approved and the Company plans to use an approved form, please provide the SERFF number under which the form was approved. Attach any approved forms for use with the policyholder notification in Supporting Documentation.

3) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

4) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

5) A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

6) The full company name should appear directly below the "CNA" logo above the company address on page 1. Unless the company name is subject to change, it should not be in brackets since there is no corresponding explanation in the Statement of Variability ("SOV"). The need for "Company:" in the subject line is redundant and should be removed if previously stated.

7) The date, November 6, 2018, should be removed and appear on the letter as, "<<notification generation date>>" to be consistent with the SOV.

8) Please explain the reason for the <<POLICY NUMBER>> appearing in the Subject line and also in the first sentence of the letter.

9) There is no explanation on the SOV for the bracketed term, <<Continental Casualty Company>>. Please determine if the brackets should be removed.

10) On the first page of the letter under "New <<frequency>> Premium" the "r_" should be removed from "<<r_default_modal_prem>>".

11) On pages 1 and 2, under "Percentage Increase", the terms XX% should be bracketed and added to the SOV.

12) Please review the entire letter for bracket consistency. Some pages use "[ ]" and other pages use "<< >>". The SOV and the brackets and terms should match exactly. An terms that are variable should be bracketed and explained on the SOV.

13) The letter must include an explanation of the potential for future premiums rate revision(s) as required by 14VAC5-200-75 A 2.

14) On page 3, under "Choose the Option That is Best for You", the 5th line contains an abbreviation, "CCC". Please revise or provide an explanation for this abbreviation.

15) On the "Change Request Form" and the "Option 1 and Option 2" pages, different terminology ("Automatic Benefit Rider" vs. "Inflation Protection") are used along with different options (5% Compound, 5% Simple and None). Please ensure consistency in language and in the use of the options and ensure that these terms/options are fully explained in the SOV.

16) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/8/2018
Comments:	Please see the attached response letter.
Attachment(s):	VA - PS - RA16 - Objection #2 Response.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/8/2018
Comments:	Please see the attached response letter.
Attachment(s):	VA - PS - RA16 - Objection #2 Response.pdf

Satisfied - Item:	Contingent Non-Forfeiture Benefit Election Form
Comments:	Please see the attached Contingent Non-Forfeiture Benefit Election Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.
Attachment(s):	VA CNF Rider - FINAL revised 8-14-15.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/8/2018
Comments:	Please see the attached response letter.
Attachment(s):	VA - PS - RA16 - Objection #2 Response.pdf

Satisfied - Item:	Contingent Non-Forfeiture Benefit Election Form
Comments:	Please see the attached Contingent Non-Forfeiture Benefit Election Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.
Attachment(s):	VA CNF Rider - FINAL revised 8-14-15.pdf

Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance on the Form Schedule tab.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/8/2018
Comments:	Please see the attached response letter.
Attachment(s):	VA - PS - RA16 - Objection #2 Response.pdf

Satisfied - Item:	Contingent Non-Forfeiture Benefit Election Form
Comments:	Please see the attached Contingent Non-Forfeiture Benefit Election Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.
Attachment(s):	VA CNF Rider - FINAL revised 8-14-15.pdf

Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance on the Form Schedule tab.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*Please see section 23 of the memorandum for actuarial certification of compliance*
Attachment(s):	

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the attached Policy Endorsement Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.
Attachment(s):	VA Endorsement Form - FINAL.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification & FAQ	R1-PS16LTR-A45	OTH	Initial		43.000	VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.v2.pdf, VA Cert of Compliance - Signed 11.14.18.pdf, VA PS16 Notification letter - Freeze and Drop 2018 v4_Pricing2.pdf	Date Submitted: 11/26/2018 By: Jeffrey Greco
Previous Version								
1	*Policyholder Notification & FAQ*	*R1-PS16LTR-A45*	*OTH*	*Initial*		*43.100*	*VA PS16 Notification letter - Freeze and Drop 2018 v3.pdf, VA_PS16 mailing FAQ 2017 v7.pdf, Statement of Variability - PS VA.pdf*	*Date Submitted: 11/07/2018 By: Jeffrey Greco*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jeffrey Greco

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/06/2018
Submitted Date	11/07/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the attached response. Also, please note that we had previously placed the Product Checklist and Rate Request Summary interchangeably under the Supporting Documentation tab. With this response, we have updated the Rate Request Summaries and placed those, as well as the Product Checklist, under the appropriate section.

Related Objection 1

Comments: Rate Request Summary - Part 1

Please provide a completed Rate Request Summary along with a consumer-friendly narrative explaining the reason for the rate revision. Since the Company proposes to implement the rate increase over two years, please complete a Rate Request Summary for each series.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	Please see attached.
Attachment(s):	lhindividltc-Signed.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	*Please see attached.*
Attachment(s):	*ltcratereq_sum.pdf*

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	Please see attached.
Attachment(s):	lhindividltc-Signed.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	*Please see attached.*
Attachment(s):	*ltcratereq_sum.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see attached.
Attachment(s):	ltcratereq_sum - Phase 1 - 70.0%.pdf ltcratereq_sum - Phase 2 - 49.8% (154.7% Cumulative).pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Please see attached.*
Attachment(s):	*lhindividltc-Signed.pdf*

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	Please see attached.
Attachment(s):	lhindividltc-Signed.pdf
Previous Version	
Satisfied - Item:	*Product Checklist*
Comments:	*Please see attached.*
Attachment(s):	*ltcratereq_sum.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see attached.
Attachment(s):	ltcratereq_sum - Phase 1 - 70.0%.pdf ltcratereq_sum - Phase 2 - 49.8% (154.7% Cumulative).pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Please see attached.*
Attachment(s):	*lhindividltc-Signed.pdf*

Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response.

Related Objection 2

Applies To:

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

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Comments: 1) Please provide the original actuarial memorandum along with the assumptions and factors utilized in the initial rate development.

2) Has the previously approved rate increase been fully implemented? If so, please provide the implementation date(s) for each series.

3) Provide a copy of all projections along with calculations and formulas in Excel so that these projections can be recreated.

4) Provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

5) Please provide an explanation of the reserve basis and justification for the reserve levels provided.

6) The filing does not include a description of the benefits applicable for each type of policy as required by 14VAC5-130-70 B 1. Please include a description of benefits by policy type.

7) Provide a comparison of the differences in the assumptions used in the original filing with those actually experienced and those included or revised in this filing.

8) Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force 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.

9) Provide a loss ratio projection (both past and future) which reflects all 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.

10) Provide the active life reserves on a nationwide basis related to these policies.

11) Please provide the original interest rate used in the original pricing of these plans.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf

Satisfied - Item:	Excel Exhibits
Comments:	Please see the attached excel exhibits. Please note, Virginia-specific experience is not fully credible, but is being provided for reference.
Attachment(s):	Nationwide - Excel Workbook.xlsx VA Specific - Excel Workbook.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In accordance with 14VAC5-200-75 D, please confirm that the Company will provide at least 75 days notice prior to the implementation of the premium rate schedule increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached response. Please note that the Readability Score was calculated by combining the Notification Letter and FAQ.

Related Objection 4

Comments: Policyholder Notifications

Pursuant to 14VAC5-200-75, policyholder notifications regarding rate increases are required to be filed with the Bureau of Insurance at the time the premium rate increase is filed.

If the Company intends to use previously approved policyholder notifications, please attach the approved letters and forms under the Supporting Documentation tab and provide the SERFF tracking number under which the letter(s) and form(s) were approved.

If new letters and forms are to be used and are to become part of the policy, please attach these documents under the Form Schedule tab.

Please ensure that the policyholder notification fully complies with 14AC5-200-75.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jeffrey Greco

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Amendment Letter

Submitted Date: 02/05/2019

Comments:

Please find attached the addendum to the Actuarial Memorandum providing details on the Increase Contingent Non-Forfeiture Offering.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Increased Contingent Non-Forfeiture Offering
Comments:	
Attachment(s):	20171231 - ICNF Addendum - VA.pdf

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Filer

Created By:

Bill Dismore on 05/20/2020 08:36 AM

Last Edited By:

Bill Dismore

Submitted On:

05/20/2020 08:37 AM

Subject:

Status Update

Comments:

The policyholder notification letter is under review by the BOI's Management Committee. If there are any further questions we will advise you. Once the letter is approved, the long-term care filing will be finalized.

Thank you for your patience during our review.

Sincerely,

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Reviewer

Created By:

Louis Scarim on 05/19/2020 03:12 PM

Last Edited By:

Bill Dismore

Submitted On:

05/20/2020 08:37 AM

Subject:

Status Update

Comments:

Can you provide an update on the status of this filing?

Please let me know if you need anything from us to complete your review. Thank you for your time and consideration.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Reviewer

Created By:

John Munro on 02/05/2019 09:32 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 09:59 AM

Subject:

Increase Contingent Non-Forfeiture Addendum Submitted

Comments:

We have attached the addendum to the Actuarial Memorandum outlining details on ICNF for your reference.

Please let us know if you have any questions.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Filer

Created By:

Bill Dismore on 02/05/2019 08:32 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 09:59 AM

Subject:

Increased Non-Forfeiture Offering

Comments:

Thank you and note that we have received and acknowledge your recommendation.

We would like to see any supporting documentation that you can provide for our consideration of the increased non-forfeiture offering.

In the meantime, should you have any questions or need additional information please don't hesitate to contact me.

My direct line is (804) 371-9370.

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Reviewer

Created By:

John Munro on 02/05/2019 08:27 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 09:59 AM

Subject:

Increased Contingent Non-Forfeiture Offering

Comments:

We just wanted to follow-up with respect to our Increased Contingent Non-Forfeiture offering as part of this filing. Please let us know if the department is interested in more details on this offering and we will attach an addendum to the memorandum in this filing.

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Note To Reviewer

Created By:

John Munro on 01/02/2019 04:21 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 09:59 AM

Subject:

Increased Contingent Non-Forfeiture Offering

Comments:

In an effort to provide policyholders additional options with respect to premium rate increases, we are willing to offer a more generous Contingent Non-Forfeiture ("CNF") benefit for this filing. This increased CNF offer would be 150% of lifetime premium paid to date instead of the standard 100%.

We wanted to see if the Virginia Bureau of Insurance would like this additional, more generous Non-Forfeiture benefit offered to their policyholders as part of this rate increase? If so, we will submit an addendum to the Actuarial Memorandum outlining the updated increased CNF offering.

Please do not hesitate to reach out with any questions.

Regards,
John Munro

State:	*Virginia*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Reviewer Note

Created By:

Bill Dismore on 02/03/2020 07:34 AM

Last Edited By:

Bill Dismore

Submitted On:

02/03/2020 07:51 AM

Subject:

Actuarial Review - Final Summary Report

Comments:

3/19/2019 - Shawn Parks final summary report received.

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

March 19, 2019

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

Subject: **SERFF Tracking #CNAB-131651014**

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **Continental Casualty 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 policy item:

- The cumulative increase will be significantly higher in Virginia than nationwide if the full increase is granted.

Historical Background

These forms were issued in Virginia from August 1998 through July 2003 and include 2,839 pre-stability policies as of 12/31/2017. The Bureau has approved one previous rate increase of 45% in 2015. The Company is now requesting a rate increase of 154.7% on policies with automatic benefit increase rider, implemented as 70% in year 1 and 49.8% in year 2, for a cumulative increase of 269%.

I have reviewed this filing pursuant to the requirements of 14VAC5-200-150. The premium in Virginia represents approximately 4.3% of the nationwide total.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the projections for reasonableness.

Assumptions

The Company provided information related to its assumptions of future experience for morbidity, mortality, voluntary lapses and interest. I find the Company's methodology for deriving the assumptions followed generally accepted actuarial methods and the levels of the assumptions compare favorably with the range of assumptions I have seen from other companies in the industry.

Interest
The Company is using the average maximum statutory valuation interest rate of 4.5%. The pricing interest rate was 5.0%.

Mortality
The 2012 IAM table with gender and class factors, and improvement for 10 years was used. A separate assumption based on Company experience is used for mortality while on claim. The original assumption was the 1983 GAM Table with 60% female weight.

Voluntary Lapse
The ultimate lapse rate assumption ranges from 0.50% to 1.50% for durations 17+, varying by issue age, benefit period and inflation type, averaging 0.64%. This is consistent with assumptions we have seen for others in the industry. Additionally, shock lapses are assumed depending on the magnitude of the rate increase. The original lapse assumption was 4.0% in years 3+.

The A/E ratio for total terminations is 103%.

Morbidity
The current morbidity assumption is based on Company experience of over 31,000 claims and utilizes a first-principles approach. Claim incidence factors vary by type of policy, situs of care, gender, risk class, elimination period, benefit period, and other factors. The Company also bifurcated the data before and after 2012 to account for the impact of adverse selection after a rate increase. Incidence factors are adjusted for this adverse selection for 6 years. In addition, an improvement factor of 1.0% for 10 years is incorporated into the morbidity incidence assumption.

Claim termination rates vary by gender, age at disability, duration of disability, benefit period, restoration of benefits, situs of care, and diagnosis.

Claim utilization rates vary by age at disability, duration of disability, benefit period, inflation type, situs of care, home health percentage, and diagnosis.

The Actual-to-Expected ratio for incidence is 108% and for terminations is 100% in total.

Projections

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2017. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, I agree that it is appropriate to use the nationwide data for increased credibility.

Lifetime Loss Ratio

The loss ratio projections as of 12/31/2017 are summarized below. Note that the past premiums make up approximately 73% of the total PV of premium for this block.

	Original	No Increase			With Increase			From
Inflation	**LR**	**Future**	**Fut/ALR**	**Lifetime**	**Future**	**Fut/ALR**	**Lifetime**	**Inception**
Simp/Comp	79%	444%	208%	143%	205%	96%	109%	43%

60/80 Test

Since all lifetime loss ratios with increase above exceed the greater of 80% or the original LR, they will by default pass the 60/80 Test.

PV of Future Loss Test

Inflation	Original	Current	Proposed
Simp/Comp	(1,381.3)	(4,088.7)	(2,705.7)

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.

State Rate Equity

The nationwide average rate increase approved currently is 134%. There are pending filings in three states, but the company did not provide details of those pending requests, so I cannot calculate what the average would be if they are approved. The current increase in Virginia is 45% and would be 269% if the request is approved. If the Bureau

wants to cap the Virginia cumulative increase at the nationwide average of 134%, it would need to ask the Company to reduce its request from 154.7% to 61.4%.

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:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*ILTC*		
Project Name/Number:	*VA-PS-RA16-R1/*		

Reviewer Note

Created By:

Bill Dismore on 11/07/2018 01:38 PM

Last Edited By:

Bill Dismore

Submitted On:

06/25/2020 12:39 PM

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: Continental Casualty Company - NAIC # 218-20443

SERFF Tracking Number: CNAB-131651014

Effective Date: The rate increase will apply to policies on their next premium due date following a notification period of at least as long as required by your state following approval.

Revised Rates

Average Annual Premium Per Member: $2,148

Average Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Minimum Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Maximum Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Number of Policy Holders Affected : 2,839

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
P1-N0075-A45, P1-N0076-A45, P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0090-A45, P1-N0091-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45	"Preferred Solution"
Rider:	Rider Description:
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Continental Casualty Company (CCC)
Address: 151 N Franklin St, Chicago, IL 60606

Virginia Long Term Care Insurance Rate Request Summary Narrative
November 6, 2018

This is a supporting narrative for 'Preferred Solution' rate increase filing, SERFF Tracking # CNAB-131651014, on policies with automatic increase benefit rider issued under the policy forms listed in the table above.

The rate increase requested is reflective of the rate required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. The proposed rate increases are less than what can be actuarially justified.

CNA, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, CNA, and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

Comparisons of the company's best estimate assumptions to actual experience can be found in Exhibit 3 of the Actuarial Memorandum submitted with this filing. Section 5 of the Actuarial Memorandum highlights the Company's best estimate assumptions used in this filing and also the company's 2017 GAAP and statutory reserve adequacy testing.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders.

Reset Form

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

Company Name and NAIC Number: Continental Casualty Company - NAIC # 218-20443

SERFF Tracking Number: CNAB-131651014

Effective Date: The rate increase will apply to policies on their next premium due date following a notification period of at least as long as required by your state following approval.

Revised Rates

Average Annual Premium Per Member: $2,148

Average Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Minimum Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Maximum Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Number of Policy Holders Affected : 2,839

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
P1-N0075-A45, P1-N0076-A45, P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0090-A45, P1-N0091-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45	"Preferred Solution"
Rider:	Rider Description:
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Continental Casualty Company (CCC)
Address: 151 N Franklin St, Chicago, IL 60606

Virginia Long Term Care Insurance Rate Request Summary Narrative
November 6, 2018

This is a supporting narrative for 'Preferred Solution' rate increase filing, SERFF Tracking # CNAB-131651014, on policies with automatic increase benefit rider issued under the policy forms listed in the table above.

The rate increase requested is reflective of the rate required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. The proposed rate increases are less than what can be actuarially justified.

CNA, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, CNA, and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

Comparisons of the company's best estimate assumptions to actual experience can be found in Exhibit 3 of the Actuarial Memorandum submitted with this filing. Section 5 of the Actuarial Memorandum highlights the Company's best estimate assumptions used in this filing and also the company's 2017 GAAP and statutory reserve adequacy testing.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: Continental Casualty Company - 20443

SERFF Tracking Number: CNAB-131651014

Disposition: Approved & Filed

Approval Date: 6/26/2020

Revised Rates

Average Annual Premium Per Member: $2,148

Average Requested Percentage Rate Change Per Member: 70.0% (phase 1); 49.8% (phase 2); Total Cumulative Increase of 154.7%

Minimum Requested Percentage Rate Change Per Member: 70.0% (phase 1); 49.8% (phase 2); Total Cumulative Increase of 154.7%

Maximum Requested Percentage Rate Change Per Member: 70.0% (phase 1); 49.8% (phase 2); Total Cumulative Increase of 154.7%

Number of Policy Holders Affected: 2,839

Summary of the Bureau of Insurance's review of the rate request:

The Company requested, and the Bureau approved, a two-phase rate increase, applicable only to those policies with an automatic benefit increase rider. The first phase is an increase of 70%, followed in one year by a second increase of 49.8% 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 109% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that it they may apply to the Bureau for a future rate increase on this block if the actual experience is worse than projected after implementation of the rate increases.

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:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Post Submission Update Request Processed On 01/14/2020

Status:	Allowed
Created By:	Louis Scarim
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:Continental Casualty Company

Field Name	Requested Change	Prior Value
Minimum %Change (where required)	0.000%	154.700%

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

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	Filed 06/25/2020	ICNF Policyholder Notification	R1-PS16LTR-A45	OTH	Initial			41.000	Policyholder Notification Letter - VA PS.pdf
2	Approved 06/25/2020	Policy Endorsement Form	R1-A45-ICNF	CERA	Revised	*Previous Filing Number:*	*MILL-128834437*	30.000	Policy Change Endorsement - VA PS.pdf
						Replaced Form Number:	*R1-A45*		
3	Approved 06/25/2020	Change Request Form	R1-PS16CRF-A45	OTH	Initial			40.000	Change Request Form - VA PS.pdf
4	Approved 06/25/2020	ICNF Rider	RIICNF_VA45	CERA	Initial			40.000	ICNF Rider - VA PS.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

Underwritten by Continental Casualty Company

P.O Box 64912
St. Paul MN 55164-0912
1-800-370-6270
Fax: 952-983-5193

[Notification Generation Date]

[FNAME] [MI] [LNAME]
[ADDRESS1]
[ADDRESS2]
[CITY] [STATE] [ZIPCODE]

Long-Term Care Insurance Premium Adjustment Notice

Company: Continental Casualty Company ("CCC")
Policy Number: [**POLICY NUMBER]**

Dear [**FNAME] [LNAME]**:

You are receiving this letter because the premium for your long-term care insurance policy number referenced above, issued by Continental Casualty Company on [issue date], is going to increase. Included in this letter is an explanation of **why** your premium is increasing, **how** much it is increasing, **when** it will increase, **what** options you have as a result of this increase, and, **what**, if any, steps you need to take at this time.

This letter is not a bill; however, you should keep a copy of this letter with your policy.

How much is my Premium Increase and when does my Bill Increase?

The premium you currently pay [frequency], which is [current premium amount], will increase according to the below schedule with the first due date on or after [policy_incr_eff_date]. Your premium will change as follows and you will be notified in advance of each subsequent premium increase:

[Premium Increase Date	Percentage Increase	New [frequency] Premium
[policy_incr_eff_date]	[XX%]	[default_modal_prem]

Subsequent increases will be applied to your policy on or after the following premium renewal dates by the percentages reflected below:

[Premium Increase Date	Percentage Increase	New [frequency] Premium
[policy_incr_eff_date2]	[XX%]	[default_modal_prem2]
[policy_incr_eff_date3]	[XX%]	[default_modal_prem3]

While this is not a bill, you should keep a copy of this letter with your policy.

Why is this Premium Rate Increase Necessary?

Continental Casualty Company, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, Continental Casualty Company and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders. Continental Casualty Company will continue to monitor the experience of the block and may seek additional premium rate increases in the future as necessary. In the event of future rate increases, options similar to those being offered herein may be available.

The rate increase request 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 filings are available for the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at [https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx].

As the policyholder you also have the right to request a revised rate schedule by calling the Customer Service Team at 1-800-370-6270.

What are my Options?

1. **Reduce Coverage and Stop Paying Premium**

   There are two ways you can stop paying premium and keep some long term care benefits: the Standard Contingent Non-Forfeiture Benefit option ("CNF") or the Increased Contingent Non-

Forfeiture Benefit option ("ICNF"). Both options mean you will stop paying premium for your policy and convert to a 'paid-up' policy with a reduced lifetime maximum; with CNF your lifetime maximum benefit will be equal to 100% of the premiums you have paid, and with ICNF, your lifetime maximum benefit will be equal to 150% of the premiums you have paid.

If you have previously received benefit payments due to a claim, the reduced lifetime maximum plus the total of the benefits already paid will not exceed the lifetime maximum benefit in your original policy.

a) Standard Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums as of the premium increase effective date (or up to 120 days after the effective date of the premium increase), and do not elect the ICNF option in writing, (as explained below), your policy will automatically convert to a 'paid-up' policy under the standard CNF Benefit. As a result, your lifetime maximum benefit will be an amount equal to the greater of the following:

(i) 100% of the premiums paid on the policy to date, or
(ii) 30 times your current maximum daily benefit amount.

b) Increased Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums after the premium increase effective date, and you elect, in writing, to accept the ICNF option, your policy will convert to a 'paid-up' policy under the ICNF Benefit. As a result, your lifetime maximum benefit will be the greater of:

(i) **150%** of the premiums paid on the policy to date, or
(ii) 30 times your current maximum daily benefit amount

The lifetime benefits available to you under this option will be greater than those available under the CNF option as described above in section (a). See the Change Request Form for more information and for the benefit available to you if you choose the ICNF option.

If you wish to elect this ICNF option, you **must** complete the enclosed Option 1 – INCREASED NON-FORFEITURE BENEFIT OPTION on the enclosed CHANGE REQUEST FORM and return it to us by [rate incr eff date + 60 day].

Please note that this ICNF benefit is available only if the signed Change Request Form is received by the date shown above and this offer is valid only in connection with the rate increase referenced in this notification and may not be offered in the future.

CNA

2. **Reduce Coverage to Offset the Rate Increase**

Remove the inflation rider and avoid the premium increase(s) reflected on the first page completely. Your policy includes an automatic benefit increase rider, which has increased your policy's maximum daily benefit amount by 5% per year to protect against inflation, on a simple or compound basis, depending on the specific provision in your policy. By choosing now to remove the automatic benefit increase rider, you can avoid the premium increases referenced in this notice completely and reduce your premium amount to a rate below what you are paying today. Be assured that you will retain your current daily benefit level that includes all historical automatic increases (see the Current Daily Benefit on the enclosed Change Request Form).

[Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit. Your policy currently has an Unlimited Lifetime Maximum Benefit which you can reduce to a five year benefit. The total Lifetime Maximum Benefit would be based on your daily benefit amount times a factor of 1,825. Please see the enclosed Change Request Form for your actual Lifetime Maximum Benefit and associated premium.

Reduce other benefit features. CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium. However, your policy also provides you the ability to reduce the amount of coverage provided by those features, which would reduce the impact of the rate increase, by reducing the amount of premium you owe. Possible coverage reduction options that might be available to you include, but are not limited to:

i) Reducing the Daily Maximum Benefit
ii) Dropping optional benefit features]

[Reduce other benefit features. CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium. However, your policy also provides you the ability to reduce the amount of coverage provided by those features, which would reduce the impact of the rate increase, by reducing the amount of premium you owe. Possible coverage reduction options that might be available to you include, but are not limited to:

i) Reducing the Daily Maximum Benefit
ii) Reducing the Lifetime Maximum Benefit
iii) Dropping optional benefit features]

Please note that there is no deadline for electing to reduce coverage. Please call us if you would like to reduce your coverage.

3. **Pay the New Premium Amount and Maintain Existing Coverage**

   If you wish to retain your current coverage without changes, you do not need to take action at this time. Your new increased premium will be reflected on your bill, or if you pay via electronic funds transfer, the withdrawal amount will be adjusted to reflect the premium increase. If you continue to pay your premium, at the new amount, your coverage will remain the same.

Choose the Option That is Best for You.

We recommend that you carefully review the options available to you and contact us if you have questions. We also encourage you to carefully evaluate your individual situation, the current and projected cost of care in your area, and consider speaking to your family or to a trusted financial adviser before making changes to your coverage. **All options available may not be of equal value.**

The premium increase will automatically take effect on [policy_incr_eff_date**] unless you sign and return an enclosed Change Request Form or provide us with other written request to change your policy benefits by [Month XX, 20XX].**

Please remember that if you want to elect the ICNF benefit option and convert to a 'paid-up' policy ("ICNF policy") with a lifetime maximum equal to 150% of the premiums paid, you need to complete the enclosed Change Request Form and return it to us by [Month XX, 20XX].

For more information regarding the options described in this letter or if you have any questions, please contact our dedicated rate increase Customer Service Team at 1-800-370-6270 Monday through Friday, 8:00am to 5:00pm Central Time.

Sincerely,

[Operations Manager Signature and Name]

Encl:

Continental Casualty Company

151 N. Franklin St.
Chicago, Illinois

LONG-TERM CARE INSURANCE
POLICY ENDORSEMENT
(To be attached to Your current Policy)

Policyholder Name: [Policyholder Name]

Policy Number ("Policy"): [Policy Number]

Policy Effective Date: [Policy Effective Date]
Endorsement Effective Date: [Endorsement Effective Date]

This Endorsement attaches to and becomes part of the Policy referenced above. **Please read this Endorsement carefully.** There is no additional premium for this Endorsement. Future premiums for the Policy remain payable under the terms of the Policy.

This Endorsement sets forth the following changes that have been made to Your Policy:

[The [non-inflated] maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from [$100] to[$50].]

[The home and community based care percentage has been decreased from [100%] to [75%].]

[The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from [$182,500] to [$109,500].]

[The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from [30] days to [90] days.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the

reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.]

[The Dual Waiver of Premium rider has been deleted from Your coverage.]

[The Shared Advantage rider has been deleted from Your coverage.]

[The Restoration of Benefits rider has been deleted from Your coverage.]

[The Cost of Living Increase rider has been deleted from Your coverage.]

[The Survivorship Benefit rider has been deleted from Your coverage.]

[Your Policy has entered non-forfeiture status. Premium is no longer due, although reduced coverage will remain available pursuant to the terms of Your Policy's [non-forfeiture benefit] [Contingent Non-forfeiture Benefit].]

[Your Policy has entered non-forfeiture status. Premium is no longer due, although reduced coverage will remain available pursuant to the terms of the Increased Contingent Non-forfeiture Benefit].

[The Contingent Non-forfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Non-forfeiture Benefit Rider.]

The above changes will be reflected on Your new Schedule of Benefits Page issued in conjunction with this Endorsement, where applicable. Except as specifically included in this Endorsement, this change does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Dino E. Robusto Chairman and Chief
Executive Officer

R1-A45-ICNF

Underwritten by Continental Casualty Company

CHANGE REQUEST FORM

[Notification Generation Date]
Insured: [**FNAME] [LNAME]**
Policy Number: [POLICY NUMBER]

Upon making this election, Your new premium, which includes the rate increase due on [policy_incr_eff_date], and coverage amounts are as follows:

New [frequency] Premium	$[XX,XXX.XX]
Current Daily Benefit	$[XXX.XX]
Current Lifetime Maximum Benefit	[$XXX,XXX.XX] [Unlimited]
Automatic Benefit Increase Type	[5% compound] [5% simple] [None]

Should you elect to accept the premium increase, please do not return this Change Request Form. Rather, your current coverage will continue upon payment of your new premium.

However, if you wish to modify your coverage, as described on the following pages, in order to avoid or reduce the impact of the rate increase, please: (i) check the box corresponding to the option you choose, (ii) sign and date in the space provided, and (iii) return the Change Request Form to us prior to the premium increase effective date of [policy_incr_eff_date]. We will send you confirmation of your policy changes once processed. Please note that the benefit amounts and premium quoted above are based on your policy information as of the date of this letter.

PLEASE REVIEW AND CONSIDER THESE OPTIONS VERY CAREFULLY PRIOR TO MAKING ANY CHANGES TO YOUR CURRENT COVERAGE. All changes will permanently alter your coverage and your current coverage cannot be reinstated once the changes are completed. If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

For more information regarding the options described or if you have any questions, please contact our dedicated rate increase Customer Service Team at 1-800-370-6270 Monday through Friday, 8:00am to 5:00pm Central Time.

Underwritten by Continental Casualty Company

This form can be returned via mail to the address below, or via fax at 952-983-5193.
CNA Insurance
P.O Box 64912
St. Paul MN 55164-0912

Underwritten by Continental Casualty Company

[Notification Generation Date]
Insured: [**FNAME] [LNAME]**
Policy Number: [POLICY NUMBER]

Option 1

☐ **INCREASED CONTINGENT NONFORFEITURE OPTION (i.e. ICNF)**
I elect to discontinue paying premium and convert my coverage to a paid-up policy with a Reduced Lifetime Maximum Benefit Amount as follows:

New [frequency] Premium	$0.00
Current Daily Benefit	[$XXX.XX]
Reduced Lifetime Maximum Benefit	[$XXX,XXX.XX]
Inflation Protection	None

This Increased Contingent Non-Forfeiture benefit offer provides the option of stopping premium payments and converting to a 'paid-up' policy with a maximum lifetime benefit equal to **150%** of premiums you have already paid (or 30 times your current daily benefit, if greater). This option is more generous than the standard CNF option. You must elect this option by checking the box above, signing below, and submitting this Change Request Form. If you elect this ICNF option, your policy will convert to a paid-up policy with reduced lifetime maximum benefits.

In order to be eligible for this option, **all premiums due up to your renewal date of [renewal date] must be paid**. If premiums are not paid, your policy will **not** convert to the ICNF benefit policy, regardless of whether you complete and provide this Change Request Form. Rather, your policy will automatically convert to a standard CNF policy with a maximum lifetime benefit equal to 100% of premiums you have already paid.

Please note that if you have previously received benefit payments due to a claim, the reduced lifetime maximum plus the total of the benefits already paid will not exceed the lifetime maximum benefit in your original policy. In addition, if you have an automatic inflation protection rider, it will be removed and you will no longer receive future benefit increases with this option. You have 60 days following the premium increase effective date to elect this ICNF option.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

Underwritten by Continental Casualty Company

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

Signature of Insured

Date

Underwritten by Continental Casualty Company

[Notification Generation Date]
Insured: [**FNAME] [LNAME]**
Policy Number: [POLICY NUMBER]

[Option 2

☐ **REMOVE AUTOMATIC BENEFIT INCREASE RIDER**

I elect to lower my premium by removing the automatic benefit increase rider and retaining the current inflated benefit levels.

New [frequency] Premium	[$XX,XXX.XX]
Current Daily Benefit	[$XXX.XX]
Lifetime Maximum Benefit	[$XXX,XXX.XX] [Unlimited]
Automatic Benefit Increase Rider	None

I understand that if I elect Option 2, I cannot at a later date reinstate this rider.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

_____ _____**]**
Signature of Insured Date

Underwritten by Continental Casualty Company

[Notification Generation Date]
Insured: [**FNAME]** [**LNAME]**
Policy Number: [POLICY NUMBER]

[Option 3

☐ **REDUCE LIFETIME MAXIMUM BENEFIT FROM UNLIMITED TO A 5 YEAR BENEFIT PERIOD**

I elect to lower my premium by reducing the Lifetime Maximum Benefit to 5 years as described below:

Upon making this election, Your new premium, which includes the rate increase due on [policy_incr_eff_date], and coverage amounts are as follows:

New [frequency] Premium	[$XX,XXX.XX]
Current Daily Benefit	[$XXX.XX]
New Lifetime Maximum Benefit	[$XXX,XXX.XX]

If I elect Option 3, I cannot at a later date reinstate the Unlimited Lifetime Maximum.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

_____ _____**]**
Signature of Insured Date

Continental Casualty Company

151 N. Franklin St.
Chicago, IL 60606

AMENDMENT RIDER TO LONG-TERM CARE INSURANCE POLICY

==========

ADDITION OF THE INCREASED CONTINGENT NON-FORFEITURE (ICNF) BENEFIT

==========

[print date]

This ICNF Benefit section is included in Your policy.

WHAT IS THE ICNF BENEFIT AND HOW DOES IT WORK?

The ICNF Benefit provides for the continuation of coverage by converting Your policy to a Reduced Paid-Up policy with a Shortened Lifetime Benefit Period. The benefits payable, as defined in and as provided for in Your Policy, which begin after the ICNF Benefit Date, will be subject to the following limits:

1. The maximum benefit payable (per day and/or per visit), as provided for in your policy, will remain at the levels in effect as of the conversion effective date. If your policy has an automatic increase benefit rider, the automatic inflation increases stop when you stop paying premium.
2. The maximum amount We will pay for all covered Long Term Care services You receive after converting to a Reduced Paid-Up policy with a Shortened Lifetime benefit is 150% of the sum of all premiums paid, including premiums paid prior to any change in benefits, but not including any premiums that We refund to You for any reason, or 30 times Your current maximum daily benefit amount, if greater.

The total of all benefits payable under this Reduced Paid-up policy will not exceed amount that would have been payable under your current Policy if You had continued to pay the premium.

If your policy has a non-forfeiture benefit, this ICNF Benefit replaces your policy's non-forfeiture benefit.

Benefits will be payable in accordance with all other terms and conditions of the policy.

WHEN DOES THE ICNF BENEFIT APPLY?

The ICNF Benefit will take effect when the following events occur:

1. We increase Your premium rate; and
2. You elect in writing to terminate your policy within 60 days of the first due date of the increased premium.

WHAT IS THE ICNF BENEFIT DATE?

The ICNF Benefit Date is the date that Your Policy converts to a Reduced Paid-Up policy with Shortened Benefit period provided You returned the election form prior to the expiration date of this Rider.

There is no rate impact for adding this ICNF Benefit rider.

This Rider takes effect immediately. The Rider terminates 60 days after the premium increase effective date if the ICNF Benefit is not elected. This Rider is subject to the definitions, limitations, and provisions of the Policy which are consistent with the Rider.

Signed for the Continental Casualty Company at its Home Office, 151 N. Franklin St., Chicago, Illinois 60606.

Continental Casualty Company

Dino E. Robusto
Chairman and Chief Executive Officer

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 44.960%
Effective Date of Last Rate Revision: 08/01/2016
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: MILL-128834437

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):
Continental Casualty Company	154.700%	154.700%	$9,227,253	2,839	$5,966,153	154.700%	0.000%

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheets	P1-N0075-A45, P1-N0076-A45, P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0090-A45, P1-N0091-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45	Revised	Previous State Filing Number: MILL-128834437 Percent Rate Change Request: 154.7	RS_PS_VA_A45_Current.pdf, RS_PS_VA_A45_Current_with_Phase_1_RI.pdf, RS_PS_VA_A45_Current_with_Phase_2_RI.pdf,

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.14	28.09	32.53	34.01	35.49
45-49	28.09	31.05	35.49	36.97	39.92
50-54	34.01	38.44	42.88	45.84	51.75
55	38.44	44.36	50.27	54.71	65.06
56	41.40	47.32	54.71	59.14	70.97
57	44.36	51.75	59.14	63.58	78.37
58	48.79	56.19	65.06	69.49	85.76
59	53.23	62.10	70.97	75.41	94.63
60	59.14	69.49	78.37	82.80	103.50
61	63.58	75.41	85.76	90.20	112.37
62	69.49	82.80	93.15	99.07	122.72
63	73.93	88.72	100.55	106.46	131.60
64	78.37	94.63	107.94	115.33	140.47
65	84.28	100.55	115.33	124.20	150.82
66	90.20	109.42	124.20	134.55	162.65
67	97.59	118.29	136.03	146.38	177.43
68	106.46	130.12	149.34	161.17	195.18
69	116.81	141.95	164.13	175.95	212.92
70	127.16	155.25	180.39	193.70	235.10
71	140.47	171.52	198.13	214.40	260.24
72	155.25	190.74	220.31	238.06	288.33
73	173.00	212.92	245.45	264.67	320.86
74	192.22	236.58	273.54	295.72	357.82
75	214.40	263.19	303.11	328.25	397.75
76	238.06	292.76	337.12	363.74	440.63
77	263.19	323.82	372.61	402.18	487.94
78	289.81	357.82	411.05	443.58	538.21
79	319.38	393.31	452.45	487.94	592.92
80	348.95				
81	381.48				
82	415.49				
83	450.98				
84	489.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.32	57.67	66.54	72.45	87.24
45-49	51.75	63.58	73.93	79.84	97.59
50-54	63.58	78.37	91.67	99.07	124.20
55	76.89	93.15	107.94	115.33	147.86
56	81.32	99.07	113.85	122.72	158.21
57	87.24	106.46	121.25	130.12	168.56
58	93.15	113.85	130.12	138.99	180.39
59	99.07	121.25	138.99	149.34	192.22
60	104.98	130.12	149.34	161.17	205.53
61	112.37	138.99	159.69	173.00	218.83
62	119.77	147.86	171.52	186.30	235.10
63	127.16	158.21	183.35	198.13	251.36
64	136.03	167.08	195.18	211.44	269.11
65	144.90	178.91	207.01	224.75	288.33
66	155.25	190.74	221.79	239.53	309.03
67	167.08	205.53	238.06	257.28	332.69
68	180.39	221.79	257.28	277.98	359.30
69	193.70	239.53	276.50	300.16	387.40
70	209.96	260.24	300.16	325.29	416.97
71	227.71	282.41	325.29	353.39	452.45
72	246.93	307.55	354.87	385.92	492.38
73	269.11	335.64	388.87	422.88	536.73
74	294.24	368.17	425.84	464.28	587.01
75	320.86	402.18	467.24	508.64	640.24
76	348.95	439.15	511.60	557.44	699.38
77	378.52	479.07	558.91	610.67	761.48
78	409.57	521.95	610.67	666.85	828.02
79	442.10	567.79	665.37	727.48	900.47
80	477.59				
81	513.08				
82	551.52				
83	591.44				
84	632.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.01	41.40	47.32	51.75	62.10
45-49	36.97	45.84	53.23	57.67	69.49
50-54	51.75	62.10	72.45	78.37	94.63
55	59.14	72.45	82.80	88.72	113.85
56	62.10	76.89	87.24	94.63	121.25
57	66.54	82.80	93.15	100.55	130.12
58	72.45	90.20	100.55	109.42	140.47
59	78.37	97.59	109.42	118.29	153.78
60	85.76	106.46	119.77	130.12	167.08
61	93.15	115.33	131.60	141.95	181.87
62	100.55	124.20	141.95	153.78	196.65
63	107.94	133.07	152.30	165.60	211.44
64	115.33	141.95	162.65	177.43	227.71
65	122.72	152.30	174.48	189.26	243.97
66	133.07	164.13	187.78	204.05	264.67
67	143.43	177.43	204.05	221.79	286.85
68	155.25	193.70	223.27	242.49	311.99
69	170.04	211.44	243.97	264.67	340.08
70	184.83	230.66	266.15	289.81	372.61
71	202.57	252.84	292.76	317.90	406.62
72	221.79	277.98	322.34	350.43	446.54
73	243.97	306.07	354.87	387.40	490.90
74	269.11	337.12	391.83	427.32	539.69
75	295.72	371.13	431.75	470.20	591.44
76	323.82	408.10	474.63	517.51	649.11
77	353.39	446.54	520.47	567.79	709.73
78	384.44	487.94	569.26	622.49	774.79
79	416.97	532.30	622.49	680.16	844.29
80	452.45				
81	487.94				
82	526.38				
83	566.31				
84	607.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.57	32.53	38.44	39.92	41.40
45-49	32.53	36.97	41.40	42.88	47.32
50-54	39.92	45.84	50.27	53.23	60.62
55	45.84	51.75	59.14	65.06	76.89
56	48.79	56.19	65.06	69.49	82.80
57	51.75	60.62	69.49	75.41	91.67
58	57.67	66.54	76.89	81.32	100.55
59	62.10	72.45	82.80	88.72	110.90
60	69.49	81.32	91.67	97.59	121.25
61	75.41	88.72	100.55	106.46	131.60
62	81.32	97.59	109.42	116.81	144.90
63	87.24	104.98	118.29	125.68	155.25
64	91.67	110.90	127.16	136.03	165.60
65	99.07	118.29	136.03	146.38	177.43
66	106.46	128.64	146.38	158.21	190.74
67	115.33	138.99	159.69	171.52	208.48
68	125.68	153.78	175.95	189.26	229.18
69	137.51	167.08	193.70	207.01	249.88
70	149.34	183.35	212.92	227.71	276.50
71	165.60	201.09	233.62	252.84	306.07
72	183.35	224.75	258.76	279.46	338.60
73	204.05	249.88	288.33	311.99	377.05
74	226.23	277.98	322.34	347.47	421.40
75	252.84	309.03	356.34	385.92	467.24
76	279.46	344.52	396.27	427.32	518.99
77	309.03	381.48	437.67	473.15	573.70
78	341.56	421.40	483.50	521.95	632.84
79	375.57	462.80	532.30	573.70	697.90
80	411.05				
81	449.50				
82	489.42				
83	530.82				
84	575.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.19	68.02	78.37	85.76	102.02
45-49	60.62	75.41	87.24	94.63	115.33
50-54	75.41	91.67	107.94	116.81	146.38
55	90.20	109.42	127.16	136.03	174.48
56	96.11	116.81	134.55	144.90	186.30
57	102.02	125.68	141.95	153.78	198.13
58	109.42	134.55	153.78	164.13	212.92
59	116.81	141.95	164.13	175.95	226.23
60	124.20	153.78	175.95	189.26	242.49
61	131.60	164.13	187.78	204.05	257.28
62	140.47	174.48	201.09	218.83	276.50
63	149.34	186.30	215.88	233.62	295.72
64	159.69	196.65	229.18	248.41	316.42
65	170.04	209.96	243.97	264.67	338.60
66	183.35	224.75	260.24	282.41	363.74
67	196.65	242.49	279.46	303.11	391.83
68	212.92	260.24	303.11	326.77	422.88
69	227.71	282.41	325.29	353.39	455.41
70	246.93	306.07	353.39	382.96	490.90
71	267.63	332.69	382.96	415.49	532.30
72	289.81	362.26	416.97	453.93	579.61
73	316.42	394.79	456.89	496.81	631.37
74	345.99	433.23	501.25	545.61	690.51
75	377.05	473.15	550.04	598.84	752.61
76	411.05	516.03	601.79	656.50	822.11
77	445.06	563.35	657.98	718.60	896.04
78	482.03	613.62	718.60	785.14	974.40
79	520.47	668.33	782.18	856.11	1058.68
80	561.87				
81	603.27				
82	649.11				
83	696.42				
84	745.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.92	48.79	56.19	60.62	72.45
45-49	42.88	53.23	62.10	68.02	81.32
50-54	60.62	72.45	85.76	91.67	110.90
55	69.49	85.76	97.59	104.98	134.55
56	72.45	90.20	102.02	110.90	141.95
57	78.37	97.59	109.42	118.29	153.78
58	85.76	106.46	118.29	128.64	165.60
59	91.67	115.33	128.64	138.99	180.39
60	100.55	125.68	140.47	153.78	196.65
61	109.42	136.03	155.25	167.08	214.40
62	118.29	146.38	167.08	180.39	230.66
63	127.16	156.73	178.91	195.18	248.41
64	136.03	167.08	190.74	208.48	267.63
65	144.90	178.91	205.53	223.27	286.85
66	156.73	193.70	220.31	239.53	311.99
67	168.56	208.48	239.53	260.24	337.12
68	183.35	227.71	263.19	285.37	366.69
69	199.61	248.41	286.85	311.99	400.70
70	217.36	272.06	313.46	341.56	437.67
71	238.06	297.20	344.52	374.09	479.07
72	260.24	326.77	378.52	412.53	524.91
73	286.85	360.78	416.97	455.41	578.14
74	316.42	396.27	461.33	502.73	634.32
75	347.47	436.19	508.64	553.00	696.42
76	381.48	480.55	558.91	609.19	762.96
77	415.49	524.91	612.14	668.33	835.41
78	452.45	573.70	669.81	731.91	910.82
79	490.90	626.93	731.91	799.93	993.62
80	532.30				
81	573.70				
82	619.54				
83	666.85				
84	715.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.42	35.12	40.66	42.51	44.36
45-49	35.12	38.81	44.36	46.21	49.90
50-54	42.51	48.05	53.60	57.30	64.69
55	48.05	55.45	62.84	68.39	81.32
56	51.75	59.14	68.39	73.93	88.72
57	55.45	64.69	73.93	79.48	97.96
58	60.99	70.23	81.32	86.87	107.20
59	66.54	77.63	88.72	94.26	118.29
60	73.93	86.87	97.96	103.50	129.38
61	79.48	94.26	107.20	112.74	140.47
62	86.87	103.50	116.44	123.83	153.41
63	92.41	110.90	125.68	133.07	164.50
64	97.96	118.29	134.92	144.16	175.58
65	105.35	125.68	144.16	155.25	188.52
66	112.74	136.77	155.25	168.19	203.31
67	121.99	147.86	170.04	182.98	221.79
68	133.07	162.65	186.67	201.46	243.97
69	146.01	177.43	205.16	219.94	266.15
70	158.95	194.07	225.49	242.12	293.87
71	175.58	214.40	247.67	268.00	325.29
72	194.07	238.43	275.39	297.57	360.41
73	216.25	266.15	306.81	330.84	401.07
74	240.27	295.72	341.93	369.65	447.28
75	268.00	328.99	378.89	410.31	497.18
76	297.57	365.96	421.40	454.67	550.78
77	328.99	404.77	465.76	502.73	609.93
78	362.26	447.28	513.82	554.48	672.77
79	399.22	491.64	565.57	609.93	741.15
80	436.19				
81	476.85				
82	519.36				
83	563.72				
84	611.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.14	72.08	83.17	90.56	109.05
45-49	64.69	79.48	92.41	99.81	121.99
50-54	79.48	97.96	114.59	123.83	155.25
55	96.11	116.44	134.92	144.16	184.83
56	101.65	123.83	142.32	153.41	197.76
57	109.05	133.07	151.56	162.65	210.70
58	116.44	142.32	162.65	173.74	225.49
59	123.83	151.56	173.74	186.67	240.27
60	131.23	162.65	186.67	201.46	256.91
61	140.47	173.74	199.61	216.25	273.54
62	149.71	184.83	214.40	232.88	293.87
63	158.95	197.76	229.18	247.67	314.20
64	170.04	208.85	243.97	264.30	336.38
65	181.13	223.64	258.76	280.94	360.41
66	194.07	238.43	277.24	299.42	386.29
67	208.85	256.91	297.57	321.60	415.86
68	225.49	277.24	321.60	347.47	449.13
69	242.12	299.42	345.62	375.20	484.24
70	262.45	325.29	375.20	406.62	521.21
71	284.63	353.02	406.62	441.73	565.57
72	308.66	384.44	443.58	482.40	615.47
73	336.38	419.56	486.09	528.60	670.92
74	367.80	460.22	532.30	580.35	733.76
75	401.07	502.73	584.05	635.80	800.30
76	436.19	548.93	639.50	696.79	874.23
77	473.15	598.84	698.64	763.33	951.85
78	511.97	652.44	763.33	833.57	1035.03
79	552.63	709.73	831.72	909.34	1125.59
80	596.99				
81	641.35				
82	689.40				
83	739.30				
84	791.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.51	51.75	59.14	64.69	77.63
45-49	46.21	57.30	66.54	72.08	86.87
50-54	64.69	77.63	90.56	97.96	118.29
55	73.93	90.56	103.50	110.90	142.32
56	77.63	96.11	109.05	118.29	151.56
57	83.17	103.50	116.44	125.68	162.65
58	90.56	112.74	125.68	136.77	175.58
59	97.96	121.99	136.77	147.86	192.22
60	107.20	133.07	149.71	162.65	208.85
61	116.44	144.16	164.50	177.43	227.34
62	125.68	155.25	177.43	192.22	245.82
63	134.92	166.34	190.37	207.01	264.30
64	144.16	177.43	203.31	221.79	284.63
65	153.41	190.37	218.09	236.58	304.96
66	166.34	205.16	234.73	255.06	330.84
67	179.28	221.79	255.06	277.24	358.56
68	194.07	242.12	279.09	303.11	389.98
69	212.55	264.30	304.96	330.84	425.10
70	231.03	288.33	332.69	362.26	465.76
71	253.21	316.05	365.96	397.38	508.27
72	277.24	347.47	402.92	438.04	558.17
73	304.96	382.59	443.58	484.24	613.62
74	336.38	421.40	489.79	534.15	674.62
75	369.65	463.91	539.69	587.75	739.30
76	404.77	510.12	593.29	646.89	811.39
77	441.73	558.17	650.59	709.73	887.16
78	480.55	609.93	711.58	778.12	968.49
79	521.21	665.37	778.12	850.20	1055.36
80	565.57				
81	609.93				
82	657.98				
83	707.88				
84	759.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.97	40.66	48.05	49.90	51.75
45-49	40.66	46.21	51.75	53.60	59.14
50-54	49.90	57.30	62.84	66.54	75.78
55	57.30	64.69	73.93	81.32	96.11
56	60.99	70.23	81.32	86.87	103.50
57	64.69	75.78	86.87	94.26	114.59
58	72.08	83.17	96.11	101.65	125.68
59	77.63	90.56	103.50	110.90	138.62
60	86.87	101.65	114.59	121.99	151.56
61	94.26	110.90	125.68	133.07	164.50
62	101.65	121.99	136.77	146.01	181.13
63	109.05	131.23	147.86	157.10	194.07
64	114.59	138.62	158.95	170.04	207.01
65	123.83	147.86	170.04	182.98	221.79
66	133.07	160.80	182.98	197.76	238.43
67	144.16	173.74	199.61	214.40	260.60
68	157.10	192.22	219.94	236.58	286.48
69	171.89	208.85	242.12	258.76	312.36
70	186.67	229.18	266.15	284.63	345.62
71	207.01	251.36	292.03	316.05	382.59
72	229.18	280.94	323.45	349.32	423.25
73	255.06	312.36	360.41	389.98	471.31
74	282.78	347.47	402.92	434.34	526.75
75	316.05	386.29	445.43	482.40	584.05
76	349.32	430.64	495.33	534.15	648.74
77	386.29	476.85	547.09	591.44	717.13
78	426.95	526.75	604.38	652.44	791.06
79	469.46	578.51	665.37	717.13	872.38
80	513.82				
81	561.87				
82	611.77				
83	663.53				
84	718.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.23	85.02	97.96	107.20	127.53
45-49	75.78	94.26	109.05	118.29	144.16
50-54	94.26	114.59	134.92	146.01	182.98
55	112.74	136.77	158.95	170.04	218.09
56	120.14	146.01	168.19	181.13	232.88
57	127.53	157.10	177.43	192.22	247.67
58	136.77	168.19	192.22	205.16	266.15
59	146.01	177.43	205.16	219.94	282.78
60	155.25	192.22	219.94	236.58	303.11
61	164.50	205.16	234.73	255.06	321.60
62	175.58	218.09	251.36	273.54	345.62
63	186.67	232.88	269.85	292.03	369.65
64	199.61	245.82	286.48	310.51	395.53
65	212.55	262.45	304.96	330.84	423.25
66	229.18	280.94	325.29	353.02	454.67
67	245.82	303.11	349.32	378.89	489.79
68	266.15	325.29	378.89	408.47	528.60
69	284.63	353.02	406.62	441.73	569.26
70	308.66	382.59	441.73	478.70	613.62
71	334.54	415.86	478.70	519.36	665.37
72	362.26	452.82	521.21	567.42	724.52
73	395.53	493.49	571.11	621.02	789.21
74	432.49	541.54	626.56	682.01	863.14
75	471.31	591.44	687.55	748.55	940.76
76	513.82	645.04	752.24	820.63	1027.63
77	556.33	704.19	822.48	898.25	1120.05
78	602.53	767.03	898.25	981.43	1218.00
79	650.59	835.41	977.73	1070.14	1323.35
80	702.34				
81	754.09				
82	811.39				
83	870.53				
84	931.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.90	60.99	70.23	75.78	90.56
45-49	53.60	66.54	77.63	85.02	101.65
50-54	75.78	90.56	107.20	114.59	138.62
55	86.87	107.20	121.99	131.23	168.19
56	90.56	112.74	127.53	138.62	177.43
57	97.96	121.99	136.77	147.86	192.22
58	107.20	133.07	147.86	160.80	207.01
59	114.59	144.16	160.80	173.74	225.49
60	125.68	157.10	175.58	192.22	245.82
61	136.77	170.04	194.07	208.85	268.00
62	147.86	182.98	208.85	225.49	288.33
63	158.95	195.92	223.64	243.97	310.51
64	170.04	208.85	238.43	260.60	334.54
65	181.13	223.64	256.91	279.09	358.56
66	195.92	242.12	275.39	299.42	389.98
67	210.70	260.60	299.42	325.29	421.40
68	229.18	284.63	328.99	356.71	458.37
69	249.52	310.51	358.56	389.98	500.88
70	271.69	340.08	391.83	426.95	547.09
71	297.57	371.50	430.64	467.61	598.84
72	325.29	408.47	473.15	515.66	656.13
73	358.56	450.98	521.21	569.26	722.67
74	395.53	495.33	576.66	628.41	792.90
75	434.34	545.24	635.80	691.25	870.53
76	476.85	600.68	698.64	761.48	953.70
77	519.36	656.13	765.18	835.41	1044.27
78	565.57	717.13	837.26	914.89	1138.53
79	613.62	783.66	914.89	999.91	1242.03
80	665.37				
81	717.13				
82	774.42				
83	833.57				
84	894.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.92	35.01	38.05	41.10	53.27
45-49	31.96	39.57	42.62	45.66	59.36
50-54	39.57	47.19	53.27	56.32	73.06
55	45.66	54.80	60.88	65.45	86.76
56	48.71	57.84	65.45	70.02	91.33
57	51.75	62.41	70.02	74.58	98.94
58	56.32	66.97	76.10	80.67	106.55
59	60.88	73.06	82.19	88.28	115.68
60	65.45	79.15	89.80	95.89	126.33
61	71.54	85.24	97.41	105.02	136.99
62	77.63	92.85	106.55	114.16	149.17
63	83.72	100.46	114.16	123.29	161.34
64	88.28	106.55	123.29	132.42	172.00
65	94.37	114.16	132.42	141.56	184.17
66	100.46	123.29	143.08	153.73	199.39
67	109.59	133.94	155.25	167.43	217.66
68	120.25	146.12	168.95	184.17	238.97
69	130.90	159.82	185.70	200.92	261.80
70	143.08	175.04	202.44	220.70	287.68
71	156.78	193.31	223.75	243.54	316.60
72	173.52	214.62	248.10	270.93	351.60
73	191.78	238.97	277.02	301.38	391.18
74	213.09	266.37	307.46	336.38	433.80
75	237.45	295.29	342.47	374.44	480.98
76	261.80	327.25	380.52	415.53	532.73
77	289.20	362.26	421.62	459.67	589.05
78	318.12	400.31	465.76	508.38	648.41
79	350.08	439.89	512.95	558.61	712.34
80	383.57				
81	418.58				
82	456.63				
83	496.20				
84	538.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	45.66	47.19	62.41
45-49	38.05	45.66	50.23	53.27	68.49
50-54	44.14	53.27	60.88	65.45	85.24
55	51.75	60.88	68.49	74.58	98.94
56	54.80	63.93	73.06	79.15	103.50
57	57.84	68.49	77.63	83.72	111.11
58	62.41	74.58	83.72	89.80	118.72
59	66.97	80.67	91.33	98.94	127.86
60	71.54	88.28	98.94	106.55	138.51
61	77.63	94.37	108.07	117.20	150.69
62	83.72	101.98	117.20	126.33	162.86
63	89.80	109.59	126.33	135.47	176.56
64	95.89	117.20	133.94	144.60	188.74
65	103.50	124.81	144.60	153.73	202.44
66	109.59	133.94	155.25	165.91	219.18
67	118.72	146.12	167.43	181.13	238.97
68	129.38	158.30	184.17	199.39	261.80
69	141.56	173.52	200.92	217.66	286.15
70	155.25	191.78	219.18	238.97	315.07
71	168.95	210.05	243.54	263.32	347.04
72	187.22	234.40	269.41	293.76	383.57
73	208.53	260.28	299.85	327.25	426.19
74	229.84	289.20	334.86	363.78	471.85
75	255.71	321.16	372.91	404.88	523.60
76	281.59	356.17	414.01	450.54	579.92
77	312.03	392.70	458.15	499.25	640.80
78	342.47	433.80	506.86	552.52	704.73
79	375.96	477.94	557.09	607.32	774.75
80	410.97				
81	449.02				
82	488.59				
83	529.69				
84	573.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.01	42.62	48.71	50.23	65.45
45-49	39.57	47.19	53.27	56.32	73.06
50-54	45.66	56.32	63.93	68.49	91.33
55	53.27	63.93	71.54	77.63	103.50
56	56.32	66.97	76.10	82.19	109.59
57	59.36	71.54	80.67	88.28	115.68
58	63.93	77.63	86.76	94.37	124.81
59	68.49	83.72	94.37	103.50	133.94
60	74.58	91.33	103.50	111.11	144.60
61	80.67	98.94	112.64	121.77	156.78
62	86.76	106.55	121.77	130.90	168.95
63	92.85	114.16	130.90	140.03	182.65
64	98.94	121.77	138.51	149.17	194.83
65	106.55	129.38	149.17	159.82	210.05
66	114.16	138.51	159.82	172.00	226.79
67	123.29	150.69	173.52	187.22	248.10
68	133.94	164.39	190.26	205.48	270.93
69	146.12	179.61	207.01	225.27	296.81
70	159.82	197.87	226.79	246.58	325.73
71	175.04	217.66	251.15	272.46	359.21
72	193.31	242.01	278.54	302.90	397.27
73	214.62	269.41	310.51	337.91	441.41
74	237.45	298.33	345.52	375.96	488.59
75	263.32	331.82	385.09	418.58	541.87
76	290.72	368.35	427.71	465.76	599.71
77	321.16	406.40	473.37	515.99	662.11
78	353.13	447.50	523.60	570.79	729.08
79	386.61	493.16	576.87	628.63	800.62
80	423.14				
81	461.20				
82	502.29				
83	544.91				
84	589.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	68.49	79.15	86.76	114.16
45-49	60.88	76.10	88.28	95.89	126.33
50-54	74.58	92.85	108.07	117.20	161.34
55	85.24	108.07	124.81	135.47	187.22
56	89.80	114.16	132.42	143.08	196.35
57	95.89	121.77	140.03	152.21	208.53
58	101.98	129.38	149.17	162.86	220.70
59	109.59	138.51	159.82	173.52	234.40
60	117.20	147.64	170.47	184.17	249.62
61	124.81	158.30	182.65	197.87	266.37
62	133.94	168.95	194.83	211.57	284.63
63	143.08	179.61	207.01	225.27	304.42
64	152.21	191.78	220.70	240.49	324.21
65	161.34	203.96	235.93	255.71	345.52
66	173.52	217.66	251.15	273.98	369.87
67	185.70	234.40	270.93	295.29	398.79
68	199.39	252.67	292.24	319.64	430.75
69	214.62	270.93	316.60	345.52	464.24
70	231.36	293.76	342.47	374.44	500.77
71	251.15	318.12	371.39	406.40	543.39
72	272.46	345.52	404.88	442.93	590.57
73	296.81	377.48	442.93	484.03	643.85
74	324.21	412.49	484.03	529.69	701.69
75	354.65	450.54	528.17	578.40	765.61
76	385.09	493.16	576.87	631.67	834.11
77	418.58	537.30	628.63	689.51	907.17
78	452.06	586.01	683.42	750.39	984.80
79	488.59	636.24	742.78	815.84	1068.51
80	526.65				
81	564.70				
82	605.79				
83	648.41				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	77.63	89.80	98.94	127.86
45-49	68.49	85.24	100.46	108.07	143.08
50-54	83.72	105.02	123.29	133.94	181.13
55	94.37	120.25	141.56	153.73	207.01
56	98.94	126.33	149.17	161.34	216.14
57	105.02	133.94	156.78	170.47	228.31
58	111.11	141.56	165.91	181.13	242.01
59	118.72	150.69	176.56	191.78	257.23
60	127.86	161.34	187.22	203.96	272.46
61	136.99	172.00	199.39	216.14	290.72
62	146.12	184.17	211.57	231.36	310.51
63	155.25	196.35	225.27	245.06	331.82
64	164.39	208.53	240.49	261.80	351.60
65	175.04	220.70	255.71	278.54	375.96
66	187.22	235.93	273.98	299.85	400.31
67	200.92	254.19	295.29	322.68	432.28
68	216.14	273.98	319.64	350.08	465.76
69	232.88	293.76	343.99	377.48	502.29
70	251.15	319.64	372.91	407.92	541.87
71	270.93	345.52	404.88	442.93	587.53
72	295.29	375.96	439.89	482.50	639.28
73	321.16	410.97	480.98	526.65	697.12
74	350.08	447.50	525.12	575.35	759.53
75	382.05	488.59	572.31	627.10	828.02
76	415.53	532.73	624.06	683.42	899.56
77	449.02	578.40	678.86	744.31	978.71
78	485.55	628.63	738.22	809.76	1060.90
79	522.08	681.90	800.62	878.25	1150.71
80	563.18				
81	602.75				
82	646.89				
83	691.03				
84	736.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	94.37	103.50	133.94
45-49	71.54	89.80	105.02	114.16	149.17
50-54	88.28	111.11	129.38	140.03	188.74
55	98.94	124.81	147.64	161.34	214.62
56	103.50	130.90	155.25	168.95	225.27
57	109.59	138.51	162.86	178.09	237.45
58	115.68	147.64	172.00	188.74	251.15
59	123.29	156.78	182.65	199.39	266.37
60	132.42	167.43	193.31	211.57	283.11
61	141.56	178.09	205.48	223.75	301.38
62	150.69	190.26	219.18	238.97	321.16
63	159.82	202.44	232.88	254.19	342.47
64	170.47	214.62	248.10	270.93	363.78
65	181.13	228.31	264.84	289.20	388.13
66	193.31	243.54	284.63	310.51	414.01
67	207.01	261.80	305.94	334.86	445.97
68	222.23	283.11	330.30	362.26	480.98
69	240.49	304.42	356.17	391.18	519.04
70	258.76	330.30	385.09	423.14	560.13
71	280.07	357.69	418.58	458.15	607.32
72	304.42	389.66	455.11	499.25	660.59
73	331.82	424.67	496.20	544.91	719.95
74	360.74	462.72	541.87	595.14	783.88
75	392.70	503.81	590.57	648.41	853.90
76	427.71	549.48	643.85	706.25	928.48
77	462.72	596.66	700.16	768.66	1009.15
78	499.25	646.89	761.05	835.63	1094.39
79	537.30	701.69	824.98	905.65	1185.71
80	578.40				
81	619.49				
82	663.63				
83	709.30				
84	756.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	59.36	63.93	85.24
45-49	45.66	56.32	65.45	71.54	94.37
50-54	59.36	73.06	83.72	92.85	121.77
55	68.49	83.72	97.41	106.55	144.60
56	71.54	88.28	101.98	111.11	153.73
57	76.10	94.37	109.59	118.72	164.39
58	82.19	101.98	118.72	127.86	176.56
59	88.28	109.59	127.86	138.51	190.26
60	95.89	120.25	138.51	150.69	203.96
61	105.02	129.38	150.69	162.86	220.70
62	112.64	140.03	162.86	176.56	237.45
63	120.25	150.69	175.04	188.74	255.71
64	129.38	161.34	187.22	202.44	273.98
65	136.99	172.00	199.39	216.14	293.76
66	147.64	185.70	214.62	232.88	316.60
67	159.82	200.92	232.88	252.67	343.99
68	173.52	219.18	254.19	275.50	374.44
69	188.74	238.97	277.02	301.38	407.92
70	205.48	260.28	302.90	330.30	445.97
71	225.27	286.15	331.82	362.26	487.07
72	246.58	313.55	365.30	398.79	534.26
73	270.93	345.52	401.83	439.89	587.53
74	298.33	379.00	442.93	484.03	643.85
75	327.25	417.05	487.07	532.73	706.25
76	359.21	456.63	534.26	586.01	774.75
77	391.18	500.77	586.01	642.32	846.29
78	424.67	546.43	640.80	703.21	923.91
79	461.20	596.66	698.64	767.14	1004.58
80	499.25				
81	538.82				
82	579.92				
83	622.54				
84	668.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	59.36	68.49	73.06	97.41
45-49	53.27	65.45	74.58	82.19	108.07
50-54	65.45	82.19	95.89	105.02	136.99
55	76.10	94.37	109.59	118.72	161.34
56	80.67	100.46	115.68	126.33	170.47
57	85.24	106.55	123.29	133.94	182.65
58	91.33	114.16	132.42	144.60	194.83
59	97.41	121.77	141.56	155.25	208.53
60	105.02	132.42	153.73	167.43	223.75
61	114.16	141.56	165.91	181.13	240.49
62	121.77	152.21	178.09	194.83	257.23
63	130.90	162.86	191.78	208.53	277.02
64	140.03	175.04	203.96	222.23	296.81
65	149.17	187.22	217.66	237.45	316.60
66	161.34	202.44	234.40	255.71	342.47
67	175.04	217.66	254.19	275.50	371.39
68	190.26	237.45	277.02	301.38	404.88
69	205.48	258.76	301.38	328.77	441.41
70	222.23	281.59	328.77	357.69	480.98
71	242.01	308.99	359.21	392.70	526.65
72	264.84	337.91	395.75	432.28	576.87
73	290.72	372.91	435.32	476.42	633.19
74	319.64	409.44	477.94	523.60	695.60
75	351.60	449.02	526.65	576.87	762.57
76	385.09	491.64	578.40	634.71	835.63
77	420.10	538.82	633.19	694.08	913.26
78	455.11	589.05	692.55	759.53	996.97
79	494.68	642.32	754.96	829.54	1085.26
80	534.26				
81	576.87				
82	619.49				
83	663.63				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.23	62.41	71.54	77.63	103.50
45-49	56.32	68.49	79.15	86.76	114.16
50-54	68.49	85.24	100.46	109.59	143.08
55	79.15	98.94	115.68	124.81	168.95
56	83.72	105.02	121.77	132.42	178.09
57	88.28	111.11	129.38	140.03	190.26
58	94.37	118.72	138.51	150.69	202.44
59	101.98	127.86	147.64	161.34	216.14
60	109.59	136.99	159.82	175.04	231.36
61	117.20	147.64	172.00	188.74	248.10
62	126.33	158.30	184.17	202.44	266.37
63	135.47	168.95	197.87	216.14	286.15
64	144.60	181.13	211.57	231.36	305.94
65	155.25	193.31	225.27	246.58	327.25
66	167.43	208.53	243.54	264.84	353.13
67	181.13	225.27	263.32	286.15	383.57
68	196.35	245.06	286.15	312.03	417.05
69	211.57	266.37	312.03	339.43	455.11
70	229.84	290.72	339.43	369.87	496.20
71	249.62	318.12	371.39	406.40	543.39
72	272.46	348.56	407.92	445.97	595.14
73	299.85	383.57	449.02	491.64	652.98
74	328.77	421.62	493.16	540.34	718.43
75	362.26	462.72	543.39	595.14	786.92
76	395.75	506.86	596.66	654.50	861.51
77	432.28	555.57	652.98	716.91	942.18
78	468.81	607.32	713.86	783.88	1027.42
79	508.38	662.11	779.31	856.94	1118.74
80	549.48				
81	592.10				
82	636.24				
83	681.90				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	44.14	48.71	62.41
45-49	38.05	47.19	50.23	53.27	70.02
50-54	47.19	54.80	62.41	66.97	85.24
55	53.27	63.93	71.54	77.63	101.98
56	57.84	68.49	77.63	82.19	108.07
57	60.88	73.06	82.19	88.28	115.68
58	66.97	79.15	89.80	94.37	124.81
59	71.54	85.24	97.41	103.50	135.47
60	77.63	92.85	105.02	112.64	149.17
61	83.72	100.46	114.16	123.29	161.34
62	91.33	109.59	124.81	133.94	175.04
63	98.94	118.72	133.94	144.60	190.26
64	103.50	124.81	144.60	155.25	202.44
65	111.11	133.94	155.25	165.91	216.14
66	118.72	144.60	168.95	181.13	234.40
67	129.38	158.30	182.65	196.35	255.71
68	141.56	172.00	199.39	216.14	281.59
69	153.73	188.74	219.18	235.93	307.46
70	168.95	205.48	237.45	260.28	337.91
71	184.17	226.79	263.32	286.15	372.91
72	203.96	252.67	292.24	318.12	414.01
73	225.27	281.59	325.73	354.65	459.67
74	251.15	313.55	362.26	395.75	509.90
75	280.07	347.04	403.36	439.89	566.22
76	307.46	385.09	447.50	488.59	627.10
77	340.95	426.19	496.20	540.34	692.55
78	374.44	470.33	547.95	598.18	762.57
79	412.49	517.51	602.75	657.55	838.68
80	450.54				
81	493.16				
82	537.30				
83	584.49				
84	633.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	53.27	54.80	73.06
45-49	44.14	53.27	59.36	62.41	80.67
50-54	51.75	62.41	71.54	77.63	100.46
55	60.88	71.54	80.67	88.28	115.68
56	63.93	74.58	85.24	92.85	121.77
57	68.49	80.67	91.33	98.94	130.90
58	73.06	88.28	98.94	105.02	140.03
59	79.15	94.37	108.07	115.68	150.69
60	83.72	103.50	115.68	124.81	162.86
61	91.33	111.11	127.86	138.51	176.56
62	98.94	120.25	138.51	149.17	191.78
63	105.02	129.38	149.17	159.82	207.01
64	112.64	138.51	158.30	170.47	222.23
65	121.77	146.12	170.47	181.13	237.45
66	129.38	158.30	182.65	194.83	257.23
67	140.03	172.00	196.35	213.09	281.59
68	152.21	185.70	216.14	234.40	307.46
69	165.91	203.96	235.93	255.71	336.38
70	182.65	225.27	257.23	281.59	371.39
71	199.39	246.58	286.15	310.51	407.92
72	220.70	275.50	316.60	345.52	450.54
73	245.06	305.94	353.13	385.09	500.77
74	270.93	340.95	394.22	427.71	555.57
75	301.38	377.48	438.36	476.42	616.45
76	331.82	418.58	487.07	529.69	681.90
77	366.83	462.72	538.82	587.53	753.44
78	403.36	509.90	596.66	649.94	829.54
79	442.93	561.65	656.02	713.86	911.74
80	484.03				
81	528.17				
82	575.35				
83	622.54				
84	675.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	57.84	59.36	77.63
45-49	47.19	54.80	62.41	66.97	85.24
50-54	53.27	66.97	74.58	80.67	108.07
55	62.41	74.58	83.72	91.33	121.77
56	66.97	79.15	89.80	97.41	129.38
57	70.02	83.72	94.37	103.50	135.47
58	74.58	91.33	101.98	111.11	146.12
59	80.67	98.94	111.11	121.77	158.30
60	88.28	108.07	121.77	130.90	170.47
61	94.37	115.68	132.42	143.08	184.17
62	101.98	124.81	143.08	153.73	199.39
63	109.59	133.94	153.73	164.39	214.62
64	115.68	143.08	162.86	175.04	229.84
65	124.81	152.21	175.04	188.74	246.58
66	133.94	162.86	188.74	202.44	266.37
67	144.60	176.56	203.96	220.70	292.24
68	158.30	193.31	223.75	242.01	318.12
69	172.00	211.57	243.54	264.84	348.56
70	188.74	232.88	266.37	290.72	383.57
71	205.48	255.71	295.29	321.16	423.14
72	226.79	284.63	327.25	356.17	467.28
73	252.67	316.60	365.30	397.27	519.04
74	280.07	351.60	406.40	442.93	575.35
75	310.51	389.66	453.58	493.16	637.76
76	342.47	433.80	503.81	547.95	706.25
77	377.48	477.94	557.09	607.32	779.31
78	415.53	526.65	616.45	671.24	858.46
79	455.11	579.92	678.86	739.74	942.18
80	497.73				
81	541.87				
82	590.57				
83	640.80				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.93	80.67	92.85	101.98	133.94
45-49	71.54	89.80	103.50	112.64	149.17
50-54	88.28	109.59	127.86	138.51	190.26
55	100.46	127.86	146.12	159.82	220.70
56	105.02	133.94	155.25	168.95	231.36
57	112.64	143.08	164.39	179.61	245.06
58	120.25	152.21	175.04	191.78	260.28
59	129.38	162.86	188.74	203.96	275.50
60	138.51	173.52	200.92	216.14	293.76
61	146.12	185.70	214.62	232.88	313.55
62	158.30	199.39	229.84	249.62	334.86
63	168.95	211.57	243.54	264.84	357.69
64	179.61	225.27	260.28	283.11	382.05
65	190.26	240.49	277.02	301.38	406.40
66	203.96	255.71	295.29	322.68	435.32
67	219.18	275.50	318.12	347.04	468.81
68	234.40	296.81	343.99	375.96	506.86
69	252.67	318.12	372.91	406.40	546.43
70	272.46	345.52	403.36	439.89	589.05
71	295.29	374.44	436.84	477.94	639.28
72	321.16	406.40	476.42	520.56	694.08
73	348.56	444.45	520.56	569.26	758.00
74	382.05	485.55	569.26	622.54	824.98
75	417.05	529.69	621.02	680.38	901.08
76	453.58	579.92	678.86	742.78	981.75
77	493.16	631.67	739.74	811.28	1066.99
78	531.21	689.51	803.67	882.82	1158.32
79	575.35	748.87	873.68	960.44	1257.25
80	619.49				
81	663.63				
82	712.34				
83	762.57				
84	814.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	91.33	105.02	115.68	150.69
45-49	80.67	100.46	118.72	127.86	168.95
50-54	98.94	123.29	144.60	158.30	213.09
55	111.11	141.56	165.91	181.13	243.54
56	115.68	149.17	175.04	190.26	254.19
57	123.29	158.30	184.17	200.92	267.89
58	130.90	165.91	194.83	213.09	284.63
59	140.03	176.56	207.01	225.27	302.90
60	150.69	190.26	220.70	240.49	321.16
61	161.34	202.44	234.40	254.19	342.47
62	172.00	216.14	249.62	272.46	365.30
63	182.65	231.36	264.84	287.68	389.66
64	193.31	245.06	283.11	307.46	414.01
65	205.48	260.28	301.38	327.25	442.93
66	220.70	277.02	322.68	353.13	470.33
67	235.93	298.33	347.04	379.00	508.38
68	254.19	322.68	375.96	412.49	547.95
69	273.98	345.52	404.88	444.45	590.57
70	295.29	375.96	438.36	479.46	637.76
71	318.12	406.40	476.42	520.56	691.03
72	347.04	442.93	517.51	567.74	751.92
73	377.48	484.03	566.22	619.49	820.41
74	412.49	526.65	617.97	677.33	893.47
75	449.02	575.35	672.77	738.22	974.14
76	488.59	627.10	733.65	803.67	1057.86
77	528.17	680.38	799.10	875.21	1150.71
78	570.79	739.74	869.12	952.83	1248.12
79	614.93	802.15	942.18	1033.50	1353.14
80	662.11				
81	709.30				
82	761.05				
83	812.80				
84	866.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	94.37	111.11	121.77	158.30
45-49	83.72	105.02	123.29	133.94	175.04
50-54	103.50	130.90	152.21	164.39	222.23
55	115.68	146.12	173.52	190.26	252.67
56	121.77	153.73	182.65	199.39	264.84
57	129.38	162.86	191.78	210.05	280.07
58	135.47	173.52	202.44	222.23	295.29
59	144.60	184.17	214.62	234.40	313.55
60	155.25	196.35	226.79	249.62	333.34
61	165.91	210.05	242.01	263.32	354.65
62	176.56	223.75	257.23	281.59	377.48
63	188.74	237.45	273.98	298.33	403.36
64	200.92	252.67	292.24	318.12	427.71
65	213.09	267.89	312.03	340.95	456.63
66	226.79	286.15	334.86	365.30	487.07
67	243.54	307.46	359.21	394.22	525.12
68	261.80	333.34	388.13	426.19	566.22
69	283.11	357.69	418.58	459.67	610.36
70	304.42	388.13	453.58	497.73	659.07
71	328.77	420.10	493.16	538.82	713.86
72	357.69	458.15	535.78	587.53	777.79
73	389.66	499.25	584.49	640.80	846.29
74	424.67	544.91	637.76	700.16	922.39
75	462.72	592.10	694.08	762.57	1004.58
76	503.81	646.89	758.00	831.06	1092.87
77	544.91	701.69	823.45	904.13	1187.24
78	587.53	761.05	894.99	983.27	1287.69
79	631.67	824.98	971.10	1065.47	1394.24
80	680.38				
81	729.08				
82	780.84				
83	834.11				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.71	59.36	70.02	74.58	100.46
45-49	53.27	66.97	77.63	83.72	111.11
50-54	70.02	85.24	98.94	109.59	143.08
55	80.67	98.94	114.16	124.81	170.47
56	83.72	103.50	120.25	130.90	181.13
57	89.80	111.11	129.38	140.03	193.31
58	97.41	120.25	140.03	150.69	207.01
59	103.50	129.38	150.69	162.86	223.75
60	112.64	141.56	162.86	176.56	240.49
61	123.29	152.21	176.56	191.78	260.28
62	132.42	164.39	191.78	207.01	280.07
63	141.56	176.56	205.48	222.23	301.38
64	152.21	190.26	220.70	237.45	322.68
65	161.34	202.44	234.40	254.19	345.52
66	173.52	219.18	252.67	273.98	372.91
67	188.74	235.93	273.98	296.81	404.88
68	203.96	257.23	298.33	324.21	439.89
69	222.23	281.59	325.73	354.65	479.46
70	242.01	305.94	356.17	388.13	525.12
71	264.84	336.38	389.66	426.19	572.31
72	290.72	368.35	429.23	468.81	628.63
73	318.12	406.40	473.37	517.51	691.03
74	351.60	445.97	520.56	569.26	758.00
75	385.09	490.12	572.31	627.10	831.06
76	423.14	537.30	628.63	689.51	911.74
77	459.67	589.05	689.51	754.96	995.45
78	499.25	642.32	753.44	828.02	1086.78
79	541.87	701.69	821.93	902.60	1181.15
80	587.53				
81	633.19				
82	681.90				
83	732.13				
84	785.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54.80	70.02	80.67	85.24	114.16
45-49	62.41	77.63	88.28	97.41	127.86
50-54	77.63	97.41	112.64	123.29	161.34
55	89.80	111.11	129.38	140.03	190.26
56	94.37	118.72	135.47	149.17	200.92
57	100.46	124.81	144.60	158.30	214.62
58	108.07	133.94	155.25	170.47	229.84
59	114.16	143.08	165.91	182.65	245.06
60	123.29	155.25	181.13	196.35	263.32
61	133.94	165.91	194.83	213.09	283.11
62	143.08	179.61	210.05	229.84	302.90
63	153.73	191.78	225.27	245.06	325.73
64	164.39	205.48	240.49	261.80	348.56
65	175.04	220.70	255.71	280.07	372.91
66	190.26	237.45	275.50	301.38	403.36
67	205.48	255.71	298.33	324.21	436.84
68	223.75	280.07	325.73	354.65	476.42
69	242.01	304.42	354.65	386.61	519.04
70	261.80	331.82	386.61	420.10	566.22
71	284.63	363.78	423.14	462.72	619.49
72	312.03	397.27	465.76	508.38	678.86
73	342.47	438.36	511.42	560.13	744.31
74	375.96	480.98	561.65	616.45	818.89
75	414.01	528.17	619.49	678.86	896.52
76	453.58	578.40	680.38	747.35	983.27
77	494.68	633.19	744.31	815.84	1074.60
78	535.78	692.55	814.32	893.47	1173.54
79	581.44	754.96	888.90	975.66	1277.04
80	628.63				
81	678.86				
82	729.08				
83	780.84				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.36	73.06	83.72	91.33	121.77
45-49	66.97	80.67	92.85	101.98	133.94
50-54	80.67	100.46	118.72	129.38	168.95
55	92.85	115.68	135.47	146.12	199.39
56	98.94	123.29	143.08	155.25	210.05
57	103.50	130.90	152.21	164.39	223.75
58	111.11	140.03	162.86	176.56	237.45
59	120.25	150.69	173.52	190.26	254.19
60	129.38	161.34	188.74	205.48	272.46
61	138.51	173.52	202.44	222.23	292.24
62	149.17	185.70	216.14	237.45	313.55
63	159.82	199.39	232.88	254.19	336.38
64	170.47	213.09	249.62	272.46	359.21
65	182.65	226.79	264.84	290.72	385.09
66	196.35	245.06	286.15	312.03	415.53
67	213.09	264.84	310.51	336.38	450.54
68	231.36	287.68	336.38	366.83	490.12
69	249.62	313.55	366.83	398.79	535.78
70	270.93	342.47	398.79	435.32	584.49
71	293.76	374.44	436.84	477.94	639.28
72	321.16	409.44	479.46	525.12	700.16
73	353.13	450.54	528.17	578.40	768.66
74	386.61	496.20	579.92	636.24	844.76
75	426.19	544.91	639.28	700.16	925.43
76	465.76	596.66	701.69	770.18	1013.72
77	508.38	652.98	768.66	843.24	1108.09
78	551.00	713.86	840.20	922.39	1208.54
79	598.18	779.31	916.30	1007.63	1316.61
80	646.89				
81	697.12				
82	748.87				
83	802.15				
84	859.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.15	43.76	47.57	51.37	66.59
45-49	39.96	49.47	53.27	57.08	74.20
50-54	49.47	58.98	66.59	70.40	91.33
55	57.08	68.49	76.10	81.81	108.45
56	60.88	72.30	81.81	87.52	114.16
57	64.69	78.01	87.52	93.23	123.67
58	70.40	83.72	95.13	100.84	133.18
59	76.10	91.33	102.74	110.35	144.60
60	81.81	98.94	112.25	119.87	157.92
61	89.42	106.55	121.77	131.28	171.24
62	97.03	116.06	133.18	142.70	186.46
63	104.64	125.57	142.70	154.11	201.68
64	110.35	133.18	154.11	165.53	215.00
65	117.96	142.70	165.53	176.94	230.22
66	125.57	154.11	178.85	192.16	249.24
67	136.99	167.43	194.07	209.29	272.07
68	150.31	182.65	211.19	230.22	298.71
69	163.63	199.78	232.12	251.15	327.25
70	178.85	218.80	253.05	275.88	359.60
71	195.97	241.63	279.69	304.42	395.75
72	216.90	268.27	310.13	338.67	439.51
73	239.73	298.71	346.28	376.72	488.97
74	266.37	332.96	384.33	420.48	542.25
75	296.81	369.11	428.09	468.04	601.23
76	327.25	409.06	475.66	519.42	665.92
77	361.50	452.82	527.03	574.59	736.31
78	397.65	500.39	582.20	635.48	810.52
79	437.60	549.86	641.18	698.26	890.43
80	479.46				
81	523.22				
82	570.79				
83	620.25				
84	673.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	57.08	58.98	78.01
45-49	47.57	57.08	62.79	66.59	85.62
50-54	55.18	66.59	76.10	81.81	106.55
55	64.69	76.10	85.62	93.23	123.67
56	68.49	79.91	91.33	98.94	129.38
57	72.30	85.62	97.03	104.64	138.89
58	78.01	93.23	104.64	112.25	148.40
59	83.72	100.84	114.16	123.67	159.82
60	89.42	110.35	123.67	133.18	173.14
61	97.03	117.96	135.09	146.50	188.36
62	104.64	127.48	146.50	157.92	203.58
63	112.25	136.99	157.92	169.33	220.70
64	119.87	146.50	167.43	180.75	235.93
65	129.38	156.01	180.75	192.16	253.05
66	136.99	167.43	194.07	207.39	273.98
67	148.40	182.65	209.29	226.41	298.71
68	161.72	197.87	230.22	249.24	327.25
69	176.94	216.90	251.15	272.07	357.69
70	194.07	239.73	273.98	298.71	393.84
71	211.19	262.56	304.42	329.15	433.80
72	234.02	293.00	336.76	367.21	479.46
73	260.66	325.35	374.82	409.06	532.73
74	287.30	361.50	418.58	454.73	589.81
75	319.64	401.45	466.14	506.10	654.50
76	351.98	445.21	517.51	563.18	724.90
77	390.04	490.88	572.69	624.06	801.00
78	428.09	542.25	633.57	690.65	880.91
79	469.95	597.42	696.36	759.15	968.43
80	513.71				
81	561.27				
82	610.74				
83	662.11				
84	717.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.76	53.27	60.88	62.79	81.81
45-49	49.47	58.98	66.59	70.40	91.33
50-54	57.08	70.40	79.91	85.62	114.16
55	66.59	79.91	89.42	97.03	129.38
56	70.40	83.72	95.13	102.74	136.99
57	74.20	89.42	100.84	110.35	144.60
58	79.91	97.03	108.45	117.96	156.01
59	85.62	104.64	117.96	129.38	167.43
60	93.23	114.16	129.38	138.89	180.75
61	100.84	123.67	140.79	152.21	195.97
62	108.45	133.18	152.21	163.63	211.19
63	116.06	142.70	163.63	175.04	228.31
64	123.67	152.21	173.14	186.46	243.54
65	133.18	161.72	186.46	199.78	262.56
66	142.70	173.14	199.78	215.00	283.49
67	154.11	188.36	216.90	234.02	310.13
68	167.43	205.48	237.83	256.85	338.67
69	182.65	224.51	258.76	281.59	371.01
70	199.78	247.34	283.49	308.22	407.16
71	218.80	272.07	313.93	340.57	449.02
72	241.63	302.52	348.18	378.62	496.58
73	268.27	336.76	388.13	422.38	551.76
74	296.81	372.91	431.89	469.95	610.74
75	329.15	414.77	481.36	523.22	677.33
76	363.40	460.43	534.64	582.20	749.63
77	401.45	508.00	591.72	644.99	827.64
78	441.41	559.37	654.50	713.48	911.36
79	483.27	616.45	721.09	785.78	1000.78
80	528.93				
81	576.49				
82	627.86				
83	681.14				
84	736.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	85.62	98.94	108.45	142.70
45-49	76.10	95.13	110.35	119.87	157.92
50-54	93.23	116.06	135.09	146.50	201.68
55	106.55	135.09	156.01	169.33	234.02
56	112.25	142.70	165.53	178.85	245.44
57	119.87	152.21	175.04	190.26	260.66
58	127.48	161.72	186.46	203.58	275.88
59	136.99	173.14	199.78	216.90	293.00
60	146.50	184.55	213.09	230.22	312.03
61	156.01	197.87	228.31	247.34	332.96
62	167.43	211.19	243.54	264.46	355.79
63	178.85	224.51	258.76	281.59	380.52
64	190.26	239.73	275.88	300.61	405.26
65	201.68	254.95	294.91	319.64	431.89
66	216.90	272.07	313.93	342.47	462.34
67	232.12	293.00	338.67	369.11	498.49
68	249.24	315.84	365.30	399.55	538.44
69	268.27	338.67	395.75	431.89	580.30
70	289.20	367.21	428.09	468.04	625.96
71	313.93	397.65	464.24	508.00	679.24
72	340.57	431.89	506.10	553.66	738.22
73	371.01	471.85	553.66	605.03	804.81
74	405.26	515.61	605.03	662.11	877.11
75	443.31	563.18	660.21	723.00	957.02
76	481.36	616.45	721.09	789.59	1042.64
77	523.22	671.63	785.78	861.89	1133.96
78	565.08	732.51	854.28	937.99	1231.00
79	610.74	795.30	928.48	1019.80	1335.64
80	658.31				
81	705.87				
82	757.24				
83	810.52				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	97.03	112.25	123.67	159.82
45-49	85.62	106.55	125.57	135.09	178.85
50-54	104.64	131.28	154.11	167.43	226.41
55	117.96	150.31	176.94	192.16	258.76
56	123.67	157.92	186.46	201.68	270.17
57	131.28	167.43	195.97	213.09	285.39
58	138.89	176.94	207.39	226.41	302.52
59	148.40	188.36	220.70	239.73	321.54
60	159.82	201.68	234.02	254.95	340.57
61	171.24	215.00	249.24	270.17	363.40
62	182.65	230.22	264.46	289.20	388.13
63	194.07	245.44	281.59	306.32	414.77
64	205.48	260.66	300.61	327.25	439.51
65	218.80	275.88	319.64	348.18	469.95
66	234.02	294.91	342.47	374.82	500.39
67	251.15	317.74	369.11	403.36	540.34
68	270.17	342.47	399.55	437.60	582.20
69	291.10	367.21	429.99	471.85	627.86
70	313.93	399.55	466.14	509.90	677.33
71	338.67	431.89	506.10	553.66	734.41
72	369.11	469.95	549.86	603.13	799.10
73	401.45	513.71	601.23	658.31	871.40
74	437.60	559.37	656.40	719.19	949.41
75	477.56	610.74	715.39	783.88	1035.03
76	519.42	665.92	780.07	854.28	1124.45
77	561.27	723.00	848.57	930.38	1223.39
78	606.94	785.78	922.77	1012.19	1326.13
79	652.60	852.37	1000.78	1097.81	1438.38
80	703.97				
81	753.44				
82	808.61				
83	863.79				
84	920.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	117.96	129.38	167.43
45-49	89.42	112.25	131.28	142.70	186.46
50-54	110.35	138.89	161.72	175.04	235.93
55	123.67	156.01	184.55	201.68	268.27
56	129.38	163.63	194.07	211.19	281.59
57	136.99	173.14	203.58	222.61	296.81
58	144.60	184.55	215.00	235.93	313.93
59	154.11	195.97	228.31	249.24	332.96
60	165.53	209.29	241.63	264.46	353.89
61	176.94	222.61	256.85	279.69	376.72
62	188.36	237.83	273.98	298.71	401.45
63	199.78	253.05	291.10	317.74	428.09
64	213.09	268.27	310.13	338.67	454.73
65	226.41	285.39	331.06	361.50	485.17
66	241.63	304.42	355.79	388.13	517.51
67	258.76	327.25	382.43	418.58	557.47
68	277.78	353.89	412.87	452.82	601.23
69	300.61	380.52	445.21	488.97	648.79
70	323.45	412.87	481.36	528.93	700.16
71	350.08	447.12	523.22	572.69	759.15
72	380.52	487.07	568.88	624.06	825.74
73	414.77	530.83	620.25	681.14	899.94
74	450.92	578.40	677.33	743.92	979.85
75	490.88	629.77	738.22	810.52	1067.37
76	534.64	686.85	804.81	882.82	1160.60
77	578.40	745.83	875.21	960.82	1261.44
78	624.06	808.61	951.31	1044.54	1367.98
79	671.63	877.11	1031.22	1132.06	1482.14
80	723.00				
81	774.37				
82	829.54				
83	886.62				
84	945.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	74.20	79.91	106.55
45-49	57.08	70.40	81.81	89.42	117.96
50-54	74.20	91.33	104.64	116.06	152.21
55	85.62	104.64	121.77	133.18	180.75
56	89.42	110.35	127.48	138.89	192.16
57	95.13	117.96	136.99	148.40	205.48
58	102.74	127.48	148.40	159.82	220.70
59	110.35	136.99	159.82	173.14	237.83
60	119.87	150.31	173.14	188.36	254.95
61	131.28	161.72	188.36	203.58	275.88
62	140.79	175.04	203.58	220.70	296.81
63	150.31	188.36	218.80	235.93	319.64
64	161.72	201.68	234.02	253.05	342.47
65	171.24	215.00	249.24	270.17	367.21
66	184.55	232.12	268.27	291.10	395.75
67	199.78	251.15	291.10	315.84	429.99
68	216.90	273.98	317.74	344.37	468.04
69	235.93	298.71	346.28	376.72	509.90
70	256.85	325.35	378.62	412.87	557.47
71	281.59	357.69	414.77	452.82	608.84
72	308.22	391.94	456.63	498.49	667.82
73	338.67	431.89	502.29	549.86	734.41
74	372.91	473.75	553.66	605.03	804.81
75	409.06	521.32	608.84	665.92	882.82
76	449.02	570.79	667.82	732.51	968.43
77	488.97	625.96	732.51	802.91	1057.86
78	530.83	683.04	801.00	879.01	1154.89
79	576.49	745.83	873.30	958.92	1255.73
80	624.06				
81	673.53				
82	724.90				
83	778.17				
84	835.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	74.20	85.62	91.33	121.77
45-49	66.59	81.81	93.23	102.74	135.09
50-54	81.81	102.74	119.87	131.28	171.24
55	95.13	117.96	136.99	148.40	201.68
56	100.84	125.57	144.60	157.92	213.09
57	106.55	133.18	154.11	167.43	228.31
58	114.16	142.70	165.53	180.75	243.54
59	121.77	152.21	176.94	194.07	260.66
60	131.28	165.53	192.16	209.29	279.69
61	142.70	176.94	207.39	226.41	300.61
62	152.21	190.26	222.61	243.54	321.54
63	163.63	203.58	239.73	260.66	346.28
64	175.04	218.80	254.95	277.78	371.01
65	186.46	234.02	272.07	296.81	395.75
66	201.68	253.05	293.00	319.64	428.09
67	218.80	272.07	317.74	344.37	464.24
68	237.83	296.81	346.28	376.72	506.10
69	256.85	323.45	376.72	410.97	551.76
70	277.78	351.98	410.97	447.12	601.23
71	302.52	386.23	449.02	490.88	658.31
72	331.06	422.38	494.68	540.34	721.09
73	363.40	466.14	544.15	595.52	791.49
74	399.55	511.81	597.42	654.50	869.50
75	439.51	561.27	658.31	721.09	953.21
76	481.36	614.55	723.00	793.39	1044.54
77	525.12	673.53	791.49	867.60	1141.57
78	568.88	736.31	865.69	949.41	1246.22
79	618.35	802.91	943.70	1036.93	1356.57
80	667.82				
81	721.09				
82	774.37				
83	829.54				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.79	78.01	89.42	97.03	129.38
45-49	70.40	85.62	98.94	108.45	142.70
50-54	85.62	106.55	125.57	136.99	178.85
55	98.94	123.67	144.60	156.01	211.19
56	104.64	131.28	152.21	165.53	222.61
57	110.35	138.89	161.72	175.04	237.83
58	117.96	148.40	173.14	188.36	253.05
59	127.48	159.82	184.55	201.68	270.17
60	136.99	171.24	199.78	218.80	289.20
61	146.50	184.55	215.00	235.93	310.13
62	157.92	197.87	230.22	253.05	332.96
63	169.33	211.19	247.34	270.17	357.69
64	180.75	226.41	264.46	289.20	382.43
65	194.07	241.63	281.59	308.22	409.06
66	209.29	260.66	304.42	331.06	441.41
67	226.41	281.59	329.15	357.69	479.46
68	245.44	306.32	357.69	390.04	521.32
69	264.46	332.96	390.04	424.28	568.88
70	287.30	363.40	424.28	462.34	620.25
71	312.03	397.65	464.24	508.00	679.24
72	340.57	435.70	509.90	557.47	743.92
73	374.82	479.46	561.27	614.55	816.22
74	410.97	527.03	616.45	675.43	898.04
75	452.82	578.40	679.24	743.92	983.66
76	494.68	633.57	745.83	818.13	1076.88
77	540.34	694.46	816.22	896.13	1177.72
78	586.01	759.15	892.33	979.85	1284.27
79	635.48	827.64	974.14	1071.18	1398.43
80	686.85				
81	740.12				
82	795.30				
83	852.37				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	55.18	60.88	78.01
45-49	47.57	58.98	62.79	66.59	87.52
50-54	58.98	68.49	78.01	83.72	106.55
55	66.59	79.91	89.42	97.03	127.48
56	72.30	85.62	97.03	102.74	135.09
57	76.10	91.33	102.74	110.35	144.60
58	83.72	98.94	112.25	117.96	156.01
59	89.42	106.55	121.77	129.38	169.33
60	97.03	116.06	131.28	140.79	186.46
61	104.64	125.57	142.70	154.11	201.68
62	114.16	136.99	156.01	167.43	218.80
63	123.67	148.40	167.43	180.75	237.83
64	129.38	156.01	180.75	194.07	253.05
65	138.89	167.43	194.07	207.39	270.17
66	148.40	180.75	211.19	226.41	293.00
67	161.72	197.87	228.31	245.44	319.64
68	176.94	215.00	249.24	270.17	351.98
69	192.16	235.93	273.98	294.91	384.33
70	211.19	256.85	296.81	325.35	422.38
71	230.22	283.49	329.15	357.69	466.14
72	254.95	315.84	365.30	397.65	517.51
73	281.59	351.98	407.16	443.31	574.59
74	313.93	391.94	452.82	494.68	637.38
75	350.08	433.80	504.19	549.86	707.78
76	384.33	481.36	559.37	610.74	783.88
77	426.19	532.73	620.25	675.43	865.69
78	468.04	587.91	684.94	747.73	953.21
79	515.61	646.89	753.44	821.93	1048.34
80	563.18				
81	616.45				
82	671.63				
83	730.61				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	66.59	68.49	91.33
45-49	55.18	66.59	74.20	78.01	100.84
50-54	64.69	78.01	89.42	97.03	125.57
55	76.10	89.42	100.84	110.35	144.60
56	79.91	93.23	106.55	116.06	152.21
57	85.62	100.84	114.16	123.67	163.63
58	91.33	110.35	123.67	131.28	175.04
59	98.94	117.96	135.09	144.60	188.36
60	104.64	129.38	144.60	156.01	203.58
61	114.16	138.89	159.82	173.14	220.70
62	123.67	150.31	173.14	186.46	239.73
63	131.28	161.72	186.46	199.78	258.76
64	140.79	173.14	197.87	213.09	277.78
65	152.21	182.65	213.09	226.41	296.81
66	161.72	197.87	228.31	243.54	321.54
67	175.04	215.00	245.44	266.37	351.98
68	190.26	232.12	270.17	293.00	384.33
69	207.39	254.95	294.91	319.64	420.48
70	228.31	281.59	321.54	351.98	464.24
71	249.24	308.22	357.69	388.13	509.90
72	275.88	344.37	395.75	431.89	563.18
73	306.32	382.43	441.41	481.36	625.96
74	338.67	426.19	492.78	534.64	694.46
75	376.72	471.85	547.95	595.52	770.56
76	414.77	523.22	608.84	662.11	852.37
77	458.53	578.40	673.53	734.41	941.80
78	504.19	637.38	745.83	812.42	1036.93
79	553.66	702.07	820.03	892.33	1139.67
80	605.03				
81	660.21				
82	719.19				
83	778.17				
84	844.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	72.30	74.20	97.03
45-49	58.98	68.49	78.01	83.72	106.55
50-54	66.59	83.72	93.23	100.84	135.09
55	78.01	93.23	104.64	114.16	152.21
56	83.72	98.94	112.25	121.77	161.72
57	87.52	104.64	117.96	129.38	169.33
58	93.23	114.16	127.48	138.89	182.65
59	100.84	123.67	138.89	152.21	197.87
60	110.35	135.09	152.21	163.63	213.09
61	117.96	144.60	165.53	178.85	230.22
62	127.48	156.01	178.85	192.16	249.24
63	136.99	167.43	192.16	205.48	268.27
64	144.60	178.85	203.58	218.80	287.30
65	156.01	190.26	218.80	235.93	308.22
66	167.43	203.58	235.93	253.05	332.96
67	180.75	220.70	254.95	275.88	365.30
68	197.87	241.63	279.69	302.52	397.65
69	215.00	264.46	304.42	331.06	435.70
70	235.93	291.10	332.96	363.40	479.46
71	256.85	319.64	369.11	401.45	528.93
72	283.49	355.79	409.06	445.21	584.10
73	315.84	395.75	456.63	496.58	648.79
74	350.08	439.51	508.00	553.66	719.19
75	388.13	487.07	566.98	616.45	797.20
76	428.09	542.25	629.77	684.94	882.82
77	471.85	597.42	696.36	759.15	974.14
78	519.42	658.31	770.56	839.06	1073.08
79	568.88	724.90	848.57	924.67	1177.72
80	622.16				
81	677.33				
82	738.22				
83	801.00				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	79.91	100.84	116.06	127.48	167.43
45-49	89.42	112.25	129.38	140.79	186.46
50-54	110.35	136.99	159.82	173.14	237.83
55	125.57	159.82	182.65	199.78	275.88
56	131.28	167.43	194.07	211.19	289.20
57	140.79	178.85	205.48	224.51	306.32
58	150.31	190.26	218.80	239.73	325.35
59	161.72	203.58	235.93	254.95	344.37
60	173.14	216.90	251.15	270.17	367.21
61	182.65	232.12	268.27	291.10	391.94
62	197.87	249.24	287.30	312.03	418.58
63	211.19	264.46	304.42	331.06	447.12
64	224.51	281.59	325.35	353.89	477.56
65	237.83	300.61	346.28	376.72	508.00
66	254.95	319.64	369.11	403.36	544.15
67	273.98	344.37	397.65	433.80	586.01
68	293.00	371.01	429.99	469.95	633.57
69	315.84	397.65	466.14	508.00	683.04
70	340.57	431.89	504.19	549.86	736.31
71	369.11	468.04	546.05	597.42	799.10
72	401.45	508.00	595.52	650.70	867.60
73	435.70	555.57	650.70	711.58	947.51
74	477.56	606.94	711.58	778.17	1031.22
75	521.32	662.11	776.27	850.47	1126.35
76	566.98	724.90	848.57	928.48	1227.19
77	616.45	789.59	924.67	1014.10	1333.74
78	664.01	861.89	1004.58	1103.52	1447.89
79	719.19	936.09	1092.10	1200.55	1571.56
80	774.37				
81	829.54				
82	890.43				
83	953.21				
84	1017.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	114.16	131.28	144.60	188.36
45-49	100.84	125.57	148.40	159.82	211.19
50-54	123.67	154.11	180.75	197.87	266.37
55	138.89	176.94	207.39	226.41	304.42
56	144.60	186.46	218.80	237.83	317.74
57	154.11	197.87	230.22	251.15	334.86
58	163.63	207.39	243.54	266.37	355.79
59	175.04	220.70	258.76	281.59	378.62
60	188.36	237.83	275.88	300.61	401.45
61	201.68	253.05	293.00	317.74	428.09
62	215.00	270.17	312.03	340.57	456.63
63	228.31	289.20	331.06	359.60	487.07
64	241.63	306.32	353.89	384.33	517.51
65	256.85	325.35	376.72	409.06	553.66
66	275.88	346.28	403.36	441.41	587.91
67	294.91	372.91	433.80	473.75	635.48
68	317.74	403.36	469.95	515.61	684.94
69	342.47	431.89	506.10	555.57	738.22
70	369.11	469.95	547.95	599.33	797.20
71	397.65	508.00	595.52	650.70	863.79
72	433.80	553.66	646.89	709.68	939.89
73	471.85	605.03	707.78	774.37	1025.51
74	515.61	658.31	772.46	846.67	1116.84
75	561.27	719.19	840.96	922.77	1217.68
76	610.74	783.88	917.06	1004.58	1322.32
77	660.21	850.47	998.88	1094.01	1438.38
78	713.48	924.67	1086.40	1191.04	1560.15
79	768.66	1002.68	1177.72	1291.88	1691.43
80	827.64				
81	886.62				
82	951.31				
83	1016.00				
84	1082.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	117.96	138.89	152.21	197.87
45-49	104.64	131.28	154.11	167.43	218.80
50-54	129.38	163.63	190.26	205.48	277.78
55	144.60	182.65	216.90	237.83	315.84
56	152.21	192.16	228.31	249.24	331.06
57	161.72	203.58	239.73	262.56	350.08
58	169.33	216.90	253.05	277.78	369.11
59	180.75	230.22	268.27	293.00	391.94
60	194.07	245.44	283.49	312.03	416.67
61	207.39	262.56	302.52	329.15	443.31
62	220.70	279.69	321.54	351.98	471.85
63	235.93	296.81	342.47	372.91	504.19
64	251.15	315.84	365.30	397.65	534.64
65	266.37	334.86	390.04	426.19	570.79
66	283.49	357.69	418.58	456.63	608.84
67	304.42	384.33	449.02	492.78	656.40
68	327.25	416.67	485.17	532.73	707.78
69	353.89	447.12	523.22	574.59	762.95
70	380.52	485.17	566.98	622.16	823.83
71	410.97	525.12	616.45	673.53	892.33
72	447.12	572.69	669.72	734.41	972.24
73	487.07	624.06	730.61	801.00	1057.86
74	530.83	681.14	797.20	875.21	1152.99
75	578.40	740.12	867.60	953.21	1255.73
76	629.77	808.61	947.51	1038.83	1366.08
77	681.14	877.11	1029.32	1130.16	1484.04
78	734.41	951.31	1118.74	1229.09	1609.62
79	789.59	1031.22	1213.87	1331.83	1742.80
80	850.47				
81	911.36				
82	976.04				
83	1042.64				
84	1113.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.20	87.52	93.23	125.57
45-49	66.59	83.72	97.03	104.64	138.89
50-54	87.52	106.55	123.67	136.99	178.85
55	100.84	123.67	142.70	156.01	213.09
56	104.64	129.38	150.31	163.63	226.41
57	112.25	138.89	161.72	175.04	241.63
58	121.77	150.31	175.04	188.36	258.76
59	129.38	161.72	188.36	203.58	279.69
60	140.79	176.94	203.58	220.70	300.61
61	154.11	190.26	220.70	239.73	325.35
62	165.53	205.48	239.73	258.76	350.08
63	176.94	220.70	256.85	277.78	376.72
64	190.26	237.83	275.88	296.81	403.36
65	201.68	253.05	293.00	317.74	431.89
66	216.90	273.98	315.84	342.47	466.14
67	235.93	294.91	342.47	371.01	506.10
68	254.95	321.54	372.91	405.26	549.86
69	277.78	351.98	407.16	443.31	599.33
70	302.52	382.43	445.21	485.17	656.40
71	331.06	420.48	487.07	532.73	715.39
72	363.40	460.43	536.54	586.01	785.78
73	397.65	508.00	591.72	646.89	863.79
74	439.51	557.47	650.70	711.58	947.51
75	481.36	612.64	715.39	783.88	1038.83
76	528.93	671.63	785.78	861.89	1139.67
77	574.59	736.31	861.89	943.70	1244.31
78	624.06	802.91	941.80	1035.03	1358.47
79	677.33	877.11	1027.42	1128.25	1476.43
80	734.41				
81	791.49				
82	852.37				
83	915.16				
84	981.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	87.52	100.84	106.55	142.70
45-49	78.01	97.03	110.35	121.77	159.82
50-54	97.03	121.77	140.79	154.11	201.68
55	112.25	138.89	161.72	175.04	237.83
56	117.96	148.40	169.33	186.46	251.15
57	125.57	156.01	180.75	197.87	268.27
58	135.09	167.43	194.07	213.09	287.30
59	142.70	178.85	207.39	228.31	306.32
60	154.11	194.07	226.41	245.44	329.15
61	167.43	207.39	243.54	266.37	353.89
62	178.85	224.51	262.56	287.30	378.62
63	192.16	239.73	281.59	306.32	407.16
64	205.48	256.85	300.61	327.25	435.70
65	218.80	275.88	319.64	350.08	466.14
66	237.83	296.81	344.37	376.72	504.19
67	256.85	319.64	372.91	405.26	546.05
68	279.69	350.08	407.16	443.31	595.52
69	302.52	380.52	443.31	483.27	648.79
70	327.25	414.77	483.27	525.12	707.78
71	355.79	454.73	528.93	578.40	774.37
72	390.04	496.58	582.20	635.48	848.57
73	428.09	547.95	639.28	700.16	930.38
74	469.95	601.23	702.07	770.56	1023.61
75	517.51	660.21	774.37	848.57	1120.64
76	566.98	723.00	850.47	934.19	1229.09
77	618.35	791.49	930.38	1019.80	1343.25
78	669.72	865.69	1017.90	1116.84	1466.92
79	726.80	943.70	1111.13	1219.58	1596.30
80	785.78				
81	848.57				
82	911.36				
83	976.04				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.20	91.33	104.64	114.16	152.21
45-49	83.72	100.84	116.06	127.48	167.43
50-54	100.84	125.57	148.40	161.72	211.19
55	116.06	144.60	169.33	182.65	249.24
56	123.67	154.11	178.85	194.07	262.56
57	129.38	163.63	190.26	205.48	279.69
58	138.89	175.04	203.58	220.70	296.81
59	150.31	188.36	216.90	237.83	317.74
60	161.72	201.68	235.93	256.85	340.57
61	173.14	216.90	253.05	277.78	365.30
62	186.46	232.12	270.17	296.81	391.94
63	199.78	249.24	291.10	317.74	420.48
64	213.09	266.37	312.03	340.57	449.02
65	228.31	283.49	331.06	363.40	481.36
66	245.44	306.32	357.69	390.04	519.42
67	266.37	331.06	388.13	420.48	563.18
68	289.20	359.60	420.48	458.53	612.64
69	312.03	391.94	458.53	498.49	669.72
70	338.67	428.09	498.49	544.15	730.61
71	367.21	468.04	546.05	597.42	799.10
72	401.45	511.81	599.33	656.40	875.21
73	441.41	563.18	660.21	723.00	960.82
74	483.27	620.25	724.90	795.30	1055.95
75	532.73	681.14	799.10	875.21	1156.79
76	582.20	745.83	877.11	962.73	1267.15
77	635.48	816.22	960.82	1054.05	1385.11
78	688.75	892.33	1050.25	1152.99	1510.68
79	747.73	974.14	1145.38	1259.54	1645.77
80	808.61				
81	871.40				
82	936.09				
83	1002.68				
84	1074.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.96	36.53	42.62	45.66	57.84
45-49	35.01	41.10	47.19	50.23	63.93
50-54	42.62	50.23	57.84	62.41	79.15
55	48.71	57.84	66.97	71.54	94.37
56	51.75	62.41	71.54	76.10	100.46
57	56.32	66.97	76.10	82.19	108.07
58	60.88	73.06	82.19	89.80	117.20
59	66.97	79.15	89.80	97.41	127.86
60	73.06	86.76	98.94	108.07	138.51
61	79.15	95.89	108.07	117.20	150.69
62	85.24	103.50	117.20	127.86	164.39
63	91.33	111.11	126.33	136.99	176.56
64	97.41	118.72	135.47	146.12	190.26
65	103.50	127.86	144.60	156.78	203.96
66	112.64	136.99	156.78	168.95	220.70
67	121.77	149.17	170.47	184.17	240.49
68	132.42	162.86	187.22	202.44	264.84
69	144.60	178.09	205.48	222.23	290.72
70	158.30	194.83	225.27	245.06	319.64
71	175.04	216.14	249.62	272.46	353.13
72	194.83	240.49	278.54	304.42	394.22
73	217.66	269.41	312.03	340.95	441.41
74	242.01	301.38	350.08	382.05	493.16
75	270.93	337.91	392.70	427.71	549.48
76	301.38	377.48	438.36	477.94	611.88
77	334.86	420.10	488.59	531.21	680.38
78	371.39	467.28	543.39	589.05	753.44
79	410.97	515.99	601.23	651.46	832.59
80	452.06				
81	497.73				
82	544.91				
83	595.14				
84	648.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	45.66	51.75	54.80	70.02
45-49	41.10	50.23	56.32	60.88	77.63
50-54	48.71	59.36	68.49	74.58	97.41
55	57.84	68.49	77.63	83.72	111.11
56	60.88	73.06	82.19	88.28	117.20
57	65.45	77.63	88.28	94.37	124.81
58	70.02	83.72	94.37	101.98	133.94
59	76.10	91.33	103.50	111.11	144.60
60	82.19	98.94	112.64	121.77	158.30
61	88.28	108.07	123.29	132.42	170.47
62	95.89	115.68	133.94	144.60	185.70
63	103.50	124.81	143.08	153.73	199.39
64	109.59	133.94	152.21	165.91	214.62
65	117.20	144.60	162.86	176.56	231.36
66	126.33	153.73	176.56	191.78	249.62
67	136.99	168.95	191.78	208.53	272.46
68	149.17	184.17	210.05	229.84	298.33
69	162.86	200.92	231.36	251.15	328.77
70	178.09	220.70	254.19	275.50	360.74
71	194.83	243.54	281.59	305.94	400.31
72	217.66	270.93	313.55	342.47	445.97
73	242.01	302.90	351.60	382.05	497.73
74	269.41	339.43	394.22	429.23	555.57
75	301.38	379.00	441.41	479.46	619.49
76	334.86	421.62	493.16	537.30	691.03
77	372.91	470.33	547.95	596.66	767.14
78	412.49	522.08	608.84	662.11	847.81
79	455.11	578.40	674.29	733.65	937.61
80	500.77				
81	549.48				
82	599.71				
83	654.50				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	54.80	59.36	76.10
45-49	44.14	53.27	60.88	65.45	83.72
50-54	51.75	63.93	73.06	79.15	105.02
55	60.88	73.06	82.19	89.80	117.20
56	63.93	77.63	86.76	94.37	123.29
57	68.49	82.19	92.85	100.46	130.90
58	73.06	88.28	100.46	108.07	141.56
59	79.15	95.89	109.59	117.20	152.21
60	86.76	103.50	118.72	127.86	165.91
61	92.85	112.64	129.38	138.51	179.61
62	100.46	121.77	140.03	150.69	194.83
63	108.07	130.90	150.69	161.34	210.05
64	114.16	140.03	159.82	173.52	225.27
65	123.29	150.69	170.47	185.70	242.01
66	132.42	161.34	184.17	200.92	261.80
67	143.08	176.56	200.92	219.18	286.15
68	155.25	193.31	220.70	240.49	313.55
69	170.47	210.05	242.01	263.32	343.99
70	185.70	231.36	266.37	289.20	379.00
71	203.96	254.19	295.29	321.16	420.10
72	226.79	283.11	328.77	357.69	467.28
73	252.67	316.60	368.35	400.31	522.08
74	281.59	354.65	412.49	449.02	582.96
75	315.07	395.75	461.20	502.29	649.94
76	350.08	441.41	515.99	561.65	724.52
77	388.13	491.64	573.83	625.58	803.67
78	429.23	544.91	636.24	694.08	888.90
79	473.37	604.27	704.73	768.66	981.75
80	520.56				
81	570.79				
82	624.06				
83	680.38				
84	739.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	74.58	85.24	91.33	124.81
45-49	66.97	82.19	94.37	101.98	138.51
50-54	82.19	101.98	117.20	129.38	176.56
55	95.89	118.72	136.99	149.17	203.96
56	100.46	124.81	144.60	158.30	216.14
57	106.55	132.42	153.73	167.43	228.31
58	114.16	141.56	164.39	178.09	242.01
59	120.25	150.69	175.04	190.26	257.23
60	129.38	161.34	185.70	202.44	273.98
61	138.51	172.00	199.39	216.14	292.24
62	147.64	184.17	213.09	231.36	312.03
63	156.78	196.35	228.31	246.58	333.34
64	167.43	208.53	242.01	263.32	354.65
65	178.09	222.23	258.76	281.59	379.00
66	190.26	238.97	277.02	301.38	407.92
67	205.48	257.23	299.85	325.73	439.89
68	222.23	278.54	324.21	353.13	476.42
69	238.97	301.38	350.08	382.05	514.47
70	258.76	327.25	380.52	415.53	558.61
71	280.07	356.17	414.01	452.06	607.32
72	305.94	389.66	453.58	496.20	663.63
73	336.38	427.71	499.25	546.43	727.56
74	369.87	470.33	549.48	601.23	797.58
75	406.40	515.99	604.27	660.59	875.21
76	444.45	566.22	663.63	727.56	958.92
77	485.55	621.02	729.08	797.58	1048.72
78	528.17	678.86	799.10	873.68	1144.62
79	573.83	741.26	873.68	954.35	1248.12
80	621.02				
81	669.72				
82	721.47				
83	774.75				
84	831.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.02	86.76	100.46	109.59	144.60
45-49	77.63	97.41	111.11	121.77	161.34
50-54	95.89	120.25	138.51	150.69	203.96
55	108.07	136.99	158.30	172.00	234.40
56	112.64	144.60	167.43	181.13	246.58
57	118.72	152.21	176.56	191.78	258.76
58	126.33	161.34	187.22	203.96	273.98
59	135.47	170.47	197.87	217.66	290.72
60	146.12	181.13	211.57	229.84	307.46
61	155.25	193.31	225.27	245.06	328.77
62	165.91	207.01	240.49	261.80	350.08
63	176.56	219.18	257.23	280.07	374.44
64	187.22	234.40	272.46	298.33	398.79
65	199.39	249.62	292.24	318.12	426.19
66	213.09	267.89	312.03	340.95	456.63
67	228.31	289.20	337.91	368.35	493.16
68	246.58	312.03	365.30	398.79	534.26
69	266.37	339.43	394.22	432.28	576.87
70	289.20	368.35	429.23	470.33	625.58
71	313.55	400.31	467.28	511.42	680.38
72	342.47	438.36	511.42	560.13	744.31
73	375.96	479.46	561.65	616.45	814.32
74	412.49	526.65	616.45	675.81	891.95
75	452.06	578.40	677.33	741.26	978.71
76	494.68	631.67	742.78	814.32	1071.56
77	538.82	692.55	812.80	891.95	1170.49
78	586.01	754.96	890.43	974.14	1277.04
79	634.71	824.98	969.58	1062.42	1389.67
80	686.47				
81	739.74				
82	794.53				
83	853.90				
84	914.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.58	92.85	106.55	117.20	153.73
45-49	82.19	103.50	118.72	130.90	170.47
50-54	101.98	127.86	147.64	159.82	216.14
55	114.16	144.60	167.43	182.65	246.58
56	118.72	152.21	176.56	191.78	258.76
57	124.81	159.82	185.70	202.44	272.46
58	132.42	168.95	196.35	214.62	287.68
59	141.56	179.61	208.53	228.31	304.42
60	152.21	190.26	222.23	242.01	322.68
61	162.86	202.44	235.93	257.23	343.99
62	173.52	216.14	252.67	275.50	366.83
63	184.17	229.84	269.41	293.76	391.18
64	196.35	245.06	286.15	313.55	417.05
65	208.53	261.80	305.94	333.34	445.97
66	222.23	280.07	327.25	357.69	477.94
67	238.97	302.90	353.13	386.61	515.99
68	257.23	327.25	382.05	418.58	558.61
69	278.54	354.65	414.01	453.58	604.27
70	301.38	385.09	449.02	493.16	654.50
71	327.25	418.58	490.12	537.30	712.34
72	357.69	458.15	535.78	587.53	777.79
73	392.70	502.29	587.53	645.37	852.37
74	430.75	551.00	645.37	707.78	933.05
75	471.85	604.27	707.78	776.27	1022.85
76	515.99	660.59	776.27	850.85	1118.74
77	561.65	723.00	849.33	931.52	1222.24
78	610.36	788.45	928.48	1016.76	1333.36
79	660.59	859.98	1010.67	1109.61	1450.56
80	713.86				
81	768.66				
82	826.50				
83	887.38				
84	949.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	54.80	63.93	70.02	92.85
45-49	48.71	60.88	71.54	77.63	103.50
50-54	65.45	80.67	91.33	98.94	132.42
55	74.58	92.85	105.02	115.68	156.78
56	79.15	97.41	111.11	121.77	167.43
57	83.72	103.50	118.72	130.90	179.61
58	89.80	111.11	127.86	141.56	193.31
59	97.41	120.25	138.51	152.21	208.53
60	105.02	130.90	150.69	164.39	225.27
61	114.16	141.56	164.39	178.09	242.01
62	123.29	153.73	178.09	193.31	261.80
63	132.42	164.39	191.78	208.53	281.59
64	141.56	176.56	205.48	222.23	301.38
65	152.21	188.74	219.18	238.97	324.21
66	164.39	202.44	235.93	257.23	350.08
67	178.09	220.70	257.23	280.07	380.52
68	193.31	240.49	281.59	305.94	415.53
69	210.05	263.32	307.46	334.86	453.58
70	228.31	287.68	336.38	366.83	496.20
71	249.62	316.60	369.87	404.88	543.39
72	275.50	350.08	409.44	447.50	599.71
73	304.42	388.13	453.58	496.20	662.11
74	337.91	429.23	503.81	551.00	732.13
75	372.91	476.42	557.09	610.36	808.23
76	410.97	526.65	614.93	674.29	890.43
77	452.06	579.92	678.86	744.31	978.71
78	494.68	637.76	747.35	818.89	1073.08
79	540.34	700.16	818.89	899.56	1175.06
80	587.53				
81	637.76				
82	689.51				
83	744.31				
84	802.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.27	66.97	76.10	83.72	109.59
45-49	59.36	73.06	85.24	92.85	121.77
50-54	74.58	92.85	108.07	117.20	153.73
55	86.76	108.07	123.29	135.47	182.65
56	91.33	114.16	130.90	141.56	194.83
57	95.89	120.25	138.51	150.69	207.01
58	103.50	129.38	149.17	162.86	222.23
59	111.11	140.03	161.34	175.04	237.45
60	120.25	150.69	173.52	188.74	254.19
61	129.38	161.34	187.22	203.96	272.46
62	140.03	175.04	202.44	220.70	293.76
63	149.17	187.22	217.66	235.93	315.07
64	159.82	199.39	232.88	252.67	337.91
65	172.00	214.62	248.10	269.41	362.26
66	184.17	229.84	266.37	290.72	391.18
67	199.39	249.62	290.72	315.07	424.67
68	216.14	270.93	316.60	343.99	464.24
69	234.40	296.81	345.52	375.96	506.86
70	255.71	324.21	379.00	412.49	555.57
71	280.07	356.17	415.53	453.58	608.84
72	307.46	392.70	459.67	502.29	671.24
73	339.43	433.80	508.38	555.57	741.26
74	375.96	480.98	563.18	616.45	818.89
75	415.53	531.21	622.54	681.90	902.60
76	458.15	586.01	686.47	753.44	995.45
77	502.29	645.37	756.48	831.06	1092.87
78	549.48	707.78	831.06	913.26	1197.89
79	598.18	776.27	911.74	1001.54	1310.53
80	649.94				
81	703.21				
82	761.05				
83	820.41				
84	882.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.84	71.54	82.19	89.80	117.20
45-49	63.93	79.15	91.33	98.94	129.38
50-54	79.15	98.94	114.16	124.81	162.86
55	91.33	114.16	130.90	143.08	193.31
56	95.89	120.25	138.51	150.69	205.48
57	101.98	127.86	147.64	159.82	219.18
58	109.59	136.99	158.30	172.00	234.40
59	117.20	147.64	170.47	184.17	249.62
60	126.33	158.30	184.17	199.39	266.37
61	135.47	170.47	197.87	214.62	286.15
62	146.12	184.17	213.09	231.36	307.46
63	156.78	197.87	228.31	248.10	330.30
64	167.43	210.05	243.54	264.84	353.13
65	179.61	225.27	260.28	283.11	379.00
66	191.78	242.01	280.07	304.42	407.92
67	208.53	261.80	304.42	330.30	444.45
68	226.79	284.63	331.82	360.74	485.55
69	245.06	310.51	362.26	394.22	529.69
70	267.89	339.43	397.27	432.28	579.92
71	292.24	372.91	435.32	474.89	636.24
72	321.16	410.97	480.98	525.12	701.69
73	354.65	453.58	532.73	581.44	774.75
74	392.70	502.29	589.05	643.85	855.42
75	433.80	554.04	649.94	712.34	943.70
76	477.94	611.88	716.91	786.92	1039.59
77	523.60	672.77	789.97	867.60	1141.57
78	572.31	738.22	867.60	954.35	1251.16
79	622.54	809.76	951.31	1045.68	1368.37
80	675.81				
81	732.13				
82	791.49				
83	852.37				
84	916.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	42.62	50.23	53.27	68.49
45-49	41.10	48.71	54.80	59.36	74.58
50-54	50.23	59.36	68.49	73.06	92.85
55	57.84	68.49	79.15	83.72	111.11
56	60.88	73.06	83.72	89.80	118.72
57	66.97	79.15	89.80	97.41	127.86
58	71.54	85.24	97.41	105.02	138.51
59	79.15	92.85	105.02	114.16	150.69
60	85.24	101.98	115.68	127.86	162.86
61	92.85	112.64	127.86	138.51	176.56
62	100.46	121.77	138.51	150.69	193.31
63	108.07	130.90	149.17	161.34	207.01
64	114.16	140.03	159.82	172.00	223.75
65	121.77	150.69	170.47	184.17	240.49
66	132.42	161.34	184.17	199.39	260.28
67	143.08	175.04	200.92	216.14	283.11
68	155.25	191.78	220.70	237.45	312.03
69	170.47	210.05	242.01	261.80	342.47
70	185.70	229.84	264.84	287.68	375.96
71	205.48	254.19	293.76	321.16	415.53
72	229.84	283.11	327.25	357.69	464.24
73	255.71	316.60	366.83	401.83	519.04
74	284.63	354.65	412.49	449.02	579.92
75	318.12	397.27	462.72	503.81	646.89
76	354.65	444.45	515.99	561.65	719.95
77	394.22	494.68	575.35	625.58	800.62
78	436.84	549.48	639.28	692.55	885.86
79	484.03	607.32	707.78	767.14	980.23
80	531.21				
81	586.01				
82	640.80				
83	700.16				
84	762.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	53.27	60.88	63.93	82.19
45-49	48.71	59.36	66.97	71.54	91.33
50-54	57.84	70.02	80.67	88.28	114.16
55	68.49	80.67	91.33	98.94	130.90
56	71.54	85.24	97.41	103.50	138.51
57	77.63	91.33	103.50	111.11	146.12
58	82.19	98.94	111.11	120.25	158.30
59	89.80	108.07	121.77	130.90	170.47
60	97.41	115.68	132.42	143.08	185.70
61	103.50	127.86	144.60	155.25	200.92
62	112.64	135.47	158.30	170.47	219.18
63	121.77	146.12	168.95	181.13	234.40
64	129.38	158.30	179.61	194.83	252.67
65	138.51	170.47	191.78	207.01	272.46
66	149.17	181.13	207.01	225.27	293.76
67	161.34	199.39	225.27	245.06	321.16
68	175.04	216.14	246.58	270.93	351.60
69	191.78	235.93	272.46	295.29	386.61
70	210.05	260.28	298.33	324.21	424.67
71	229.84	286.15	331.82	359.21	470.33
72	255.71	318.12	368.35	403.36	525.12
73	284.63	356.17	414.01	449.02	586.01
74	316.60	398.79	464.24	505.34	652.98
75	354.65	445.97	519.04	564.70	729.08
76	394.22	496.20	579.92	631.67	812.80
77	438.36	554.04	645.37	701.69	902.60
78	485.55	614.93	716.91	779.31	996.97
79	535.78	680.38	793.01	863.03	1103.52
80	589.05				
81	646.89				
82	706.25				
83	770.18				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	57.84	63.93	70.02	89.80
45-49	51.75	62.41	71.54	77.63	98.94
50-54	60.88	74.58	85.24	92.85	123.29
55	71.54	85.24	97.41	105.02	138.51
56	74.58	91.33	101.98	111.11	144.60
57	80.67	97.41	109.59	118.72	153.73
58	85.24	103.50	118.72	127.86	165.91
59	92.85	112.64	129.38	138.51	179.61
60	101.98	121.77	140.03	150.69	194.83
61	109.59	132.42	152.21	162.86	211.57
62	118.72	143.08	164.39	176.56	229.84
63	127.86	153.73	176.56	190.26	246.58
64	133.94	164.39	188.74	203.96	264.84
65	144.60	176.56	200.92	219.18	284.63
66	155.25	190.26	216.14	235.93	307.46
67	168.95	207.01	235.93	257.23	336.38
68	182.65	226.79	260.28	283.11	368.35
69	200.92	246.58	284.63	310.51	404.88
70	219.18	272.46	313.55	340.95	445.97
71	240.49	298.33	347.04	377.48	494.68
72	266.37	333.34	386.61	420.10	549.48
73	296.81	372.91	433.80	470.33	614.93
74	331.82	417.05	485.55	528.17	686.47
75	371.39	465.76	541.87	590.57	764.09
76	412.49	519.04	607.32	660.59	852.37
77	456.63	578.40	675.81	736.69	945.22
78	505.34	640.80	748.87	815.84	1045.68
79	557.09	710.82	829.54	904.13	1155.27
80	611.88				
81	671.24				
82	733.65				
83	800.62				
84	870.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.54	88.28	100.46	108.07	146.12
45-49	79.15	97.41	111.11	120.25	162.86
50-54	97.41	120.25	138.51	152.21	207.01
55	112.64	140.03	161.34	175.04	240.49
56	118.72	146.12	170.47	185.70	254.19
57	124.81	155.25	181.13	196.35	267.89
58	133.94	165.91	193.31	210.05	284.63
59	141.56	176.56	205.48	223.75	302.90
60	152.21	190.26	219.18	237.45	322.68
61	162.86	202.44	234.40	254.19	343.99
62	173.52	216.14	251.15	272.46	366.83
63	184.17	231.36	267.89	290.72	392.70
64	196.35	245.06	284.63	310.51	417.05
65	210.05	261.80	304.42	331.82	445.97
66	223.75	281.59	325.73	354.65	479.46
67	242.01	302.90	353.13	383.57	517.51
68	261.80	327.25	382.05	415.53	560.13
69	281.59	354.65	412.49	449.02	605.79
70	304.42	385.09	447.50	488.59	657.55
71	328.77	418.58	487.07	531.21	713.86
72	359.21	458.15	534.26	584.49	780.84
73	395.75	503.81	587.53	642.32	855.42
74	435.32	554.04	646.89	707.78	937.61
75	477.94	607.32	710.82	777.79	1028.94
76	523.60	666.68	780.84	855.42	1127.87
77	570.79	730.61	858.46	937.61	1234.42
78	621.02	799.10	940.66	1027.42	1347.06
79	675.81	872.16	1027.42	1123.31	1468.82
80	730.61				
81	788.45				
82	849.33				
83	911.74				
84	977.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82.19	101.98	118.72	129.38	170.47
45-49	91.33	114.16	130.90	143.08	190.26
50-54	112.64	141.56	162.86	176.56	240.49
55	127.86	161.34	185.70	202.44	275.50
56	132.42	170.47	196.35	213.09	290.72
57	140.03	179.61	207.01	225.27	304.42
58	149.17	190.26	220.70	240.49	322.68
59	159.82	200.92	232.88	255.71	342.47
60	172.00	213.09	249.62	270.93	362.26
61	182.65	226.79	264.84	287.68	386.61
62	194.83	243.54	283.11	307.46	412.49
63	207.01	257.23	302.90	328.77	439.89
64	220.70	275.50	321.16	351.60	468.81
65	234.40	293.76	343.99	374.44	500.77
66	251.15	315.07	366.83	401.83	537.30
67	267.89	340.95	397.27	433.80	579.92
68	290.72	366.83	429.23	468.81	628.63
69	313.55	398.79	464.24	508.38	678.86
70	340.95	433.80	505.34	554.04	736.69
71	368.35	470.33	549.48	601.23	800.62
72	403.36	515.99	601.23	659.07	875.21
73	442.93	564.70	660.59	724.52	957.40
74	485.55	619.49	724.52	794.53	1048.72
75	531.21	680.38	797.58	872.16	1150.71
76	581.44	742.78	873.68	957.40	1260.30
77	633.19	814.32	955.88	1048.72	1377.50
78	689.51	888.90	1047.20	1146.14	1502.31
79	747.35	971.10	1140.05	1249.64	1634.73
80	808.23				
81	870.64				
82	934.57				
83	1004.58				
84	1076.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.28	109.59	124.81	138.51	181.13
45-49	97.41	121.77	140.03	153.73	200.92
50-54	120.25	150.69	173.52	188.74	254.19
55	133.94	170.47	196.35	214.62	290.72
56	140.03	179.61	207.01	225.27	304.42
57	146.12	188.74	219.18	237.45	321.16
58	155.25	199.39	231.36	252.67	337.91
59	165.91	211.57	245.06	267.89	357.69
60	179.61	223.75	261.80	284.63	379.00
61	191.78	237.45	277.02	302.90	404.88
62	203.96	254.19	296.81	324.21	432.28
63	216.14	270.93	316.60	345.52	459.67
64	231.36	287.68	336.38	368.35	490.12
65	245.06	307.46	359.21	392.70	525.12
66	261.80	328.77	385.09	420.10	561.65
67	281.59	356.17	415.53	455.11	607.32
68	302.90	385.09	449.02	493.16	657.55
69	327.25	417.05	487.07	534.26	710.82
70	354.65	453.58	528.17	579.92	770.18
71	385.09	493.16	576.87	631.67	838.68
72	420.10	538.82	630.15	691.03	914.78
73	462.72	590.57	691.03	759.53	1003.06
74	506.86	648.41	759.53	832.59	1097.43
75	555.57	710.82	832.59	913.26	1203.98
76	607.32	777.79	913.26	1001.54	1316.61
77	660.59	850.85	998.50	1095.91	1438.38
78	718.43	926.96	1092.87	1196.37	1569.28
79	777.79	1012.19	1188.76	1305.96	1706.27
80	840.20				
81	904.13				
82	972.62				
83	1044.16				
84	1117.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.75	63.93	74.58	82.19	109.59
45-49	57.84	71.54	83.72	91.33	121.77
50-54	77.63	94.37	108.07	115.68	155.25
55	88.28	109.59	123.29	135.47	184.17
56	92.85	114.16	130.90	143.08	196.35
57	98.94	121.77	140.03	153.73	211.57
58	105.02	130.90	150.69	165.91	226.79
59	114.16	141.56	162.86	179.61	245.06
60	123.29	153.73	176.56	193.31	264.84
61	133.94	165.91	193.31	210.05	284.63
62	144.60	181.13	210.05	226.79	307.46
63	155.25	193.31	225.27	245.06	331.82
64	165.91	207.01	242.01	261.80	354.65
65	179.61	222.23	257.23	281.59	382.05
66	193.31	237.45	277.02	302.90	412.49
67	210.05	260.28	302.90	328.77	447.50
68	226.79	283.11	331.82	359.21	488.59
69	246.58	310.51	362.26	394.22	534.26
70	267.89	337.91	395.75	432.28	584.49
71	293.76	372.91	435.32	476.42	639.28
72	324.21	412.49	480.98	526.65	706.25
73	357.69	456.63	534.26	584.49	779.31
74	397.27	505.34	592.10	648.41	861.51
75	438.36	560.13	656.02	718.43	951.31
76	484.03	619.49	723.00	793.01	1047.20
77	531.21	681.90	799.10	875.21	1150.71
78	581.44	750.39	879.77	963.49	1261.82
79	636.24	823.45	963.49	1057.86	1382.06
80	691.03				
81	750.39				
82	811.28				
83	875.21				
84	943.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	62.41	79.15	89.80	98.94	129.38
45-49	70.02	85.24	100.46	109.59	143.08
50-54	88.28	109.59	127.86	138.51	181.13
55	101.98	127.86	144.60	159.82	214.62
56	108.07	133.94	153.73	165.91	229.84
57	112.64	141.56	162.86	176.56	243.54
58	121.77	152.21	175.04	191.78	261.80
59	130.90	164.39	190.26	205.48	280.07
60	141.56	176.56	203.96	222.23	298.33
61	152.21	190.26	220.70	240.49	321.16
62	164.39	205.48	237.45	260.28	345.52
63	175.04	220.70	255.71	277.02	371.39
64	188.74	234.40	273.98	296.81	397.27
65	202.44	252.67	292.24	316.60	426.19
66	216.14	270.93	313.55	342.47	459.67
67	234.40	293.76	342.47	371.39	499.25
68	254.19	318.12	372.91	404.88	546.43
69	275.50	348.56	406.40	442.93	596.66
70	301.38	382.05	445.97	485.55	652.98
71	328.77	418.58	488.59	534.26	716.91
72	362.26	462.72	540.34	590.57	789.97
73	398.79	509.90	598.18	652.98	872.16
74	442.93	566.22	662.11	724.52	963.49
75	488.59	625.58	732.13	802.15	1062.42
76	538.82	689.51	808.23	885.86	1170.49
77	590.57	759.53	890.43	977.19	1286.17
78	646.89	832.59	977.19	1074.60	1409.46
79	703.21	913.26	1073.08	1178.10	1541.88
80	764.09				
81	828.02				
82	894.99				
83	965.01				
84	1038.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.49	83.72	97.41	105.02	138.51
45-49	74.58	92.85	108.07	115.68	152.21
50-54	92.85	115.68	133.94	146.12	191.78
55	108.07	133.94	153.73	168.95	226.79
56	112.64	141.56	162.86	176.56	242.01
57	120.25	150.69	173.52	188.74	257.23
58	129.38	161.34	185.70	202.44	275.50
59	138.51	173.52	200.92	216.14	293.76
60	149.17	185.70	216.14	234.40	313.55
61	159.82	200.92	232.88	252.67	336.38
62	172.00	216.14	251.15	272.46	362.26
63	184.17	232.88	267.89	292.24	388.13
64	196.35	246.58	286.15	312.03	415.53
65	211.57	264.84	305.94	333.34	445.97
66	225.27	284.63	328.77	357.69	479.46
67	245.06	307.46	357.69	388.13	523.60
68	266.37	334.86	389.66	424.67	570.79
69	287.68	365.30	426.19	464.24	622.54
70	315.07	398.79	467.28	508.38	681.90
71	343.99	438.36	511.42	558.61	748.87
72	377.48	484.03	566.22	617.97	824.98
73	417.05	534.26	627.10	683.42	911.74
74	462.72	590.57	692.55	758.00	1006.11
75	509.90	651.46	764.09	838.68	1109.61
76	561.65	719.95	843.24	925.43	1223.77
77	616.45	791.49	930.00	1021.33	1342.49
78	672.77	869.12	1021.33	1123.31	1471.87
79	732.13	952.83	1118.74	1229.85	1610.38
80	794.53				
81	861.51				
82	931.52				
83	1003.06				
84	1077.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.96	45.66	53.27	57.08	72.30
45-49	43.76	51.37	58.98	62.79	79.91
50-54	53.27	62.79	72.30	78.01	98.94
55	60.88	72.30	83.72	89.42	117.96
56	64.69	78.01	89.42	95.13	125.57
57	70.40	83.72	95.13	102.74	135.09
58	76.10	91.33	102.74	112.25	146.50
59	83.72	98.94	112.25	121.77	159.82
60	91.33	108.45	123.67	135.09	173.14
61	98.94	119.87	135.09	146.50	188.36
62	106.55	129.38	146.50	159.82	205.48
63	114.16	138.89	157.92	171.24	220.70
64	121.77	148.40	169.33	182.65	237.83
65	129.38	159.82	180.75	195.97	254.95
66	140.79	171.24	195.97	211.19	275.88
67	152.21	186.46	213.09	230.22	300.61
68	165.53	203.58	234.02	253.05	331.06
69	180.75	222.61	256.85	277.78	363.40
70	197.87	243.54	281.59	306.32	399.55
71	218.80	270.17	312.03	340.57	441.41
72	243.54	300.61	348.18	380.52	492.78
73	272.07	336.76	390.04	426.19	551.76
74	302.52	376.72	437.60	477.56	616.45
75	338.67	422.38	490.88	534.64	686.85
76	376.72	471.85	547.95	597.42	764.85
77	418.58	525.12	610.74	664.01	850.47
78	464.24	584.10	679.24	736.31	941.80
79	513.71	644.99	751.54	814.32	1040.73
80	565.08				
81	622.16				
82	681.14				
83	743.92				
84	810.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	57.08	64.69	68.49	87.52
45-49	51.37	62.79	70.40	76.10	97.03
50-54	60.88	74.20	85.62	93.23	121.77
55	72.30	85.62	97.03	104.64	138.89
56	76.10	91.33	102.74	110.35	146.50
57	81.81	97.03	110.35	117.96	156.01
58	87.52	104.64	117.96	127.48	167.43
59	95.13	114.16	129.38	138.89	180.75
60	102.74	123.67	140.79	152.21	197.87
61	110.35	135.09	154.11	165.53	213.09
62	119.87	144.60	167.43	180.75	232.12
63	129.38	156.01	178.85	192.16	249.24
64	136.99	167.43	190.26	207.39	268.27
65	146.50	180.75	203.58	220.70	289.20
66	157.92	192.16	220.70	239.73	312.03
67	171.24	211.19	239.73	260.66	340.57
68	186.46	230.22	262.56	287.30	372.91
69	203.58	251.15	289.20	313.93	410.97
70	222.61	275.88	317.74	344.37	450.92
71	243.54	304.42	351.98	382.43	500.39
72	272.07	338.67	391.94	428.09	557.47
73	302.52	378.62	439.51	477.56	622.16
74	336.76	424.28	492.78	536.54	694.46
75	376.72	473.75	551.76	599.33	774.37
76	418.58	527.03	616.45	671.63	863.79
77	466.14	587.91	684.94	745.83	958.92
78	515.61	652.60	761.05	827.64	1059.76
79	568.88	723.00	842.86	917.06	1172.01
80	625.96				
81	686.85				
82	749.63				
83	818.13				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	68.49	74.20	95.13
45-49	55.18	66.59	76.10	81.81	104.64
50-54	64.69	79.91	91.33	98.94	131.28
55	76.10	91.33	102.74	112.25	146.50
56	79.91	97.03	108.45	117.96	154.11
57	85.62	102.74	116.06	125.57	163.63
58	91.33	110.35	125.57	135.09	176.94
59	98.94	119.87	136.99	146.50	190.26
60	108.45	129.38	148.40	159.82	207.39
61	116.06	140.79	161.72	173.14	224.51
62	125.57	152.21	175.04	188.36	243.54
63	135.09	163.63	188.36	201.68	262.56
64	142.70	175.04	199.78	216.90	281.59
65	154.11	188.36	213.09	232.12	302.52
66	165.53	201.68	230.22	251.15	327.25
67	178.85	220.70	251.15	273.98	357.69
68	194.07	241.63	275.88	300.61	391.94
69	213.09	262.56	302.52	329.15	429.99
70	232.12	289.20	332.96	361.50	473.75
71	254.95	317.74	369.11	401.45	525.12
72	283.49	353.89	410.97	447.12	584.10
73	315.84	395.75	460.43	500.39	652.60
74	351.98	443.31	515.61	561.27	728.70
75	393.84	494.68	576.49	627.86	812.42
76	437.60	551.76	644.99	702.07	905.65
77	485.17	614.55	717.29	781.98	1004.58
78	536.54	681.14	795.30	867.60	1111.13
79	591.72	755.34	880.91	960.82	1227.19
80	650.70				
81	713.48				
82	780.07				
83	850.47				
84	924.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	93.23	106.55	114.16	156.01
45-49	83.72	102.74	117.96	127.48	173.14
50-54	102.74	127.48	146.50	161.72	220.70
55	119.87	148.40	171.24	186.46	254.95
56	125.57	156.01	180.75	197.87	270.17
57	133.18	165.53	192.16	209.29	285.39
58	142.70	176.94	205.48	222.61	302.52
59	150.31	188.36	218.80	237.83	321.54
60	161.72	201.68	232.12	253.05	342.47
61	173.14	215.00	249.24	270.17	365.30
62	184.55	230.22	266.37	289.20	390.04
63	195.97	245.44	285.39	308.22	416.67
64	209.29	260.66	302.52	329.15	443.31
65	222.61	277.78	323.45	351.98	473.75
66	237.83	298.71	346.28	376.72	509.90
67	256.85	321.54	374.82	407.16	549.86
68	277.78	348.18	405.26	441.41	595.52
69	298.71	376.72	437.60	477.56	643.09
70	323.45	409.06	475.66	519.42	698.26
71	350.08	445.21	517.51	565.08	759.15
72	382.43	487.07	566.98	620.25	829.54
73	420.48	534.64	624.06	683.04	909.45
74	462.34	587.91	686.85	751.54	996.97
75	508.00	644.99	755.34	825.74	1094.01
76	555.57	707.78	829.54	909.45	1198.65
77	606.94	776.27	911.36	996.97	1310.91
78	660.21	848.57	998.88	1092.10	1430.77
79	717.29	926.58	1092.10	1192.94	1560.15
80	776.27				
81	837.15				
82	901.84				
83	968.43				
84	1038.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.52	108.45	125.57	136.99	180.75
45-49	97.03	121.77	138.89	152.21	201.68
50-54	119.87	150.31	173.14	188.36	254.95
55	135.09	171.24	197.87	215.00	293.00
56	140.79	180.75	209.29	226.41	308.22
57	148.40	190.26	220.70	239.73	323.45
58	157.92	201.68	234.02	254.95	342.47
59	169.33	213.09	247.34	272.07	363.40
60	182.65	226.41	264.46	287.30	384.33
61	194.07	241.63	281.59	306.32	410.97
62	207.39	258.76	300.61	327.25	437.60
63	220.70	273.98	321.54	350.08	468.04
64	234.02	293.00	340.57	372.91	498.49
65	249.24	312.03	365.30	397.65	532.73
66	266.37	334.86	390.04	426.19	570.79
67	285.39	361.50	422.38	460.43	616.45
68	308.22	390.04	456.63	498.49	667.82
69	332.96	424.28	492.78	540.34	721.09
70	361.50	460.43	536.54	587.91	781.98
71	391.94	500.39	584.10	639.28	850.47
72	428.09	547.95	639.28	700.16	930.38
73	469.95	599.33	702.07	770.56	1017.90
74	515.61	658.31	770.56	844.76	1114.94
75	565.08	723.00	846.67	926.58	1223.39
76	618.35	789.59	928.48	1017.90	1339.45
77	673.53	865.69	1016.00	1114.94	1463.12
78	732.51	943.70	1113.03	1217.68	1596.30
79	793.39	1031.22	1211.97	1328.03	1737.09
80	858.08				
81	924.67				
82	993.17				
83	1067.37				
84	1143.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.23	116.06	133.18	146.50	192.16
45-49	102.74	129.38	148.40	163.63	213.09
50-54	127.48	159.82	184.55	199.78	270.17
55	142.70	180.75	209.29	228.31	308.22
56	148.40	190.26	220.70	239.73	323.45
57	156.01	199.78	232.12	253.05	340.57
58	165.53	211.19	245.44	268.27	359.60
59	176.94	224.51	260.66	285.39	380.52
60	190.26	237.83	277.78	302.52	403.36
61	203.58	253.05	294.91	321.54	429.99
62	216.90	270.17	315.84	344.37	458.53
63	230.22	287.30	336.76	367.21	488.97
64	245.44	306.32	357.69	391.94	521.32
65	260.66	327.25	382.43	416.67	557.47
66	277.78	350.08	409.06	447.12	597.42
67	298.71	378.62	441.41	483.27	644.99
68	321.54	409.06	477.56	523.22	698.26
69	348.18	443.31	517.51	566.98	755.34
70	376.72	481.36	561.27	616.45	818.13
71	409.06	523.22	612.64	671.63	890.43
72	447.12	572.69	669.72	734.41	972.24
73	490.88	627.86	734.41	806.71	1065.47
74	538.44	688.75	806.71	884.72	1166.31
75	589.81	755.34	884.72	970.34	1278.56
76	644.99	825.74	970.34	1063.57	1398.43
77	702.07	903.74	1061.66	1164.40	1527.80
78	762.95	985.56	1160.60	1270.95	1666.70
79	825.74	1074.98	1263.34	1387.01	1813.20
80	892.33				
81	960.82				
82	1033.12				
83	1109.23				
84	1187.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	68.49	79.91	87.52	116.06
45-49	60.88	76.10	89.42	97.03	129.38
50-54	81.81	100.84	114.16	123.67	165.53
55	93.23	116.06	131.28	144.60	195.97
56	98.94	121.77	138.89	152.21	209.29
57	104.64	129.38	148.40	163.63	224.51
58	112.25	138.89	159.82	176.94	241.63
59	121.77	150.31	173.14	190.26	260.66
60	131.28	163.63	188.36	205.48	281.59
61	142.70	176.94	205.48	222.61	302.52
62	154.11	192.16	222.61	241.63	327.25
63	165.53	205.48	239.73	260.66	351.98
64	176.94	220.70	256.85	277.78	376.72
65	190.26	235.93	273.98	298.71	405.26
66	205.48	253.05	294.91	321.54	437.60
67	222.61	275.88	321.54	350.08	475.66
68	241.63	300.61	351.98	382.43	519.42
69	262.56	329.15	384.33	418.58	566.98
70	285.39	359.60	420.48	458.53	620.25
71	312.03	395.75	462.34	506.10	679.24
72	344.37	437.60	511.81	559.37	749.63
73	380.52	485.17	566.98	620.25	827.64
74	422.38	536.54	629.77	688.75	915.16
75	466.14	595.52	696.36	762.95	1010.29
76	513.71	658.31	768.66	842.86	1113.03
77	565.08	724.90	848.57	930.38	1223.39
78	618.35	797.20	934.19	1023.61	1341.35
79	675.43	875.21	1023.61	1124.45	1468.82
80	734.41				
81	797.20				
82	861.89				
83	930.38				
84	1002.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.59	83.72	95.13	104.64	136.99
45-49	74.20	91.33	106.55	116.06	152.21
50-54	93.23	116.06	135.09	146.50	192.16
55	108.45	135.09	154.11	169.33	228.31
56	114.16	142.70	163.63	176.94	243.54
57	119.87	150.31	173.14	188.36	258.76
58	129.38	161.72	186.46	203.58	277.78
59	138.89	175.04	201.68	218.80	296.81
60	150.31	188.36	216.90	235.93	317.74
61	161.72	201.68	234.02	254.95	340.57
62	175.04	218.80	253.05	275.88	367.21
63	186.46	234.02	272.07	294.91	393.84
64	199.78	249.24	291.10	315.84	422.38
65	215.00	268.27	310.13	336.76	452.82
66	230.22	287.30	332.96	363.40	488.97
67	249.24	312.03	363.40	393.84	530.83
68	270.17	338.67	395.75	429.99	580.30
69	293.00	371.01	431.89	469.95	633.57
70	319.64	405.26	473.75	515.61	694.46
71	350.08	445.21	519.42	566.98	761.05
72	384.33	490.88	574.59	627.86	839.06
73	424.28	542.25	635.48	694.46	926.58
74	469.95	601.23	703.97	770.56	1023.61
75	519.42	664.01	778.17	852.37	1128.25
76	572.69	732.51	858.08	941.80	1244.31
77	627.86	806.71	945.60	1038.83	1366.08
78	686.85	884.72	1038.83	1141.57	1497.36
79	747.73	970.34	1139.67	1251.92	1638.16
80	812.42				
81	879.01				
82	951.31				
83	1025.51				
84	1103.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.30	89.42	102.74	112.25	146.50
45-49	79.91	98.94	114.16	123.67	161.72
50-54	98.94	123.67	142.70	156.01	203.58
55	114.16	142.70	163.63	178.85	241.63
56	119.87	150.31	173.14	188.36	256.85
57	127.48	159.82	184.55	199.78	273.98
58	136.99	171.24	197.87	215.00	293.00
59	146.50	184.55	213.09	230.22	312.03
60	157.92	197.87	230.22	249.24	332.96
61	169.33	213.09	247.34	268.27	357.69
62	182.65	230.22	266.37	289.20	384.33
63	195.97	247.34	285.39	310.13	412.87
64	209.29	262.56	304.42	331.06	441.41
65	224.51	281.59	325.35	353.89	473.75
66	239.73	302.52	350.08	380.52	509.90
67	260.66	327.25	380.52	412.87	555.57
68	283.49	355.79	414.77	450.92	606.94
69	306.32	388.13	452.82	492.78	662.11
70	334.86	424.28	496.58	540.34	724.90
71	365.30	466.14	544.15	593.62	795.30
72	401.45	513.71	601.23	656.40	877.11
73	443.31	566.98	665.92	726.80	968.43
74	490.88	627.86	736.31	804.81	1069.27
75	542.25	692.55	812.42	890.43	1179.63
76	597.42	764.85	896.13	983.66	1299.49
77	654.50	840.96	987.46	1084.49	1426.97
78	715.39	922.77	1084.49	1192.94	1563.95
79	778.17	1012.19	1189.14	1307.10	1710.46
80	844.76				
81	915.16				
82	989.36				
83	1065.47				
84	1145.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	53.27	62.79	66.59	85.62
45-49	51.37	60.88	68.49	74.20	93.23
50-54	62.79	74.20	85.62	91.33	116.06
55	72.30	85.62	98.94	104.64	138.89
56	76.10	91.33	104.64	112.25	148.40
57	83.72	98.94	112.25	121.77	159.82
58	89.42	106.55	121.77	131.28	173.14
59	98.94	116.06	131.28	142.70	188.36
60	106.55	127.48	144.60	159.82	203.58
61	116.06	140.79	159.82	173.14	220.70
62	125.57	152.21	173.14	188.36	241.63
63	135.09	163.63	186.46	201.68	258.76
64	142.70	175.04	199.78	215.00	279.69
65	152.21	188.36	213.09	230.22	300.61
66	165.53	201.68	230.22	249.24	325.35
67	178.85	218.80	251.15	270.17	353.89
68	194.07	239.73	275.88	296.81	390.04
69	213.09	262.56	302.52	327.25	428.09
70	232.12	287.30	331.06	359.60	469.95
71	256.85	317.74	367.21	401.45	519.42
72	287.30	353.89	409.06	447.12	580.30
73	319.64	395.75	458.53	502.29	648.79
74	355.79	443.31	515.61	561.27	724.90
75	397.65	496.58	578.40	629.77	808.61
76	443.31	555.57	644.99	702.07	899.94
77	492.78	618.35	719.19	781.98	1000.78
78	546.05	686.85	799.10	865.69	1107.33
79	605.03	759.15	884.72	958.92	1225.29
80	664.01				
81	732.51				
82	801.00				
83	875.21				
84	953.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	66.59	76.10	79.91	102.74
45-49	60.88	74.20	83.72	89.42	114.16
50-54	72.30	87.52	100.84	110.35	142.70
55	85.62	100.84	114.16	123.67	163.63
56	89.42	106.55	121.77	129.38	173.14
57	97.03	114.16	129.38	138.89	182.65
58	102.74	123.67	138.89	150.31	197.87
59	112.25	135.09	152.21	163.63	213.09
60	121.77	144.60	165.53	178.85	232.12
61	129.38	159.82	180.75	194.07	251.15
62	140.79	169.33	197.87	213.09	273.98
63	152.21	182.65	211.19	226.41	293.00
64	161.72	197.87	224.51	243.54	315.84
65	173.14	213.09	239.73	258.76	340.57
66	186.46	226.41	258.76	281.59	367.21
67	201.68	249.24	281.59	306.32	401.45
68	218.80	270.17	308.22	338.67	439.51
69	239.73	294.91	340.57	369.11	483.27
70	262.56	325.35	372.91	405.26	530.83
71	287.30	357.69	414.77	449.02	587.91
72	319.64	397.65	460.43	504.19	656.40
73	355.79	445.21	517.51	561.27	732.51
74	395.75	498.49	580.30	631.67	816.22
75	443.31	557.47	648.79	705.87	911.36
76	492.78	620.25	724.90	789.59	1016.00
77	547.95	692.55	806.71	877.11	1128.25
78	606.94	768.66	896.13	974.14	1246.22
79	669.72	850.47	991.27	1078.79	1379.40
80	736.31				
81	808.61				
82	882.82				
83	962.73				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	72.30	79.91	87.52	112.25
45-49	64.69	78.01	89.42	97.03	123.67
50-54	76.10	93.23	106.55	116.06	154.11
55	89.42	106.55	121.77	131.28	173.14
56	93.23	114.16	127.48	138.89	180.75
57	100.84	121.77	136.99	148.40	192.16
58	106.55	129.38	148.40	159.82	207.39
59	116.06	140.79	161.72	173.14	224.51
60	127.48	152.21	175.04	188.36	243.54
61	136.99	165.53	190.26	203.58	264.46
62	148.40	178.85	205.48	220.70	287.30
63	159.82	192.16	220.70	237.83	308.22
64	167.43	205.48	235.93	254.95	331.06
65	180.75	220.70	251.15	273.98	355.79
66	194.07	237.83	270.17	294.91	384.33
67	211.19	258.76	294.91	321.54	420.48
68	228.31	283.49	325.35	353.89	460.43
69	251.15	308.22	355.79	388.13	506.10
70	273.98	340.57	391.94	426.19	557.47
71	300.61	372.91	433.80	471.85	618.35
72	332.96	416.67	483.27	525.12	686.85
73	371.01	466.14	542.25	587.91	768.66
74	414.77	521.32	606.94	660.21	858.08
75	464.24	582.20	677.33	738.22	955.12
76	515.61	648.79	759.15	825.74	1065.47
77	570.79	723.00	844.76	920.87	1181.53
78	631.67	801.00	936.09	1019.80	1307.10
79	696.36	888.52	1036.93	1130.16	1444.09
80	764.85				
81	839.06				
82	917.06				
83	1000.78				
84	1088.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.42	110.35	125.57	135.09	182.65
45-49	98.94	121.77	138.89	150.31	203.58
50-54	121.77	150.31	173.14	190.26	258.76
55	140.79	175.04	201.68	218.80	300.61
56	148.40	182.65	213.09	232.12	317.74
57	156.01	194.07	226.41	245.44	334.86
58	167.43	207.39	241.63	262.56	355.79
59	176.94	220.70	256.85	279.69	378.62
60	190.26	237.83	273.98	296.81	403.36
61	203.58	253.05	293.00	317.74	429.99
62	216.90	270.17	313.93	340.57	458.53
63	230.22	289.20	334.86	363.40	490.88
64	245.44	306.32	355.79	388.13	521.32
65	262.56	327.25	380.52	414.77	557.47
66	279.69	351.98	407.16	443.31	599.33
67	302.52	378.62	441.41	479.46	646.89
68	327.25	409.06	477.56	519.42	700.16
69	351.98	443.31	515.61	561.27	757.24
70	380.52	481.36	559.37	610.74	821.93
71	410.97	523.22	608.84	664.01	892.33
72	449.02	572.69	667.82	730.61	976.04
73	494.68	629.77	734.41	802.91	1069.27
74	544.15	692.55	808.61	884.72	1172.01
75	597.42	759.15	888.52	972.24	1286.17
76	654.50	833.35	976.04	1069.27	1409.84
77	713.48	913.26	1073.08	1172.01	1543.03
78	776.27	998.88	1175.82	1284.27	1683.82
79	844.76	1090.20	1284.27	1404.13	1836.03
80	913.26				
81	985.56				
82	1061.66				
83	1139.67				
84	1221.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	102.74	127.48	148.40	161.72	213.09
45-49	114.16	142.70	163.63	178.85	237.83
50-54	140.79	176.94	203.58	220.70	300.61
55	159.82	201.68	232.12	253.05	344.37
56	165.53	213.09	245.44	266.37	363.40
57	175.04	224.51	258.76	281.59	380.52
58	186.46	237.83	275.88	300.61	403.36
59	199.78	251.15	291.10	319.64	428.09
60	215.00	266.37	312.03	338.67	452.82
61	228.31	283.49	331.06	359.60	483.27
62	243.54	304.42	353.89	384.33	515.61
63	258.76	321.54	378.62	410.97	549.86
64	275.88	344.37	401.45	439.51	586.01
65	293.00	367.21	429.99	468.04	625.96
66	313.93	393.84	458.53	502.29	671.63
67	334.86	426.19	496.58	542.25	724.90
68	363.40	458.53	536.54	586.01	785.78
69	391.94	498.49	580.30	635.48	848.57
70	426.19	542.25	631.67	692.55	920.87
71	460.43	587.91	686.85	751.54	1000.78
72	504.19	644.99	751.54	823.83	1094.01
73	553.66	705.87	825.74	905.65	1196.75
74	606.94	774.37	905.65	993.17	1310.91
75	664.01	850.47	996.97	1090.20	1438.38
76	726.80	928.48	1092.10	1196.75	1575.37
77	791.49	1017.90	1194.85	1310.91	1721.87
78	861.89	1111.13	1309.00	1432.67	1877.89
79	934.19	1213.87	1425.06	1562.05	2043.41
80	1010.29				
81	1088.30				
82	1168.21				
83	1255.73				
84	1345.15				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.35	136.99	156.01	173.14	226.41
45-49	121.77	152.21	175.04	192.16	251.15
50-54	150.31	188.36	216.90	235.93	317.74
55	167.43	213.09	245.44	268.27	363.40
56	175.04	224.51	258.76	281.59	380.52
57	182.65	235.93	273.98	296.81	401.45
58	194.07	249.24	289.20	315.84	422.38
59	207.39	264.46	306.32	334.86	447.12
60	224.51	279.69	327.25	355.79	473.75
61	239.73	296.81	346.28	378.62	506.10
62	254.95	317.74	371.01	405.26	540.34
63	270.17	338.67	395.75	431.89	574.59
64	289.20	359.60	420.48	460.43	612.64
65	306.32	384.33	449.02	490.88	656.40
66	327.25	410.97	481.36	525.12	702.07
67	351.98	445.21	519.42	568.88	759.15
68	378.62	481.36	561.27	616.45	821.93
69	409.06	521.32	608.84	667.82	888.52
70	443.31	566.98	660.21	724.90	962.73
71	481.36	616.45	721.09	789.59	1048.34
72	525.12	673.53	787.69	863.79	1143.48
73	578.40	738.22	863.79	949.41	1253.83
74	633.57	810.52	949.41	1040.73	1371.79
75	694.46	888.52	1040.73	1141.57	1504.97
76	759.15	972.24	1141.57	1251.92	1645.77
77	825.74	1063.57	1248.12	1369.89	1797.98
78	898.04	1158.70	1366.08	1495.46	1961.60
79	972.24	1265.24	1485.95	1632.45	2132.84
80	1050.25				
81	1130.16				
82	1215.77				
83	1305.20				
84	1396.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.69	79.91	93.23	102.74	136.99
45-49	72.30	89.42	104.64	114.16	152.21
50-54	97.03	117.96	135.09	144.60	194.07
55	110.35	136.99	154.11	169.33	230.22
56	116.06	142.70	163.63	178.85	245.44
57	123.67	152.21	175.04	192.16	264.46
58	131.28	163.63	188.36	207.39	283.49
59	142.70	176.94	203.58	224.51	306.32
60	154.11	192.16	220.70	241.63	331.06
61	167.43	207.39	241.63	262.56	355.79
62	180.75	226.41	262.56	283.49	384.33
63	194.07	241.63	281.59	306.32	414.77
64	207.39	258.76	302.52	327.25	443.31
65	224.51	277.78	321.54	351.98	477.56
66	241.63	296.81	346.28	378.62	515.61
67	262.56	325.35	378.62	410.97	559.37
68	283.49	353.89	414.77	449.02	610.74
69	308.22	388.13	452.82	492.78	667.82
70	334.86	422.38	494.68	540.34	730.61
71	367.21	466.14	544.15	595.52	799.10
72	405.26	515.61	601.23	658.31	882.82
73	447.12	570.79	667.82	730.61	974.14
74	496.58	631.67	740.12	810.52	1076.88
75	547.95	700.16	820.03	898.04	1189.14
76	605.03	774.37	903.74	991.27	1309.00
77	664.01	852.37	998.88	1094.01	1438.38
78	726.80	937.99	1099.71	1204.36	1577.27
79	795.30	1029.32	1204.36	1322.32	1727.58
80	863.79				
81	937.99				
82	1014.10				
83	1094.01				
84	1179.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.01	98.94	112.25	123.67	161.72
45-49	87.52	106.55	125.57	136.99	178.85
50-54	110.35	136.99	159.82	173.14	226.41
55	127.48	159.82	180.75	199.78	268.27
56	135.09	167.43	192.16	207.39	287.30
57	140.79	176.94	203.58	220.70	304.42
58	152.21	190.26	218.80	239.73	327.25
59	163.63	205.48	237.83	256.85	350.08
60	176.94	220.70	254.95	277.78	372.91
61	190.26	237.83	275.88	300.61	401.45
62	205.48	256.85	296.81	325.35	431.89
63	218.80	275.88	319.64	346.28	464.24
64	235.93	293.00	342.47	371.01	496.58
65	253.05	315.84	365.30	395.75	532.73
66	270.17	338.67	391.94	428.09	574.59
67	293.00	367.21	428.09	464.24	624.06
68	317.74	397.65	466.14	506.10	683.04
69	344.37	435.70	508.00	553.66	745.83
70	376.72	477.56	557.47	606.94	816.22
71	410.97	523.22	610.74	667.82	896.13
72	452.82	578.40	675.43	738.22	987.46
73	498.49	637.38	747.73	816.22	1090.20
74	553.66	707.78	827.64	905.65	1204.36
75	610.74	781.98	915.16	1002.68	1328.03
76	673.53	861.89	1010.29	1107.33	1463.12
77	738.22	949.41	1113.03	1221.48	1607.71
78	808.61	1040.73	1221.48	1343.25	1761.83
79	879.01	1141.57	1341.35	1472.63	1927.36
80	955.12				
81	1035.03				
82	1118.74				
83	1206.26				
84	1297.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.62	104.64	121.77	131.28	173.14
45-49	93.23	116.06	135.09	144.60	190.26
50-54	116.06	144.60	167.43	182.65	239.73
55	135.09	167.43	192.16	211.19	283.49
56	140.79	176.94	203.58	220.70	302.52
57	150.31	188.36	216.90	235.93	321.54
58	161.72	201.68	232.12	253.05	344.37
59	173.14	216.90	251.15	270.17	367.21
60	186.46	232.12	270.17	293.00	391.94
61	199.78	251.15	291.10	315.84	420.48
62	215.00	270.17	313.93	340.57	452.82
63	230.22	291.10	334.86	365.30	485.17
64	245.44	308.22	357.69	390.04	519.42
65	264.46	331.06	382.43	416.67	557.47
66	281.59	355.79	410.97	447.12	599.33
67	306.32	384.33	447.12	485.17	654.50
68	332.96	418.58	487.07	530.83	713.48
69	359.60	456.63	532.73	580.30	778.17
70	393.84	498.49	584.10	635.48	852.37
71	429.99	547.95	639.28	698.26	936.09
72	471.85	605.03	707.78	772.46	1031.22
73	521.32	667.82	783.88	854.28	1139.67
74	578.40	738.22	865.69	947.51	1257.63
75	637.38	814.32	955.12	1048.34	1387.01
76	702.07	899.94	1054.05	1156.79	1529.71
77	770.56	989.36	1162.50	1276.66	1678.11
78	840.96	1086.40	1276.66	1404.13	1839.83
79	915.16	1191.04	1398.43	1537.32	2012.97
80	993.17				
81	1076.88				
82	1164.40				
83	1253.83				
84	1347.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.64	27.54	31.89	33.34	34.79
45-49	27.54	30.44	34.79	36.24	39.14
50-54	33.34	37.69	42.04	44.94	50.74
55	37.69	43.49	49.29	53.64	63.78
56	40.59	46.39	53.64	57.98	69.58
57	43.49	50.74	57.98	62.33	76.83
58	47.84	55.09	63.78	68.13	84.08
59	52.19	60.88	69.58	73.93	92.78
60	57.98	68.13	76.83	81.18	101.47
61	62.33	73.93	84.08	88.43	110.17
62	68.13	81.18	91.33	97.12	120.32
63	72.48	86.98	98.57	104.37	129.02
64	76.83	92.78	105.82	113.07	137.71
65	82.63	98.57	113.07	121.77	147.86
66	88.43	107.27	121.77	131.92	159.46
67	95.67	115.97	133.36	143.51	173.95
68	104.37	127.57	146.41	158.01	191.35
69	114.52	139.16	160.91	172.50	208.74
70	124.67	152.21	176.85	189.90	230.49
71	137.71	168.16	194.25	210.19	255.13
72	152.21	187.00	215.99	233.39	282.68
73	169.61	208.74	240.64	259.48	314.57
74	188.45	231.94	268.18	289.92	350.81
75	210.19	258.03	297.17	321.81	389.95
76	233.39	287.02	330.51	356.61	431.99
77	258.03	317.47	365.30	394.30	478.37
78	284.12	350.81	402.99	434.88	527.66
79	313.12	385.60	443.58	478.37	581.30
80	342.11				
81	374.00				
82	407.34				
83	442.13				
84	479.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	65.23	71.03	85.53
45-49	50.74	62.33	72.48	78.28	95.67
50-54	62.33	76.83	89.88	97.12	121.77
55	75.38	91.33	105.82	113.07	144.96
56	79.73	97.12	111.62	120.32	155.11
57	85.53	104.37	118.87	127.57	165.26
58	91.33	111.62	127.57	136.26	176.85
59	97.12	118.87	136.26	146.41	188.45
60	102.92	127.57	146.41	158.01	201.50
61	110.17	136.26	156.56	169.61	214.54
62	117.42	144.96	168.16	182.65	230.49
63	124.67	155.11	179.75	194.25	246.43
64	133.36	163.81	191.35	207.30	263.83
65	142.06	175.40	202.95	220.34	282.68
66	152.21	187.00	217.44	234.84	302.97
67	163.81	201.50	233.39	252.23	326.16
68	176.85	217.44	252.23	272.53	352.26
69	189.90	234.84	271.08	294.27	379.80
70	205.85	255.13	294.27	318.92	408.79
71	223.24	276.88	318.92	346.46	443.58
72	242.09	301.52	347.91	378.35	482.72
73	263.83	329.06	381.25	414.59	526.21
74	288.47	360.95	417.49	455.18	575.50
75	314.57	394.30	458.08	498.67	627.68
76	342.11	430.54	501.57	546.51	685.67
77	371.10	469.68	547.95	598.69	746.55
78	401.54	511.71	598.69	653.78	811.78
79	433.44	556.65	652.33	713.21	882.82
80	468.23				
81	503.02				
82	540.71				
83	579.85				
84	620.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	50.74	60.88
45-49	36.24	44.94	52.19	56.54	68.13
50-54	50.74	60.88	71.03	76.83	92.78
55	57.98	71.03	81.18	86.98	111.62
56	60.88	75.38	85.53	92.78	118.87
57	65.23	81.18	91.33	98.57	127.57
58	71.03	88.43	98.57	107.27	137.71
59	76.83	95.67	107.27	115.97	150.76
60	84.08	104.37	117.42	127.57	163.81
61	91.33	113.07	129.02	139.16	178.30
62	98.57	121.77	139.16	150.76	192.80
63	105.82	130.47	149.31	162.36	207.30
64	113.07	139.16	159.46	173.95	223.24
65	120.32	149.31	171.05	185.55	239.19
66	130.47	160.91	184.10	200.05	259.48
67	140.61	173.95	200.05	217.44	281.23
68	152.21	189.90	218.89	237.74	305.87
69	166.71	207.30	239.19	259.48	333.41
70	181.20	226.14	260.93	284.12	365.30
71	198.60	247.88	287.02	311.67	398.64
72	217.44	272.53	316.02	343.56	437.78
73	239.19	300.07	347.91	379.80	481.27
74	263.83	330.51	384.15	418.94	529.11
75	289.92	363.85	423.29	460.98	579.85
76	317.47	400.09	465.33	507.37	636.38
77	346.46	437.78	510.26	556.65	695.82
78	376.90	478.37	558.10	610.29	759.60
79	408.79	521.86	610.29	666.82	827.73
80	443.58				
81	478.37				
82	516.06				
83	555.20				
84	595.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.99	31.89	37.69	39.14	40.59
45-49	31.89	36.24	40.59	42.04	46.39
50-54	39.14	44.94	49.29	52.19	59.43
55	44.94	50.74	57.98	63.78	75.38
56	47.84	55.09	63.78	68.13	81.18
57	50.74	59.43	68.13	73.93	89.88
58	56.54	65.23	75.38	79.73	98.57
59	60.88	71.03	81.18	86.98	108.72
60	68.13	79.73	89.88	95.67	118.87
61	73.93	86.98	98.57	104.37	129.02
62	79.73	95.67	107.27	114.52	142.06
63	85.53	102.92	115.97	123.22	152.21
64	89.88	108.72	124.67	133.36	162.36
65	97.12	115.97	133.36	143.51	173.95
66	104.37	126.12	143.51	155.11	187.00
67	113.07	136.26	156.56	168.16	204.40
68	123.22	150.76	172.50	185.55	224.69
69	134.81	163.81	189.90	202.95	244.99
70	146.41	179.75	208.74	223.24	271.08
71	162.36	197.15	229.04	247.88	300.07
72	179.75	220.34	253.68	273.98	331.96
73	200.05	244.99	282.68	305.87	369.65
74	221.79	272.53	316.02	340.66	413.14
75	247.88	302.97	349.36	378.35	458.08
76	273.98	337.76	388.50	418.94	508.82
77	302.97	374.00	429.09	463.88	562.45
78	334.86	413.14	474.02	511.71	620.44
79	368.20	453.73	521.86	562.45	684.22
80	402.99				
81	440.68				
82	479.82				
83	520.41				
84	563.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	66.68	76.83	84.08	100.02
45-49	59.43	73.93	85.53	92.78	113.07
50-54	73.93	89.88	105.82	114.52	143.51
55	88.43	107.27	124.67	133.36	171.05
56	94.23	114.52	131.92	142.06	182.65
57	100.02	123.22	139.16	150.76	194.25
58	107.27	131.92	150.76	160.91	208.74
59	114.52	139.16	160.91	172.50	221.79
60	121.77	150.76	172.50	185.55	237.74
61	129.02	160.91	184.10	200.05	252.23
62	137.71	171.05	197.15	214.54	271.08
63	146.41	182.65	211.64	229.04	289.92
64	156.56	192.80	224.69	243.54	310.22
65	166.71	205.85	239.19	259.48	331.96
66	179.75	220.34	255.13	276.88	356.61
67	192.80	237.74	273.98	297.17	384.15
68	208.74	255.13	297.17	320.37	414.59
69	223.24	276.88	318.92	346.46	446.48
70	242.09	300.07	346.46	375.45	481.27
71	262.38	326.16	375.45	407.34	521.86
72	284.12	355.16	408.79	445.03	568.25
73	310.22	387.05	447.93	487.07	618.99
74	339.21	424.74	491.42	534.91	676.97
75	369.65	463.88	539.26	587.09	737.85
76	402.99	505.92	589.99	643.63	805.99
77	436.33	552.30	645.08	704.51	878.47
78	472.57	601.59	704.51	769.75	955.30
79	510.26	655.23	766.85	839.33	1037.93
80	550.85				
81	591.44				
82	636.38				
83	682.77				
84	730.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	59.43	71.03
45-49	42.04	52.19	60.88	66.68	79.73
50-54	59.43	71.03	84.08	89.88	108.72
55	68.13	84.08	95.67	102.92	131.92
56	71.03	88.43	100.02	108.72	139.16
57	76.83	95.67	107.27	115.97	150.76
58	84.08	104.37	115.97	126.12	162.36
59	89.88	113.07	126.12	136.26	176.85
60	98.57	123.22	137.71	150.76	192.80
61	107.27	133.36	152.21	163.81	210.19
62	115.97	143.51	163.81	176.85	226.14
63	124.67	153.66	175.40	191.35	243.54
64	133.36	163.81	187.00	204.40	262.38
65	142.06	175.40	201.50	218.89	281.23
66	153.66	189.90	215.99	234.84	305.87
67	165.26	204.40	234.84	255.13	330.51
68	179.75	223.24	258.03	279.78	359.50
69	195.70	243.54	281.23	305.87	392.85
70	213.09	266.73	307.32	334.86	429.09
71	233.39	291.37	337.76	366.75	469.68
72	255.13	320.37	371.10	404.44	514.61
73	281.23	353.71	408.79	446.48	566.80
74	310.22	388.50	452.28	492.87	621.89
75	340.66	427.64	498.67	542.16	682.77
76	374.00	471.13	547.95	597.24	748.00
77	407.34	514.61	600.14	655.23	819.03
78	443.58	562.45	656.68	717.56	892.96
79	481.27	614.64	717.56	784.24	974.14
80	521.86				
81	562.45				
82	607.39				
83	653.78				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.80	34.43	39.86	41.68	43.49
45-49	34.43	38.05	43.49	45.30	48.92
50-54	41.68	47.11	52.55	56.17	63.42
55	47.11	54.36	61.61	67.04	79.73
56	50.74	57.98	67.04	72.48	86.98
57	54.36	63.42	72.48	77.92	96.04
58	59.80	68.86	79.73	85.16	105.10
59	65.23	76.10	86.98	92.41	115.97
60	72.48	85.16	96.04	101.47	126.84
61	77.92	92.41	105.10	110.53	137.71
62	85.16	101.47	114.16	121.41	150.40
63	90.60	108.72	123.22	130.47	161.27
64	96.04	115.97	132.28	141.34	172.14
65	103.29	123.22	141.34	152.21	184.83
66	110.53	134.09	152.21	164.89	199.32
67	119.59	144.96	166.71	179.39	217.44
68	130.47	159.46	183.01	197.51	239.19
69	143.15	173.95	201.13	215.63	260.93
70	155.83	190.26	221.07	237.37	288.11
71	172.14	210.19	242.81	262.74	318.92
72	190.26	233.75	269.99	291.74	353.34
73	212.01	260.93	300.80	324.35	393.21
74	235.56	289.92	335.22	362.40	438.51
75	262.74	322.54	371.46	402.27	487.43
76	291.74	358.78	413.14	445.76	539.98
77	322.54	396.83	456.63	492.87	597.97
78	355.16	438.51	503.74	543.61	659.58
79	391.40	482.00	554.48	597.97	726.62
80	427.64				
81	467.50				
82	509.18				
83	552.67				
84	599.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	81.54	88.79	106.91
45-49	63.42	77.92	90.60	97.85	119.59
50-54	77.92	96.04	112.35	121.41	152.21
55	94.23	114.16	132.28	141.34	181.20
56	99.66	121.41	139.53	150.40	193.89
57	106.91	130.47	148.59	159.46	206.57
58	114.16	139.53	159.46	170.33	221.07
59	121.41	148.59	170.33	183.01	235.56
60	128.65	159.46	183.01	197.51	251.87
61	137.71	170.33	195.70	212.01	268.18
62	146.77	181.20	210.19	228.31	288.11
63	155.83	193.89	224.69	242.81	308.04
64	166.71	204.76	239.19	259.12	329.79
65	177.58	219.25	253.68	275.43	353.34
66	190.26	233.75	271.80	293.55	378.71
67	204.76	251.87	291.74	315.29	407.70
68	221.07	271.80	315.29	340.66	440.32
69	237.37	293.55	338.85	367.84	474.75
70	257.31	318.92	367.84	398.64	510.99
71	279.05	346.10	398.64	433.07	554.48
72	302.61	376.90	434.88	472.94	603.40
73	329.79	411.33	476.56	518.24	657.76
74	360.59	451.19	521.86	568.97	719.37
75	393.21	492.87	572.60	623.33	784.60
76	427.64	538.17	626.96	683.13	857.09
77	463.88	587.09	684.94	748.36	933.19
78	501.93	639.64	748.36	817.22	1014.73
79	541.79	695.82	815.41	891.51	1103.52
80	585.28				
81	628.77				
82	675.88				
83	724.81				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	63.42	76.10
45-49	45.30	56.17	65.23	70.67	85.16
50-54	63.42	76.10	88.79	96.04	115.97
55	72.48	88.79	101.47	108.72	139.53
56	76.10	94.23	106.91	115.97	148.59
57	81.54	101.47	114.16	123.22	159.46
58	88.79	110.53	123.22	134.09	172.14
59	96.04	119.59	134.09	144.96	188.45
60	105.10	130.47	146.77	159.46	204.76
61	114.16	141.34	161.27	173.95	222.88
62	123.22	152.21	173.95	188.45	241.00
63	132.28	163.08	186.64	202.95	259.12
64	141.34	173.95	199.32	217.44	279.05
65	150.40	186.64	213.82	231.94	298.98
66	163.08	201.13	230.13	250.06	324.35
67	175.77	217.44	250.06	271.80	351.53
68	190.26	237.37	273.62	297.17	382.34
69	208.38	259.12	298.98	324.35	416.76
70	226.50	282.68	326.16	355.16	456.63
71	248.25	309.86	358.78	389.58	498.31
72	271.80	340.66	395.02	429.45	547.23
73	298.98	375.09	434.88	474.75	601.59
74	329.79	413.14	480.19	523.67	661.39
75	362.40	454.82	529.11	576.22	724.81
76	396.83	500.12	581.66	634.21	795.48
77	433.07	547.23	637.83	695.82	869.77
78	471.13	597.97	697.63	762.86	949.50
79	510.99	652.33	762.86	833.53	1034.66
80	554.48				
81	597.97				
82	645.08				
83	694.00				
84	744.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	39.86	47.11	48.92	50.74
45-49	39.86	45.30	50.74	52.55	57.98
50-54	48.92	56.17	61.61	65.23	74.29
55	56.17	63.42	72.48	79.73	94.23
56	59.80	68.86	79.73	85.16	101.47
57	63.42	74.29	85.16	92.41	112.35
58	70.67	81.54	94.23	99.66	123.22
59	76.10	88.79	101.47	108.72	135.90
60	85.16	99.66	112.35	119.59	148.59
61	92.41	108.72	123.22	130.47	161.27
62	99.66	119.59	134.09	143.15	177.58
63	106.91	128.65	144.96	154.02	190.26
64	112.35	135.90	155.83	166.71	202.95
65	121.41	144.96	166.71	179.39	217.44
66	130.47	157.65	179.39	193.89	233.75
67	141.34	170.33	195.70	210.19	255.49
68	154.02	188.45	215.63	231.94	280.86
69	168.52	204.76	237.37	253.68	306.23
70	183.01	224.69	260.93	279.05	338.85
71	202.95	246.43	286.30	309.86	375.09
72	224.69	275.43	317.10	342.47	414.95
73	250.06	306.23	353.34	382.34	462.07
74	277.24	340.66	395.02	425.82	516.43
75	309.86	378.71	436.70	472.94	572.60
76	342.47	422.20	485.62	523.67	636.02
77	378.71	467.50	536.36	579.85	703.06
78	418.58	516.43	592.53	639.64	775.54
79	460.25	567.16	652.33	703.06	855.27
80	503.74				
81	550.85				
82	599.78				
83	650.52				
84	704.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	83.35	96.04	105.10	125.03
45-49	74.29	92.41	106.91	115.97	141.34
50-54	92.41	112.35	132.28	143.15	179.39
55	110.53	134.09	155.83	166.71	213.82
56	117.78	143.15	164.89	177.58	228.31
57	125.03	154.02	173.95	188.45	242.81
58	134.09	164.89	188.45	201.13	260.93
59	143.15	173.95	201.13	215.63	277.24
60	152.21	188.45	215.63	231.94	297.17
61	161.27	201.13	230.13	250.06	315.29
62	172.14	213.82	246.43	268.18	338.85
63	183.01	228.31	264.55	286.30	362.40
64	195.70	241.00	280.86	304.42	387.77
65	208.38	257.31	298.98	324.35	414.95
66	224.69	275.43	318.92	346.10	445.76
67	241.00	297.17	342.47	371.46	480.19
68	260.93	318.92	371.46	400.46	518.24
69	279.05	346.10	398.64	433.07	558.10
70	302.61	375.09	433.07	469.31	601.59
71	327.98	407.70	469.31	509.18	652.33
72	355.16	443.94	510.99	556.29	710.31
73	387.77	483.81	559.91	608.84	773.73
74	424.01	530.92	614.27	668.64	846.21
75	462.07	579.85	674.07	733.87	922.32
76	503.74	632.39	737.49	804.54	1007.48
77	545.42	690.38	806.35	880.64	1098.08
78	590.72	751.99	880.64	962.18	1194.12
79	637.83	819.03	958.56	1049.16	1297.41
80	688.57				
81	739.30				
82	795.48				
83	853.46				
84	913.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	74.29	88.79
45-49	52.55	65.23	76.10	83.35	99.66
50-54	74.29	88.79	105.10	112.35	135.90
55	85.16	105.10	119.59	128.65	164.89
56	88.79	110.53	125.03	135.90	173.95
57	96.04	119.59	134.09	144.96	188.45
58	105.10	130.47	144.96	157.65	202.95
59	112.35	141.34	157.65	170.33	221.07
60	123.22	154.02	172.14	188.45	241.00
61	134.09	166.71	190.26	204.76	262.74
62	144.96	179.39	204.76	221.07	282.68
63	155.83	192.07	219.25	239.19	304.42
64	166.71	204.76	233.75	255.49	327.98
65	177.58	219.25	251.87	273.62	351.53
66	192.07	237.37	269.99	293.55	382.34
67	206.57	255.49	293.55	318.92	413.14
68	224.69	279.05	322.54	349.72	449.38
69	244.62	304.42	351.53	382.34	491.06
70	266.37	333.41	384.15	418.58	536.36
71	291.74	364.22	422.20	458.44	587.09
72	318.92	400.46	463.88	505.55	643.27
73	351.53	442.13	510.99	558.10	708.50
74	387.77	485.62	565.35	616.09	777.36
75	425.82	534.55	623.33	677.70	853.46
76	467.50	588.91	684.94	746.55	935.00
77	509.18	643.27	750.18	819.03	1023.79
78	554.48	703.06	820.85	896.95	1116.20
79	601.59	768.30	896.95	980.30	1217.68
80	652.33				
81	703.06				
82	759.24				
83	817.22				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.34	36.24	39.14	50.74
45-49	30.44	37.69	40.59	43.49	56.54
50-54	37.69	44.94	50.74	53.64	69.58
55	43.49	52.19	57.98	62.33	82.63
56	46.39	55.09	62.33	66.68	86.98
57	49.29	59.43	66.68	71.03	94.23
58	53.64	63.78	72.48	76.83	101.47
59	57.98	69.58	78.28	84.08	110.17
60	62.33	75.38	85.53	91.33	120.32
61	68.13	81.18	92.78	100.02	130.47
62	73.93	88.43	101.47	108.72	142.06
63	79.73	95.67	108.72	117.42	153.66
64	84.08	101.47	117.42	126.12	163.81
65	89.88	108.72	126.12	134.81	175.40
66	95.67	117.42	136.26	146.41	189.90
67	104.37	127.57	147.86	159.46	207.30
68	114.52	139.16	160.91	175.40	227.59
69	124.67	152.21	176.85	191.35	249.33
70	136.26	166.71	192.80	210.19	273.98
71	149.31	184.10	213.09	231.94	301.52
72	165.26	204.40	236.29	258.03	334.86
73	182.65	227.59	263.83	287.02	372.55
74	202.95	253.68	292.82	320.37	413.14
75	226.14	281.23	326.16	356.61	458.08
76	249.33	311.67	362.40	395.75	507.37
77	275.43	345.01	401.54	437.78	561.00
78	302.97	381.25	443.58	484.17	617.54
79	333.41	418.94	488.52	532.01	678.42
80	365.30				
81	398.64				
82	434.88				
83	472.57				
84	513.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	43.49	44.94	59.43
45-49	36.24	43.49	47.84	50.74	65.23
50-54	42.04	50.74	57.98	62.33	81.18
55	49.29	57.98	65.23	71.03	94.23
56	52.19	60.88	69.58	75.38	98.57
57	55.09	65.23	73.93	79.73	105.82
58	59.43	71.03	79.73	85.53	113.07
59	63.78	76.83	86.98	94.23	121.77
60	68.13	84.08	94.23	101.47	131.92
61	73.93	89.88	102.92	111.62	143.51
62	79.73	97.12	111.62	120.32	155.11
63	85.53	104.37	120.32	129.02	168.16
64	91.33	111.62	127.57	137.71	179.75
65	98.57	118.87	137.71	146.41	192.80
66	104.37	127.57	147.86	158.01	208.74
67	113.07	139.16	159.46	172.50	227.59
68	123.22	150.76	175.40	189.90	249.33
69	134.81	165.26	191.35	207.30	272.53
70	147.86	182.65	208.74	227.59	300.07
71	160.91	200.05	231.94	250.78	330.51
72	178.30	223.24	256.58	279.78	365.30
73	198.60	247.88	285.57	311.67	405.89
74	218.89	275.43	318.92	346.46	449.38
75	243.54	305.87	355.16	385.60	498.67
76	268.18	339.21	394.30	429.09	552.30
77	297.17	374.00	436.33	475.47	610.29
78	326.16	413.14	482.72	526.21	671.17
79	358.06	455.18	530.56	578.40	737.85
80	391.40				
81	427.64				
82	465.33				
83	504.47				
84	546.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	47.84	62.33
45-49	37.69	44.94	50.74	53.64	69.58
50-54	43.49	53.64	60.88	65.23	86.98
55	50.74	60.88	68.13	73.93	98.57
56	53.64	63.78	72.48	78.28	104.37
57	56.54	68.13	76.83	84.08	110.17
58	60.88	73.93	82.63	89.88	118.87
59	65.23	79.73	89.88	98.57	127.57
60	71.03	86.98	98.57	105.82	137.71
61	76.83	94.23	107.27	115.97	149.31
62	82.63	101.47	115.97	124.67	160.91
63	88.43	108.72	124.67	133.36	173.95
64	94.23	115.97	131.92	142.06	185.55
65	101.47	123.22	142.06	152.21	200.05
66	108.72	131.92	152.21	163.81	215.99
67	117.42	143.51	165.26	178.30	236.29
68	127.57	156.56	181.20	195.70	258.03
69	139.16	171.05	197.15	214.54	282.68
70	152.21	188.45	215.99	234.84	310.22
71	166.71	207.30	239.19	259.48	342.11
72	184.10	230.49	265.28	288.47	378.35
73	204.40	256.58	295.72	321.81	420.39
74	226.14	284.12	329.06	358.06	465.33
75	250.78	316.02	366.75	398.64	516.06
76	276.88	350.81	407.34	443.58	571.15
77	305.87	387.05	450.83	491.42	630.58
78	336.31	426.19	498.67	543.61	694.37
79	368.20	469.68	549.40	598.69	762.50
80	402.99				
81	439.23				
82	478.37				
83	518.96				
84	561.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	65.23	75.38	82.63	108.72
45-49	57.98	72.48	84.08	91.33	120.32
50-54	71.03	88.43	102.92	111.62	153.66
55	81.18	102.92	118.87	129.02	178.30
56	85.53	108.72	126.12	136.26	187.00
57	91.33	115.97	133.36	144.96	198.60
58	97.12	123.22	142.06	155.11	210.19
59	104.37	131.92	152.21	165.26	223.24
60	111.62	140.61	162.36	175.40	237.74
61	118.87	150.76	173.95	188.45	253.68
62	127.57	160.91	185.55	201.50	271.08
63	136.26	171.05	197.15	214.54	289.92
64	144.96	182.65	210.19	229.04	308.77
65	153.66	194.25	224.69	243.54	329.06
66	165.26	207.30	239.19	260.93	352.26
67	176.85	223.24	258.03	281.23	379.80
68	189.90	240.64	278.33	304.42	410.24
69	204.40	258.03	301.52	329.06	442.13
70	220.34	279.78	326.16	356.61	476.92
71	239.19	302.97	353.71	387.05	517.51
72	259.48	329.06	385.60	421.84	562.45
73	282.68	359.50	421.84	460.98	613.19
74	308.77	392.85	460.98	504.47	668.27
75	337.76	429.09	503.02	550.85	729.16
76	366.75	469.68	549.40	601.59	794.39
77	398.64	511.71	598.69	656.68	863.97
78	430.54	558.10	650.88	714.66	937.90
79	465.33	605.94	707.41	776.99	1017.63
80	501.57				
81	537.81				
82	576.95				
83	617.54				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	73.93	85.53	94.23	121.77
45-49	65.23	81.18	95.67	102.92	136.26
50-54	79.73	100.02	117.42	127.57	172.50
55	89.88	114.52	134.81	146.41	197.15
56	94.23	120.32	142.06	153.66	205.85
57	100.02	127.57	149.31	162.36	217.44
58	105.82	134.81	158.01	172.50	230.49
59	113.07	143.51	168.16	182.65	244.99
60	121.77	153.66	178.30	194.25	259.48
61	130.47	163.81	189.90	205.85	276.88
62	139.16	175.40	201.50	220.34	295.72
63	147.86	187.00	214.54	233.39	316.02
64	156.56	198.60	229.04	249.33	334.86
65	166.71	210.19	243.54	265.28	358.06
66	178.30	224.69	260.93	285.57	381.25
67	191.35	242.09	281.23	307.32	411.69
68	205.85	260.93	304.42	333.41	443.58
69	221.79	279.78	327.61	359.50	478.37
70	239.19	304.42	355.16	388.50	516.06
71	258.03	329.06	385.60	421.84	559.55
72	281.23	358.06	418.94	459.53	608.84
73	305.87	391.40	458.08	501.57	663.92
74	333.41	426.19	500.12	547.95	723.36
75	363.85	465.33	545.06	597.24	788.59
76	395.75	507.37	594.34	650.88	856.72
77	427.64	550.85	646.53	708.86	932.10
78	462.43	598.69	703.06	771.20	1010.38
79	497.22	649.43	762.50	836.43	1095.91
80	536.36				
81	574.05				
82	616.09				
83	658.13				
84	701.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	89.88	98.57	127.57
45-49	68.13	85.53	100.02	108.72	142.06
50-54	84.08	105.82	123.22	133.36	179.75
55	94.23	118.87	140.61	153.66	204.40
56	98.57	124.67	147.86	160.91	214.54
57	104.37	131.92	155.11	169.61	226.14
58	110.17	140.61	163.81	179.75	239.19
59	117.42	149.31	173.95	189.90	253.68
60	126.12	159.46	184.10	201.50	269.63
61	134.81	169.61	195.70	213.09	287.02
62	143.51	181.20	208.74	227.59	305.87
63	152.21	192.80	221.79	242.09	326.16
64	162.36	204.40	236.29	258.03	346.46
65	172.50	217.44	252.23	275.43	369.65
66	184.10	231.94	271.08	295.72	394.30
67	197.15	249.33	291.37	318.92	424.74
68	211.64	269.63	314.57	345.01	458.08
69	229.04	289.92	339.21	372.55	494.32
70	246.43	314.57	366.75	402.99	533.46
71	266.73	340.66	398.64	436.33	578.40
72	289.92	371.10	433.44	475.47	629.13
73	316.02	404.44	472.57	518.96	685.67
74	343.56	440.68	516.06	566.80	746.55
75	374.00	479.82	562.45	617.54	813.23
76	407.34	523.31	613.19	672.62	884.27
77	440.68	568.25	666.82	732.06	961.10
78	475.47	616.09	724.81	795.84	1042.27
79	511.71	668.27	785.69	862.52	1129.25
80	550.85				
81	589.99				
82	632.03				
83	675.52				
84	720.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	56.54	60.88	81.18
45-49	43.49	53.64	62.33	68.13	89.88
50-54	56.54	69.58	79.73	88.43	115.97
55	65.23	79.73	92.78	101.47	137.71
56	68.13	84.08	97.12	105.82	146.41
57	72.48	89.88	104.37	113.07	156.56
58	78.28	97.12	113.07	121.77	168.16
59	84.08	104.37	121.77	131.92	181.20
60	91.33	114.52	131.92	143.51	194.25
61	100.02	123.22	143.51	155.11	210.19
62	107.27	133.36	155.11	168.16	226.14
63	114.52	143.51	166.71	179.75	243.54
64	123.22	153.66	178.30	192.80	260.93
65	130.47	163.81	189.90	205.85	279.78
66	140.61	176.85	204.40	221.79	301.52
67	152.21	191.35	221.79	240.64	327.61
68	165.26	208.74	242.09	262.38	356.61
69	179.75	227.59	263.83	287.02	388.50
70	195.70	247.88	288.47	314.57	424.74
71	214.54	272.53	316.02	345.01	463.88
72	234.84	298.62	347.91	379.80	508.82
73	258.03	329.06	382.70	418.94	559.55
74	284.12	360.95	421.84	460.98	613.19
75	311.67	397.19	463.88	507.37	672.62
76	342.11	434.88	508.82	558.10	737.85
77	372.55	476.92	558.10	611.74	805.99
78	404.44	520.41	610.29	669.72	879.92
79	439.23	568.25	665.37	730.61	956.75
80	475.47				
81	513.16				
82	552.30				
83	592.89				
84	636.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	56.54	65.23	69.58	92.78
45-49	50.74	62.33	71.03	78.28	102.92
50-54	62.33	78.28	91.33	100.02	130.47
55	72.48	89.88	104.37	113.07	153.66
56	76.83	95.67	110.17	120.32	162.36
57	81.18	101.47	117.42	127.57	173.95
58	86.98	108.72	126.12	137.71	185.55
59	92.78	115.97	134.81	147.86	198.60
60	100.02	126.12	146.41	159.46	213.09
61	108.72	134.81	158.01	172.50	229.04
62	115.97	144.96	169.61	185.55	244.99
63	124.67	155.11	182.65	198.60	263.83
64	133.36	166.71	194.25	211.64	282.68
65	142.06	178.30	207.30	226.14	301.52
66	153.66	192.80	223.24	243.54	326.16
67	166.71	207.30	242.09	262.38	353.71
68	181.20	226.14	263.83	287.02	385.60
69	195.70	246.43	287.02	313.12	420.39
70	211.64	268.18	313.12	340.66	458.08
71	230.49	294.27	342.11	374.00	501.57
72	252.23	321.81	376.90	411.69	549.40
73	276.88	355.16	414.59	453.73	603.04
74	304.42	389.95	455.18	498.67	662.47
75	334.86	427.64	501.57	549.40	726.26
76	366.75	468.23	550.85	604.49	795.84
77	400.09	513.16	603.04	661.02	869.77
78	433.44	561.00	659.58	723.36	949.50
79	471.13	611.74	719.01	790.04	1033.58
80	508.82				
81	549.40				
82	589.99				
83	632.03				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.84	59.43	68.13	73.93	98.57
45-49	53.64	65.23	75.38	82.63	108.72
50-54	65.23	81.18	95.67	104.37	136.26
55	75.38	94.23	110.17	118.87	160.91
56	79.73	100.02	115.97	126.12	169.61
57	84.08	105.82	123.22	133.36	181.20
58	89.88	113.07	131.92	143.51	192.80
59	97.12	121.77	140.61	153.66	205.85
60	104.37	130.47	152.21	166.71	220.34
61	111.62	140.61	163.81	179.75	236.29
62	120.32	150.76	175.40	192.80	253.68
63	129.02	160.91	188.45	205.85	272.53
64	137.71	172.50	201.50	220.34	291.37
65	147.86	184.10	214.54	234.84	311.67
66	159.46	198.60	231.94	252.23	336.31
67	172.50	214.54	250.78	272.53	365.30
68	187.00	233.39	272.53	297.17	397.19
69	201.50	253.68	297.17	323.26	433.44
70	218.89	276.88	323.26	352.26	472.57
71	237.74	302.97	353.71	387.05	517.51
72	259.48	331.96	388.50	424.74	566.80
73	285.57	365.30	427.64	468.23	621.89
74	313.12	401.54	469.68	514.61	684.22
75	345.01	440.68	517.51	566.80	749.45
76	376.90	482.72	568.25	623.33	820.48
77	411.69	529.11	621.89	682.77	897.31
78	446.48	578.40	679.87	746.55	978.49
79	484.17	630.58	742.20	816.13	1065.47
80	523.31				
81	563.90				
82	605.94				
83	649.43				
84	695.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	42.04	46.39	59.43
45-49	36.24	44.94	47.84	50.74	66.68
50-54	44.94	52.19	59.43	63.78	81.18
55	50.74	60.88	68.13	73.93	97.12
56	55.09	65.23	73.93	78.28	102.92
57	57.98	69.58	78.28	84.08	110.17
58	63.78	75.38	85.53	89.88	118.87
59	68.13	81.18	92.78	98.57	129.02
60	73.93	88.43	100.02	107.27	142.06
61	79.73	95.67	108.72	117.42	153.66
62	86.98	104.37	118.87	127.57	166.71
63	94.23	113.07	127.57	137.71	181.20
64	98.57	118.87	137.71	147.86	192.80
65	105.82	127.57	147.86	158.01	205.85
66	113.07	137.71	160.91	172.50	223.24
67	123.22	150.76	173.95	187.00	243.54
68	134.81	163.81	189.90	205.85	268.18
69	146.41	179.75	208.74	224.69	292.82
70	160.91	195.70	226.14	247.88	321.81
71	175.40	215.99	250.78	272.53	355.16
72	194.25	240.64	278.33	302.97	394.30
73	214.54	268.18	310.22	337.76	437.78
74	239.19	298.62	345.01	376.90	485.62
75	266.73	330.51	384.15	418.94	539.26
76	292.82	366.75	426.19	465.33	597.24
77	324.71	405.89	472.57	514.61	659.58
78	356.61	447.93	521.86	569.70	726.26
79	392.85	492.87	574.05	626.23	798.74
80	429.09				
81	469.68				
82	511.71				
83	556.65				
84	603.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	50.74	52.19	69.58
45-49	42.04	50.74	56.54	59.43	76.83
50-54	49.29	59.43	68.13	73.93	95.67
55	57.98	68.13	76.83	84.08	110.17
56	60.88	71.03	81.18	88.43	115.97
57	65.23	76.83	86.98	94.23	124.67
58	69.58	84.08	94.23	100.02	133.36
59	75.38	89.88	102.92	110.17	143.51
60	79.73	98.57	110.17	118.87	155.11
61	86.98	105.82	121.77	131.92	168.16
62	94.23	114.52	131.92	142.06	182.65
63	100.02	123.22	142.06	152.21	197.15
64	107.27	131.92	150.76	162.36	211.64
65	115.97	139.16	162.36	172.50	226.14
66	123.22	150.76	173.95	185.55	244.99
67	133.36	163.81	187.00	202.95	268.18
68	144.96	176.85	205.85	223.24	292.82
69	158.01	194.25	224.69	243.54	320.37
70	173.95	214.54	244.99	268.18	353.71
71	189.90	234.84	272.53	295.72	388.50
72	210.19	262.38	301.52	329.06	429.09
73	233.39	291.37	336.31	366.75	476.92
74	258.03	324.71	375.45	407.34	529.11
75	287.02	359.50	417.49	453.73	587.09
76	316.02	398.64	463.88	504.47	649.43
77	349.36	440.68	513.16	559.55	717.56
78	384.15	485.62	568.25	618.99	790.04
79	421.84	534.91	624.78	679.87	868.32
80	460.98				
81	503.02				
82	547.95				
83	592.89				
84	643.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	56.54	73.93
45-49	44.94	52.19	59.43	63.78	81.18
50-54	50.74	63.78	71.03	76.83	102.92
55	59.43	71.03	79.73	86.98	115.97
56	63.78	75.38	85.53	92.78	123.22
57	66.68	79.73	89.88	98.57	129.02
58	71.03	86.98	97.12	105.82	139.16
59	76.83	94.23	105.82	115.97	150.76
60	84.08	102.92	115.97	124.67	162.36
61	89.88	110.17	126.12	136.26	175.40
62	97.12	118.87	136.26	146.41	189.90
63	104.37	127.57	146.41	156.56	204.40
64	110.17	136.26	155.11	166.71	218.89
65	118.87	144.96	166.71	179.75	234.84
66	127.57	155.11	179.75	192.80	253.68
67	137.71	168.16	194.25	210.19	278.33
68	150.76	184.10	213.09	230.49	302.97
69	163.81	201.50	231.94	252.23	331.96
70	179.75	221.79	253.68	276.88	365.30
71	195.70	243.54	281.23	305.87	402.99
72	215.99	271.08	311.67	339.21	445.03
73	240.64	301.52	347.91	378.35	494.32
74	266.73	334.86	387.05	421.84	547.95
75	295.72	371.10	431.99	469.68	607.39
76	326.16	413.14	479.82	521.86	672.62
77	359.50	455.18	530.56	578.40	742.20
78	395.75	501.57	587.09	639.28	817.58
79	433.44	552.30	646.53	704.51	897.31
80	474.02				
81	516.06				
82	562.45				
83	610.29				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.88	76.83	88.43	97.12	127.57
45-49	68.13	85.53	98.57	107.27	142.06
50-54	84.08	104.37	121.77	131.92	181.20
55	95.67	121.77	139.16	152.21	210.19
56	100.02	127.57	147.86	160.91	220.34
57	107.27	136.26	156.56	171.05	233.39
58	114.52	144.96	166.71	182.65	247.88
59	123.22	155.11	179.75	194.25	262.38
60	131.92	165.26	191.35	205.85	279.78
61	139.16	176.85	204.40	221.79	298.62
62	150.76	189.90	218.89	237.74	318.92
63	160.91	201.50	231.94	252.23	340.66
64	171.05	214.54	247.88	269.63	363.85
65	181.20	229.04	263.83	287.02	387.05
66	194.25	243.54	281.23	307.32	414.59
67	208.74	262.38	302.97	330.51	446.48
68	223.24	282.68	327.61	358.06	482.72
69	240.64	302.97	355.16	387.05	520.41
70	259.48	329.06	384.15	418.94	561.00
71	281.23	356.61	416.04	455.18	608.84
72	305.87	387.05	453.73	495.77	661.02
73	331.96	423.29	495.77	542.16	721.91
74	363.85	462.43	542.16	592.89	785.69
75	397.19	504.47	591.44	647.98	858.17
76	431.99	552.30	646.53	707.41	935.00
77	469.68	601.59	704.51	772.65	1016.18
78	505.92	656.68	765.40	840.78	1103.16
79	547.95	713.21	832.08	914.71	1197.38
80	589.99				
81	632.03				
82	678.42				
83	726.26				
84	775.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	86.98	100.02	110.17	143.51
45-49	76.83	95.67	113.07	121.77	160.91
50-54	94.23	117.42	137.71	150.76	202.95
55	105.82	134.81	158.01	172.50	231.94
56	110.17	142.06	166.71	181.20	242.09
57	117.42	150.76	175.40	191.35	255.13
58	124.67	158.01	185.55	202.95	271.08
59	133.36	168.16	197.15	214.54	288.47
60	143.51	181.20	210.19	229.04	305.87
61	153.66	192.80	223.24	242.09	326.16
62	163.81	205.85	237.74	259.48	347.91
63	173.95	220.34	252.23	273.98	371.10
64	184.10	233.39	269.63	292.82	394.30
65	195.70	247.88	287.02	311.67	421.84
66	210.19	263.83	307.32	336.31	447.93
67	224.69	284.12	330.51	360.95	484.17
68	242.09	307.32	358.06	392.85	521.86
69	260.93	329.06	385.60	423.29	562.45
70	281.23	358.06	417.49	456.63	607.39
71	302.97	387.05	453.73	495.77	658.13
72	330.51	421.84	492.87	540.71	716.11
73	359.50	460.98	539.26	589.99	781.34
74	392.85	501.57	588.54	645.08	850.92
75	427.64	547.95	640.73	703.06	927.75
76	465.33	597.24	698.71	765.40	1007.48
77	503.02	647.98	761.05	833.53	1095.91
78	543.61	704.51	827.73	907.46	1188.69
79	585.64	763.95	897.31	984.29	1288.71
80	630.58				
81	675.52				
82	724.81				
83	774.09				
84	824.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	89.88	105.82	115.97	150.76
45-49	79.73	100.02	117.42	127.57	166.71
50-54	98.57	124.67	144.96	156.56	211.64
55	110.17	139.16	165.26	181.20	240.64
56	115.97	146.41	173.95	189.90	252.23
57	123.22	155.11	182.65	200.05	266.73
58	129.02	165.26	192.80	211.64	281.23
59	137.71	175.40	204.40	223.24	298.62
60	147.86	187.00	215.99	237.74	317.47
61	158.01	200.05	230.49	250.78	337.76
62	168.16	213.09	244.99	268.18	359.50
63	179.75	226.14	260.93	284.12	384.15
64	191.35	240.64	278.33	302.97	407.34
65	202.95	255.13	297.17	324.71	434.88
66	215.99	272.53	318.92	347.91	463.88
67	231.94	292.82	342.11	375.45	500.12
68	249.33	317.47	369.65	405.89	539.26
69	269.63	340.66	398.64	437.78	581.30
70	289.92	369.65	431.99	474.02	627.68
71	313.12	400.09	469.68	513.16	679.87
72	340.66	436.33	510.26	559.55	740.75
73	371.10	475.47	556.65	610.29	805.99
74	404.44	518.96	607.39	666.82	878.47
75	440.68	563.90	661.02	726.26	956.75
76	479.82	616.09	721.91	791.49	1040.82
77	518.96	668.27	784.24	861.07	1130.70
78	559.55	724.81	852.37	936.45	1226.38
79	601.59	785.69	924.86	1014.73	1327.85
80	647.98				
81	694.37				
82	743.65				
83	794.39				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46.39	56.54	66.68	71.03	95.67
45-49	50.74	63.78	73.93	79.73	105.82
50-54	66.68	81.18	94.23	104.37	136.26
55	76.83	94.23	108.72	118.87	162.36
56	79.73	98.57	114.52	124.67	172.50
57	85.53	105.82	123.22	133.36	184.10
58	92.78	114.52	133.36	143.51	197.15
59	98.57	123.22	143.51	155.11	213.09
60	107.27	134.81	155.11	168.16	229.04
61	117.42	144.96	168.16	182.65	247.88
62	126.12	156.56	182.65	197.15	266.73
63	134.81	168.16	195.70	211.64	287.02
64	144.96	181.20	210.19	226.14	307.32
65	153.66	192.80	223.24	242.09	329.06
66	165.26	208.74	240.64	260.93	355.16
67	179.75	224.69	260.93	282.68	385.60
68	194.25	244.99	284.12	308.77	418.94
69	211.64	268.18	310.22	337.76	456.63
70	230.49	291.37	339.21	369.65	500.12
71	252.23	320.37	371.10	405.89	545.06
72	276.88	350.81	408.79	446.48	598.69
73	302.97	387.05	450.83	492.87	658.13
74	334.86	424.74	495.77	542.16	721.91
75	366.75	466.78	545.06	597.24	791.49
76	402.99	511.71	598.69	656.68	868.32
77	437.78	561.00	656.68	719.01	948.05
78	475.47	611.74	717.56	788.59	1035.03
79	516.06	668.27	782.79	859.62	1124.90
80	559.55				
81	603.04				
82	649.43				
83	697.27				
84	748.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.19	66.68	76.83	81.18	108.72
45-49	59.43	73.93	84.08	92.78	121.77
50-54	73.93	92.78	107.27	117.42	153.66
55	85.53	105.82	123.22	133.36	181.20
56	89.88	113.07	129.02	142.06	191.35
57	95.67	118.87	137.71	150.76	204.40
58	102.92	127.57	147.86	162.36	218.89
59	108.72	136.26	158.01	173.95	233.39
60	117.42	147.86	172.50	187.00	250.78
61	127.57	158.01	185.55	202.95	269.63
62	136.26	171.05	200.05	218.89	288.47
63	146.41	182.65	214.54	233.39	310.22
64	156.56	195.70	229.04	249.33	331.96
65	166.71	210.19	243.54	266.73	355.16
66	181.20	226.14	262.38	287.02	384.15
67	195.70	243.54	284.12	308.77	416.04
68	213.09	266.73	310.22	337.76	453.73
69	230.49	289.92	337.76	368.20	494.32
70	249.33	316.02	368.20	400.09	539.26
71	271.08	346.46	402.99	440.68	589.99
72	297.17	378.35	443.58	484.17	646.53
73	326.16	417.49	487.07	533.46	708.86
74	358.06	458.08	534.91	587.09	779.89
75	394.30	503.02	589.99	646.53	853.82
76	431.99	550.85	647.98	711.76	936.45
77	471.13	603.04	708.86	776.99	1023.43
78	510.26	659.58	775.54	850.92	1117.65
79	553.75	719.01	846.58	929.20	1216.23
80	598.69				
81	646.53				
82	694.37				
83	743.65				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.54	69.58	79.73	86.98	115.97
45-49	63.78	76.83	88.43	97.12	127.57
50-54	76.83	95.67	113.07	123.22	160.91
55	88.43	110.17	129.02	139.16	189.90
56	94.23	117.42	136.26	147.86	200.05
57	98.57	124.67	144.96	156.56	213.09
58	105.82	133.36	155.11	168.16	226.14
59	114.52	143.51	165.26	181.20	242.09
60	123.22	153.66	179.75	195.70	259.48
61	131.92	165.26	192.80	211.64	278.33
62	142.06	176.85	205.85	226.14	298.62
63	152.21	189.90	221.79	242.09	320.37
64	162.36	202.95	237.74	259.48	342.11
65	173.95	215.99	252.23	276.88	366.75
66	187.00	233.39	272.53	297.17	395.75
67	202.95	252.23	295.72	320.37	429.09
68	220.34	273.98	320.37	349.36	466.78
69	237.74	298.62	349.36	379.80	510.26
70	258.03	326.16	379.80	414.59	556.65
71	279.78	356.61	416.04	455.18	608.84
72	305.87	389.95	456.63	500.12	666.82
73	336.31	429.09	503.02	550.85	732.06
74	368.20	472.57	552.30	605.94	804.54
75	405.89	518.96	608.84	666.82	881.37
76	443.58	568.25	668.27	733.51	965.44
77	484.17	621.89	732.06	803.09	1055.32
78	524.76	679.87	800.19	878.47	1151.00
79	569.70	742.20	872.67	959.65	1253.92
80	616.09				
81	663.92				
82	713.21				
83	763.95				
84	819.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	41.68	45.30	48.92	63.42
45-49	38.05	47.11	50.74	54.36	70.67
50-54	47.11	56.17	63.42	67.04	86.98
55	54.36	65.23	72.48	77.92	103.29
56	57.98	68.86	77.92	83.35	108.72
57	61.61	74.29	83.35	88.79	117.78
58	67.04	79.73	90.60	96.04	126.84
59	72.48	86.98	97.85	105.10	137.71
60	77.92	94.23	106.91	114.16	150.40
61	85.16	101.47	115.97	125.03	163.08
62	92.41	110.53	126.84	135.90	177.58
63	99.66	119.59	135.90	146.77	192.07
64	105.10	126.84	146.77	157.65	204.76
65	112.35	135.90	157.65	168.52	219.25
66	119.59	146.77	170.33	183.01	237.37
67	130.47	159.46	184.83	199.32	259.12
68	143.15	173.95	201.13	219.25	284.49
69	155.83	190.26	221.07	239.19	311.67
70	170.33	208.38	241.00	262.74	342.47
71	186.64	230.13	266.37	289.92	376.90
72	206.57	255.49	295.36	322.54	418.58
73	228.31	284.49	329.79	358.78	465.69
74	253.68	317.10	366.03	400.46	516.43
75	282.68	351.53	407.70	445.76	572.60
76	311.67	389.58	453.01	494.68	634.21
77	344.28	431.26	501.93	547.23	701.25
78	378.71	476.56	554.48	605.21	771.92
79	416.76	523.67	610.65	665.01	848.03
80	456.63				
81	498.31				
82	543.61				
83	590.72				
84	641.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	54.36	56.17	74.29
45-49	45.30	54.36	59.80	63.42	81.54
50-54	52.55	63.42	72.48	77.92	101.47
55	61.61	72.48	81.54	88.79	117.78
56	65.23	76.10	86.98	94.23	123.22
57	68.86	81.54	92.41	99.66	132.28
58	74.29	88.79	99.66	106.91	141.34
59	79.73	96.04	108.72	117.78	152.21
60	85.16	105.10	117.78	126.84	164.89
61	92.41	112.35	128.65	139.53	179.39
62	99.66	121.41	139.53	150.40	193.89
63	106.91	130.47	150.40	161.27	210.19
64	114.16	139.53	159.46	172.14	224.69
65	123.22	148.59	172.14	183.01	241.00
66	130.47	159.46	184.83	197.51	260.93
67	141.34	173.95	199.32	215.63	284.49
68	154.02	188.45	219.25	237.37	311.67
69	168.52	206.57	239.19	259.12	340.66
70	184.83	228.31	260.93	284.49	375.09
71	201.13	250.06	289.92	313.48	413.14
72	222.88	279.05	320.73	349.72	456.63
73	248.25	309.86	356.97	389.58	507.37
74	273.62	344.28	398.64	433.07	561.73
75	304.42	382.34	443.94	482.00	623.33
76	335.22	424.01	492.87	536.36	690.38
77	371.46	467.50	545.42	594.34	762.86
78	407.70	516.43	603.40	657.76	838.97
79	447.57	568.97	663.20	723.00	922.32
80	489.25				
81	534.55				
82	581.66				
83	630.58				
84	683.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	59.80	77.92
45-49	47.11	56.17	63.42	67.04	86.98
50-54	54.36	67.04	76.10	81.54	108.72
55	63.42	76.10	85.16	92.41	123.22
56	67.04	79.73	90.60	97.85	130.47
57	70.67	85.16	96.04	105.10	137.71
58	76.10	92.41	103.29	112.35	148.59
59	81.54	99.66	112.35	123.22	159.46
60	88.79	108.72	123.22	132.28	172.14
61	96.04	117.78	134.09	144.96	186.64
62	103.29	126.84	144.96	155.83	201.13
63	110.53	135.90	155.83	166.71	217.44
64	117.78	144.96	164.89	177.58	231.94
65	126.84	154.02	177.58	190.26	250.06
66	135.90	164.89	190.26	204.76	269.99
67	146.77	179.39	206.57	222.88	295.36
68	159.46	195.70	226.50	244.62	322.54
69	173.95	213.82	246.43	268.18	353.34
70	190.26	235.56	269.99	293.55	387.77
71	208.38	259.12	298.98	324.35	427.64
72	230.13	288.11	331.60	360.59	472.94
73	255.49	320.73	369.65	402.27	525.49
74	282.68	355.16	411.33	447.57	581.66
75	313.48	395.02	458.44	498.31	645.08
76	346.10	438.51	509.18	554.48	713.94
77	382.34	483.81	563.54	614.27	788.23
78	420.39	532.73	623.33	679.51	867.96
79	460.25	587.09	686.76	748.36	953.12
80	503.74				
81	549.04				
82	597.97				
83	648.70				
84	701.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	81.54	94.23	103.29	135.90
45-49	72.48	90.60	105.10	114.16	150.40
50-54	88.79	110.53	128.65	139.53	192.07
55	101.47	128.65	148.59	161.27	222.88
56	106.91	135.90	157.65	170.33	233.75
57	114.16	144.96	166.71	181.20	248.25
58	121.41	154.02	177.58	193.89	262.74
59	130.47	164.89	190.26	206.57	279.05
60	139.53	175.77	202.95	219.25	297.17
61	148.59	188.45	217.44	235.56	317.10
62	159.46	201.13	231.94	251.87	338.85
63	170.33	213.82	246.43	268.18	362.40
64	181.20	228.31	262.74	286.30	385.96
65	192.07	242.81	280.86	304.42	411.33
66	206.57	259.12	298.98	326.16	440.32
67	221.07	279.05	322.54	351.53	474.75
68	237.37	300.80	347.91	380.52	512.80
69	255.49	322.54	376.90	411.33	552.67
70	275.43	349.72	407.70	445.76	596.15
71	298.98	378.71	442.13	483.81	646.89
72	324.35	411.33	482.00	527.30	703.06
73	353.34	449.38	527.30	576.22	766.48
74	385.96	491.06	576.22	630.58	835.34
75	422.20	536.36	628.77	688.57	911.45
76	458.44	587.09	686.76	751.99	992.99
77	498.31	639.64	748.36	820.85	1079.96
78	538.17	697.63	813.60	893.33	1172.38
79	581.66	757.42	884.27	971.24	1272.04
80	626.96				
81	672.26				
82	721.18				
83	771.92				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	92.41	106.91	117.78	152.21
45-49	81.54	101.47	119.59	128.65	170.33
50-54	99.66	125.03	146.77	159.46	215.63
55	112.35	143.15	168.52	183.01	246.43
56	117.78	150.40	177.58	192.07	257.31
57	125.03	159.46	186.64	202.95	271.80
58	132.28	168.52	197.51	215.63	288.11
59	141.34	179.39	210.19	228.31	306.23
60	152.21	192.07	222.88	242.81	324.35
61	163.08	204.76	237.37	257.31	346.10
62	173.95	219.25	251.87	275.43	369.65
63	184.83	233.75	268.18	291.74	395.02
64	195.70	248.25	286.30	311.67	418.58
65	208.38	262.74	304.42	331.60	447.57
66	222.88	280.86	326.16	356.97	476.56
67	239.19	302.61	351.53	384.15	514.61
68	257.31	326.16	380.52	416.76	554.48
69	277.24	349.72	409.52	449.38	597.97
70	298.98	380.52	443.94	485.62	645.08
71	322.54	411.33	482.00	527.30	699.44
72	351.53	447.57	523.67	574.41	761.05
73	382.34	489.25	572.60	626.96	829.91
74	416.76	532.73	625.15	684.94	904.20
75	454.82	581.66	681.32	746.55	985.74
76	494.68	634.21	742.93	813.60	1070.90
77	534.55	688.57	808.16	886.08	1165.13
78	578.03	748.36	878.83	963.99	1262.98
79	621.52	811.78	953.12	1045.54	1369.89
80	670.45				
81	717.56				
82	770.11				
83	822.66				
84	877.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	112.35	123.22	159.46
45-49	85.16	106.91	125.03	135.90	177.58
50-54	105.10	132.28	154.02	166.71	224.69
55	117.78	148.59	175.77	192.07	255.49
56	123.22	155.83	184.83	201.13	268.18
57	130.47	164.89	193.89	212.01	282.68
58	137.71	175.77	204.76	224.69	298.98
59	146.77	186.64	217.44	237.37	317.10
60	157.65	199.32	230.13	251.87	337.04
61	168.52	212.01	244.62	266.37	358.78
62	179.39	226.50	260.93	284.49	382.34
63	190.26	241.00	277.24	302.61	407.70
64	202.95	255.49	295.36	322.54	433.07
65	215.63	271.80	315.29	344.28	462.07
66	230.13	289.92	338.85	369.65	492.87
67	246.43	311.67	364.22	398.64	530.92
68	264.55	337.04	393.21	431.26	572.60
69	286.30	362.40	424.01	465.69	617.90
70	308.04	393.21	458.44	503.74	666.82
71	333.41	425.82	498.31	545.42	723.00
72	362.40	463.88	541.79	594.34	786.42
73	395.02	505.55	590.72	648.70	857.09
74	429.45	550.85	645.08	708.50	933.19
75	467.50	599.78	703.06	771.92	1016.54
76	509.18	654.14	766.48	840.78	1105.33
77	550.85	710.31	833.53	915.07	1201.37
78	594.34	770.11	906.01	994.80	1302.84
79	639.64	835.34	982.11	1078.15	1411.56
80	688.57				
81	737.49				
82	790.04				
83	844.40				
84	900.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	70.67	76.10	101.47
45-49	54.36	67.04	77.92	85.16	112.35
50-54	70.67	86.98	99.66	110.53	144.96
55	81.54	99.66	115.97	126.84	172.14
56	85.16	105.10	121.41	132.28	183.01
57	90.60	112.35	130.47	141.34	195.70
58	97.85	121.41	141.34	152.21	210.19
59	105.10	130.47	152.21	164.89	226.50
60	114.16	143.15	164.89	179.39	242.81
61	125.03	154.02	179.39	193.89	262.74
62	134.09	166.71	193.89	210.19	282.68
63	143.15	179.39	208.38	224.69	304.42
64	154.02	192.07	222.88	241.00	326.16
65	163.08	204.76	237.37	257.31	349.72
66	175.77	221.07	255.49	277.24	376.90
67	190.26	239.19	277.24	300.80	409.52
68	206.57	260.93	302.61	327.98	445.76
69	224.69	284.49	329.79	358.78	485.62
70	244.62	309.86	360.59	393.21	530.92
71	268.18	340.66	395.02	431.26	579.85
72	293.55	373.28	434.88	474.75	636.02
73	322.54	411.33	478.37	523.67	699.44
74	355.16	451.19	527.30	576.22	766.48
75	389.58	496.49	579.85	634.21	840.78
76	427.64	543.61	636.02	697.63	922.32
77	465.69	596.15	697.63	764.67	1007.48
78	505.55	650.52	762.86	837.15	1099.90
79	549.04	710.31	831.72	913.26	1195.93
80	594.34				
81	641.46				
82	690.38				
83	741.12				
84	795.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	70.67	81.54	86.98	115.97
45-49	63.42	77.92	88.79	97.85	128.65
50-54	77.92	97.85	114.16	125.03	163.08
55	90.60	112.35	130.47	141.34	192.07
56	96.04	119.59	137.71	150.40	202.95
57	101.47	126.84	146.77	159.46	217.44
58	108.72	135.90	157.65	172.14	231.94
59	115.97	144.96	168.52	184.83	248.25
60	125.03	157.65	183.01	199.32	266.37
61	135.90	168.52	197.51	215.63	286.30
62	144.96	181.20	212.01	231.94	306.23
63	155.83	193.89	228.31	248.25	329.79
64	166.71	208.38	242.81	264.55	353.34
65	177.58	222.88	259.12	282.68	376.90
66	192.07	241.00	279.05	304.42	407.70
67	208.38	259.12	302.61	327.98	442.13
68	226.50	282.68	329.79	358.78	482.00
69	244.62	308.04	358.78	391.40	525.49
70	264.55	335.22	391.40	425.82	572.60
71	288.11	367.84	427.64	467.50	626.96
72	315.29	402.27	471.13	514.61	686.76
73	346.10	443.94	518.24	567.16	753.80
74	380.52	487.43	568.97	623.33	828.09
75	418.58	534.55	626.96	686.76	907.82
76	458.44	585.28	688.57	755.61	994.80
77	500.12	641.46	753.80	826.28	1087.21
78	541.79	701.25	824.47	904.20	1186.87
79	588.91	764.67	898.76	987.55	1291.97
80	636.02				
81	686.76				
82	737.49				
83	790.04				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.80	74.29	85.16	92.41	123.22
45-49	67.04	81.54	94.23	103.29	135.90
50-54	81.54	101.47	119.59	130.47	170.33
55	94.23	117.78	137.71	148.59	201.13
56	99.66	125.03	144.96	157.65	212.01
57	105.10	132.28	154.02	166.71	226.50
58	112.35	141.34	164.89	179.39	241.00
59	121.41	152.21	175.77	192.07	257.31
60	130.47	163.08	190.26	208.38	275.43
61	139.53	175.77	204.76	224.69	295.36
62	150.40	188.45	219.25	241.00	317.10
63	161.27	201.13	235.56	257.31	340.66
64	172.14	215.63	251.87	275.43	364.22
65	184.83	230.13	268.18	293.55	389.58
66	199.32	248.25	289.92	315.29	420.39
67	215.63	268.18	313.48	340.66	456.63
68	233.75	291.74	340.66	371.46	496.49
69	251.87	317.10	371.46	404.08	541.79
70	273.62	346.10	404.08	440.32	590.72
71	297.17	378.71	442.13	483.81	646.89
72	324.35	414.95	485.62	530.92	708.50
73	356.97	456.63	534.55	585.28	777.36
74	391.40	501.93	587.09	643.27	855.27
75	431.26	550.85	646.89	708.50	936.81
76	471.13	603.40	710.31	779.17	1025.60
77	514.61	661.39	777.36	853.46	1121.64
78	558.10	723.00	849.84	933.19	1223.11
79	605.21	788.23	927.75	1020.17	1331.83
80	654.14				
81	704.88				
82	757.42				
83	811.78				
84	869.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	52.55	57.98	74.29
45-49	45.30	56.17	59.80	63.42	83.35
50-54	56.17	65.23	74.29	79.73	101.47
55	63.42	76.10	85.16	92.41	121.41
56	68.86	81.54	92.41	97.85	128.65
57	72.48	86.98	97.85	105.10	137.71
58	79.73	94.23	106.91	112.35	148.59
59	85.16	101.47	115.97	123.22	161.27
60	92.41	110.53	125.03	134.09	177.58
61	99.66	119.59	135.90	146.77	192.07
62	108.72	130.47	148.59	159.46	208.38
63	117.78	141.34	159.46	172.14	226.50
64	123.22	148.59	172.14	184.83	241.00
65	132.28	159.46	184.83	197.51	257.31
66	141.34	172.14	201.13	215.63	279.05
67	154.02	188.45	217.44	233.75	304.42
68	168.52	204.76	237.37	257.31	335.22
69	183.01	224.69	260.93	280.86	366.03
70	201.13	244.62	282.68	309.86	402.27
71	219.25	269.99	313.48	340.66	443.94
72	242.81	300.80	347.91	378.71	492.87
73	268.18	335.22	387.77	422.20	547.23
74	298.98	373.28	431.26	471.13	607.03
75	333.41	413.14	480.19	523.67	674.07
76	366.03	458.44	532.73	581.66	746.55
77	405.89	507.37	590.72	643.27	824.47
78	445.76	559.91	652.33	712.12	907.82
79	491.06	616.09	717.56	782.79	998.42
80	536.36				
81	587.09				
82	639.64				
83	695.82				
84	753.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	63.42	65.23	86.98
45-49	52.55	63.42	70.67	74.29	96.04
50-54	61.61	74.29	85.16	92.41	119.59
55	72.48	85.16	96.04	105.10	137.71
56	76.10	88.79	101.47	110.53	144.96
57	81.54	96.04	108.72	117.78	155.83
58	86.98	105.10	117.78	125.03	166.71
59	94.23	112.35	128.65	137.71	179.39
60	99.66	123.22	137.71	148.59	193.89
61	108.72	132.28	152.21	164.89	210.19
62	117.78	143.15	164.89	177.58	228.31
63	125.03	154.02	177.58	190.26	246.43
64	134.09	164.89	188.45	202.95	264.55
65	144.96	173.95	202.95	215.63	282.68
66	154.02	188.45	217.44	231.94	306.23
67	166.71	204.76	233.75	253.68	335.22
68	181.20	221.07	257.31	279.05	366.03
69	197.51	242.81	280.86	304.42	400.46
70	217.44	268.18	306.23	335.22	442.13
71	237.37	293.55	340.66	369.65	485.62
72	262.74	327.98	376.90	411.33	536.36
73	291.74	364.22	420.39	458.44	596.15
74	322.54	405.89	469.31	509.18	661.39
75	358.78	449.38	521.86	567.16	733.87
76	395.02	498.31	579.85	630.58	811.78
77	436.70	550.85	641.46	699.44	896.95
78	480.19	607.03	710.31	773.73	987.55
79	527.30	668.64	780.98	849.84	1085.40
80	576.22				
81	628.77				
82	684.94				
83	741.12				
84	804.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	70.67	92.41
45-49	56.17	65.23	74.29	79.73	101.47
50-54	63.42	79.73	88.79	96.04	128.65
55	74.29	88.79	99.66	108.72	144.96
56	79.73	94.23	106.91	115.97	154.02
57	83.35	99.66	112.35	123.22	161.27
58	88.79	108.72	121.41	132.28	173.95
59	96.04	117.78	132.28	144.96	188.45
60	105.10	128.65	144.96	155.83	202.95
61	112.35	137.71	157.65	170.33	219.25
62	121.41	148.59	170.33	183.01	237.37
63	130.47	159.46	183.01	195.70	255.49
64	137.71	170.33	193.89	208.38	273.62
65	148.59	181.20	208.38	224.69	293.55
66	159.46	193.89	224.69	241.00	317.10
67	172.14	210.19	242.81	262.74	347.91
68	188.45	230.13	266.37	288.11	378.71
69	204.76	251.87	289.92	315.29	414.95
70	224.69	277.24	317.10	346.10	456.63
71	244.62	304.42	351.53	382.34	503.74
72	269.99	338.85	389.58	424.01	556.29
73	300.80	376.90	434.88	472.94	617.90
74	333.41	418.58	483.81	527.30	684.94
75	369.65	463.88	539.98	587.09	759.24
76	407.70	516.43	599.78	652.33	840.78
77	449.38	568.97	663.20	723.00	927.75
78	494.68	626.96	733.87	799.10	1021.98
79	541.79	690.38	808.16	880.64	1121.64
80	592.53				
81	645.08				
82	703.06				
83	762.86				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.10	96.04	110.53	121.41	159.46
45-49	85.16	106.91	123.22	134.09	177.58
50-54	105.10	130.47	152.21	164.89	226.50
55	119.59	152.21	173.95	190.26	262.74
56	125.03	159.46	184.83	201.13	275.43
57	134.09	170.33	195.70	213.82	291.74
58	143.15	181.20	208.38	228.31	309.86
59	154.02	193.89	224.69	242.81	327.98
60	164.89	206.57	239.19	257.31	349.72
61	173.95	221.07	255.49	277.24	373.28
62	188.45	237.37	273.62	297.17	398.64
63	201.13	251.87	289.92	315.29	425.82
64	213.82	268.18	309.86	337.04	454.82
65	226.50	286.30	329.79	358.78	483.81
66	242.81	304.42	351.53	384.15	518.24
67	260.93	327.98	378.71	413.14	558.10
68	279.05	353.34	409.52	447.57	603.40
69	300.80	378.71	443.94	483.81	650.52
70	324.35	411.33	480.19	523.67	701.25
71	351.53	445.76	520.05	568.97	761.05
72	382.34	483.81	567.16	619.71	826.28
73	414.95	529.11	619.71	677.70	902.39
74	454.82	578.03	677.70	741.12	982.11
75	496.49	630.58	739.30	809.97	1072.72
76	539.98	690.38	808.16	884.27	1168.75
77	587.09	751.99	880.64	965.81	1270.23
78	632.39	820.85	956.75	1050.97	1378.95
79	684.94	891.51	1040.10	1143.38	1496.73
80	737.49				
81	790.04				
82	848.03				
83	907.82				
84	969.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	108.72	125.03	137.71	179.39
45-49	96.04	119.59	141.34	152.21	201.13
50-54	117.78	146.77	172.14	188.45	253.68
55	132.28	168.52	197.51	215.63	289.92
56	137.71	177.58	208.38	226.50	302.61
57	146.77	188.45	219.25	239.19	318.92
58	155.83	197.51	231.94	253.68	338.85
59	166.71	210.19	246.43	268.18	360.59
60	179.39	226.50	262.74	286.30	382.34
61	192.07	241.00	279.05	302.61	407.70
62	204.76	257.31	297.17	324.35	434.88
63	217.44	275.43	315.29	342.47	463.88
64	230.13	291.74	337.04	366.03	492.87
65	244.62	309.86	358.78	389.58	527.30
66	262.74	329.79	384.15	420.39	559.91
67	280.86	355.16	413.14	451.19	605.21
68	302.61	384.15	447.57	491.06	652.33
69	326.16	411.33	482.00	529.11	703.06
70	351.53	447.57	521.86	570.79	759.24
71	378.71	483.81	567.16	619.71	822.66
72	413.14	527.30	616.09	675.88	895.14
73	449.38	576.22	674.07	737.49	976.68
74	491.06	626.96	735.68	806.35	1063.66
75	534.55	684.94	800.91	878.83	1159.69
76	581.66	746.55	873.39	956.75	1259.35
77	628.77	809.97	951.31	1041.91	1369.89
78	679.51	880.64	1034.66	1134.32	1485.86
79	732.06	954.93	1121.64	1230.36	1610.89
80	788.23				
81	844.40				
82	906.01				
83	967.62				
84	1031.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	112.35	132.28	144.96	188.45
45-49	99.66	125.03	146.77	159.46	208.38
50-54	123.22	155.83	181.20	195.70	264.55
55	137.71	173.95	206.57	226.50	300.80
56	144.96	183.01	217.44	237.37	315.29
57	154.02	193.89	228.31	250.06	333.41
58	161.27	206.57	241.00	264.55	351.53
59	172.14	219.25	255.49	279.05	373.28
60	184.83	233.75	269.99	297.17	396.83
61	197.51	250.06	288.11	313.48	422.20
62	210.19	266.37	306.23	335.22	449.38
63	224.69	282.68	326.16	355.16	480.19
64	239.19	300.80	347.91	378.71	509.18
65	253.68	318.92	371.46	405.89	543.61
66	269.99	340.66	398.64	434.88	579.85
67	289.92	366.03	427.64	469.31	625.15
68	311.67	396.83	462.07	507.37	674.07
69	337.04	425.82	498.31	547.23	726.62
70	362.40	462.07	539.98	592.53	784.60
71	391.40	500.12	587.09	641.46	849.84
72	425.82	545.42	637.83	699.44	925.94
73	463.88	594.34	695.82	762.86	1007.48
74	505.55	648.70	759.24	833.53	1098.08
75	550.85	704.88	826.28	907.82	1195.93
76	599.78	770.11	902.39	989.36	1301.03
77	648.70	835.34	980.30	1076.34	1413.38
78	699.44	906.01	1065.47	1170.56	1532.97
79	751.99	982.11	1156.07	1268.41	1659.81
80	809.97				
81	867.96				
82	929.57				
83	992.99				
84	1060.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	70.67	83.35	88.79	119.59
45-49	63.42	79.73	92.41	99.66	132.28
50-54	83.35	101.47	117.78	130.47	170.33
55	96.04	117.78	135.90	148.59	202.95
56	99.66	123.22	143.15	155.83	215.63
57	106.91	132.28	154.02	166.71	230.13
58	115.97	143.15	166.71	179.39	246.43
59	123.22	154.02	179.39	193.89	266.37
60	134.09	168.52	193.89	210.19	286.30
61	146.77	181.20	210.19	228.31	309.86
62	157.65	195.70	228.31	246.43	333.41
63	168.52	210.19	244.62	264.55	358.78
64	181.20	226.50	262.74	282.68	384.15
65	192.07	241.00	279.05	302.61	411.33
66	206.57	260.93	300.80	326.16	443.94
67	224.69	280.86	326.16	353.34	482.00
68	242.81	306.23	355.16	385.96	523.67
69	264.55	335.22	387.77	422.20	570.79
70	288.11	364.22	424.01	462.07	625.15
71	315.29	400.46	463.88	507.37	681.32
72	346.10	438.51	510.99	558.10	748.36
73	378.71	483.81	563.54	616.09	822.66
74	418.58	530.92	619.71	677.70	902.39
75	458.44	583.47	681.32	746.55	989.36
76	503.74	639.64	748.36	820.85	1085.40
77	547.23	701.25	820.85	898.76	1185.06
78	594.34	764.67	896.95	985.74	1293.78
79	645.08	835.34	978.49	1074.53	1406.13
80	699.44				
81	753.80				
82	811.78				
83	871.58				
84	935.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	83.35	96.04	101.47	135.90
45-49	74.29	92.41	105.10	115.97	152.21
50-54	92.41	115.97	134.09	146.77	192.07
55	106.91	132.28	154.02	166.71	226.50
56	112.35	141.34	161.27	177.58	239.19
57	119.59	148.59	172.14	188.45	255.49
58	128.65	159.46	184.83	202.95	273.62
59	135.90	170.33	197.51	217.44	291.74
60	146.77	184.83	215.63	233.75	313.48
61	159.46	197.51	231.94	253.68	337.04
62	170.33	213.82	250.06	273.62	360.59
63	183.01	228.31	268.18	291.74	387.77
64	195.70	244.62	286.30	311.67	414.95
65	208.38	262.74	304.42	333.41	443.94
66	226.50	282.68	327.98	358.78	480.19
67	244.62	304.42	355.16	385.96	520.05
68	266.37	333.41	387.77	422.20	567.16
69	288.11	362.40	422.20	460.25	617.90
70	311.67	395.02	460.25	500.12	674.07
71	338.85	433.07	503.74	550.85	737.49
72	371.46	472.94	554.48	605.21	808.16
73	407.70	521.86	608.84	666.82	886.08
74	447.57	572.60	668.64	733.87	974.87
75	492.87	628.77	737.49	808.16	1067.28
76	539.98	688.57	809.97	889.70	1170.56
77	588.91	753.80	886.08	971.24	1279.29
78	637.83	824.47	969.43	1063.66	1397.07
79	692.19	898.76	1058.22	1161.50	1520.28
80	748.36				
81	808.16				
82	867.96				
83	929.57				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.67	86.98	99.66	108.72	144.96
45-49	79.73	96.04	110.53	121.41	159.46
50-54	96.04	119.59	141.34	154.02	201.13
55	110.53	137.71	161.27	173.95	237.37
56	117.78	146.77	170.33	184.83	250.06
57	123.22	155.83	181.20	195.70	266.37
58	132.28	166.71	193.89	210.19	282.68
59	143.15	179.39	206.57	226.50	302.61
60	154.02	192.07	224.69	244.62	324.35
61	164.89	206.57	241.00	264.55	347.91
62	177.58	221.07	257.31	282.68	373.28
63	190.26	237.37	277.24	302.61	400.46
64	202.95	253.68	297.17	324.35	427.64
65	217.44	269.99	315.29	346.10	458.44
66	233.75	291.74	340.66	371.46	494.68
67	253.68	315.29	369.65	400.46	536.36
68	275.43	342.47	400.46	436.70	583.47
69	297.17	373.28	436.70	474.75	637.83
70	322.54	407.70	474.75	518.24	695.82
71	349.72	445.76	520.05	568.97	761.05
72	382.34	487.43	570.79	625.15	833.53
73	420.39	536.36	628.77	688.57	915.07
74	460.25	590.72	690.38	757.42	1005.67
75	507.37	648.70	761.05	833.53	1101.71
76	554.48	710.31	835.34	916.88	1206.81
77	605.21	777.36	915.07	1003.86	1319.15
78	655.95	849.84	1000.24	1098.08	1438.74
79	712.12	927.75	1090.84	1199.56	1567.40
80	770.11				
81	829.91				
82	891.51				
83	954.93				
84	1023.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.44	34.79	40.59	43.49	55.09
45-49	33.34	39.14	44.94	47.84	60.88
50-54	40.59	47.84	55.09	59.43	75.38
55	46.39	55.09	63.78	68.13	89.88
56	49.29	59.43	68.13	72.48	95.67
57	53.64	63.78	72.48	78.28	102.92
58	57.98	69.58	78.28	85.53	111.62
59	63.78	75.38	85.53	92.78	121.77
60	69.58	82.63	94.23	102.92	131.92
61	75.38	91.33	102.92	111.62	143.51
62	81.18	98.57	111.62	121.77	156.56
63	86.98	105.82	120.32	130.47	168.16
64	92.78	113.07	129.02	139.16	181.20
65	98.57	121.77	137.71	149.31	194.25
66	107.27	130.47	149.31	160.91	210.19
67	115.97	142.06	162.36	175.40	229.04
68	126.12	155.11	178.30	192.80	252.23
69	137.71	169.61	195.70	211.64	276.88
70	150.76	185.55	214.54	233.39	304.42
71	166.71	205.85	237.74	259.48	336.31
72	185.55	229.04	265.28	289.92	375.45
73	207.30	256.58	297.17	324.71	420.39
74	230.49	287.02	333.41	363.85	469.68
75	258.03	321.81	374.00	407.34	523.31
76	287.02	359.50	417.49	455.18	582.75
77	318.92	400.09	465.33	505.92	647.98
78	353.71	445.03	517.51	561.00	717.56
79	391.40	491.42	572.60	620.44	792.94
80	430.54				
81	474.02				
82	518.96				
83	566.80				
84	617.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	43.49	49.29	52.19	66.68
45-49	39.14	47.84	53.64	57.98	73.93
50-54	46.39	56.54	65.23	71.03	92.78
55	55.09	65.23	73.93	79.73	105.82
56	57.98	69.58	78.28	84.08	111.62
57	62.33	73.93	84.08	89.88	118.87
58	66.68	79.73	89.88	97.12	127.57
59	72.48	86.98	98.57	105.82	137.71
60	78.28	94.23	107.27	115.97	150.76
61	84.08	102.92	117.42	126.12	162.36
62	91.33	110.17	127.57	137.71	176.85
63	98.57	118.87	136.26	146.41	189.90
64	104.37	127.57	144.96	158.01	204.40
65	111.62	137.71	155.11	168.16	220.34
66	120.32	146.41	168.16	182.65	237.74
67	130.47	160.91	182.65	198.60	259.48
68	142.06	175.40	200.05	218.89	284.12
69	155.11	191.35	220.34	239.19	313.12
70	169.61	210.19	242.09	262.38	343.56
71	185.55	231.94	268.18	291.37	381.25
72	207.30	258.03	298.62	326.16	424.74
73	230.49	288.47	334.86	363.85	474.02
74	256.58	323.26	375.45	408.79	529.11
75	287.02	360.95	420.39	456.63	589.99
76	318.92	401.54	469.68	511.71	658.13
77	355.16	447.93	521.86	568.25	730.61
78	392.85	497.22	579.85	630.58	807.44
79	433.44	550.85	642.18	698.71	892.96
80	476.92				
81	523.31				
82	571.15				
83	623.33				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	52.19	56.54	72.48
45-49	42.04	50.74	57.98	62.33	79.73
50-54	49.29	60.88	69.58	75.38	100.02
55	57.98	69.58	78.28	85.53	111.62
56	60.88	73.93	82.63	89.88	117.42
57	65.23	78.28	88.43	95.67	124.67
58	69.58	84.08	95.67	102.92	134.81
59	75.38	91.33	104.37	111.62	144.96
60	82.63	98.57	113.07	121.77	158.01
61	88.43	107.27	123.22	131.92	171.05
62	95.67	115.97	133.36	143.51	185.55
63	102.92	124.67	143.51	153.66	200.05
64	108.72	133.36	152.21	165.26	214.54
65	117.42	143.51	162.36	176.85	230.49
66	126.12	153.66	175.40	191.35	249.33
67	136.26	168.16	191.35	208.74	272.53
68	147.86	184.10	210.19	229.04	298.62
69	162.36	200.05	230.49	250.78	327.61
70	176.85	220.34	253.68	275.43	360.95
71	194.25	242.09	281.23	305.87	400.09
72	215.99	269.63	313.12	340.66	445.03
73	240.64	301.52	350.81	381.25	497.22
74	268.18	337.76	392.85	427.64	555.20
75	300.07	376.90	439.23	478.37	618.99
76	333.41	420.39	491.42	534.91	690.02
77	369.65	468.23	546.51	595.79	765.40
78	408.79	518.96	605.94	661.02	846.58
79	450.83	575.50	671.17	732.06	935.00
80	495.77				
81	543.61				
82	594.34				
83	647.98				
84	704.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.98	71.03	81.18	86.98	118.87
45-49	63.78	78.28	89.88	97.12	131.92
50-54	78.28	97.12	111.62	123.22	168.16
55	91.33	113.07	130.47	142.06	194.25
56	95.67	118.87	137.71	150.76	205.85
57	101.47	126.12	146.41	159.46	217.44
58	108.72	134.81	156.56	169.61	230.49
59	114.52	143.51	166.71	181.20	244.99
60	123.22	153.66	176.85	192.80	260.93
61	131.92	163.81	189.90	205.85	278.33
62	140.61	175.40	202.95	220.34	297.17
63	149.31	187.00	217.44	234.84	317.47
64	159.46	198.60	230.49	250.78	337.76
65	169.61	211.64	246.43	268.18	360.95
66	181.20	227.59	263.83	287.02	388.50
67	195.70	244.99	285.57	310.22	418.94
68	211.64	265.28	308.77	336.31	453.73
69	227.59	287.02	333.41	363.85	489.97
70	246.43	311.67	362.40	395.75	532.01
71	266.73	339.21	394.30	430.54	578.40
72	291.37	371.10	431.99	472.57	632.03
73	320.37	407.34	475.47	520.41	692.92
74	352.26	447.93	523.31	572.60	759.60
75	387.05	491.42	575.50	629.13	833.53
76	423.29	539.26	632.03	692.92	913.26
77	462.43	591.44	694.37	759.60	998.79
78	503.02	646.53	761.05	832.08	1090.11
79	546.51	705.96	832.08	908.91	1188.69
80	591.44				
81	637.83				
82	687.12				
83	737.85				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.68	82.63	95.67	104.37	137.71
45-49	73.93	92.78	105.82	115.97	153.66
50-54	91.33	114.52	131.92	143.51	194.25
55	102.92	130.47	150.76	163.81	223.24
56	107.27	137.71	159.46	172.50	234.84
57	113.07	144.96	168.16	182.65	246.43
58	120.32	153.66	178.30	194.25	260.93
59	129.02	162.36	188.45	207.30	276.88
60	139.16	172.50	201.50	218.89	292.82
61	147.86	184.10	214.54	233.39	313.12
62	158.01	197.15	229.04	249.33	333.41
63	168.16	208.74	244.99	266.73	356.61
64	178.30	223.24	259.48	284.12	379.80
65	189.90	237.74	278.33	302.97	405.89
66	202.95	255.13	297.17	324.71	434.88
67	217.44	275.43	321.81	350.81	469.68
68	234.84	297.17	347.91	379.80	508.82
69	253.68	323.26	375.45	411.69	549.40
70	275.43	350.81	408.79	447.93	595.79
71	298.62	381.25	445.03	487.07	647.98
72	326.16	417.49	487.07	533.46	708.86
73	358.06	456.63	534.91	587.09	775.54
74	392.85	501.57	587.09	643.63	849.47
75	430.54	550.85	645.08	705.96	932.10
76	471.13	601.59	707.41	775.54	1020.53
77	513.16	659.58	774.09	849.47	1114.75
78	558.10	719.01	848.03	927.75	1216.23
79	604.49	785.69	923.41	1011.83	1323.50
80	653.78				
81	704.51				
82	756.70				
83	813.23				
84	871.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.03	88.43	101.47	111.62	146.41
45-49	78.28	98.57	113.07	124.67	162.36
50-54	97.12	121.77	140.61	152.21	205.85
55	108.72	137.71	159.46	173.95	234.84
56	113.07	144.96	168.16	182.65	246.43
57	118.87	152.21	176.85	192.80	259.48
58	126.12	160.91	187.00	204.40	273.98
59	134.81	171.05	198.60	217.44	289.92
60	144.96	181.20	211.64	230.49	307.32
61	155.11	192.80	224.69	244.99	327.61
62	165.26	205.85	240.64	262.38	349.36
63	175.40	218.89	256.58	279.78	372.55
64	187.00	233.39	272.53	298.62	397.19
65	198.60	249.33	291.37	317.47	424.74
66	211.64	266.73	311.67	340.66	455.18
67	227.59	288.47	336.31	368.20	491.42
68	244.99	311.67	363.85	398.64	532.01
69	265.28	337.76	394.30	431.99	575.50
70	287.02	366.75	427.64	469.68	623.33
71	311.67	398.64	466.78	511.71	678.42
72	340.66	436.33	510.26	559.55	740.75
73	374.00	478.37	559.55	614.64	811.78
74	410.24	524.76	614.64	674.07	888.61
75	449.38	575.50	674.07	739.30	974.14
76	491.42	629.13	739.30	810.34	1065.47
77	534.91	688.57	808.89	887.16	1164.04
78	581.30	750.90	884.27	968.34	1269.86
79	629.13	819.03	962.55	1056.77	1381.48
80	679.87				
81	732.06				
82	787.14				
83	845.13				
84	904.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	52.19	60.88	66.68	88.43
45-49	46.39	57.98	68.13	73.93	98.57
50-54	62.33	76.83	86.98	94.23	126.12
55	71.03	88.43	100.02	110.17	149.31
56	75.38	92.78	105.82	115.97	159.46
57	79.73	98.57	113.07	124.67	171.05
58	85.53	105.82	121.77	134.81	184.10
59	92.78	114.52	131.92	144.96	198.60
60	100.02	124.67	143.51	156.56	214.54
61	108.72	134.81	156.56	169.61	230.49
62	117.42	146.41	169.61	184.10	249.33
63	126.12	156.56	182.65	198.60	268.18
64	134.81	168.16	195.70	211.64	287.02
65	144.96	179.75	208.74	227.59	308.77
66	156.56	192.80	224.69	244.99	333.41
67	169.61	210.19	244.99	266.73	362.40
68	184.10	229.04	268.18	291.37	395.75
69	200.05	250.78	292.82	318.92	431.99
70	217.44	273.98	320.37	349.36	472.57
71	237.74	301.52	352.26	385.60	517.51
72	262.38	333.41	389.95	426.19	571.15
73	289.92	369.65	431.99	472.57	630.58
74	321.81	408.79	479.82	524.76	697.27
75	355.16	453.73	530.56	581.30	769.75
76	391.40	501.57	585.64	642.18	848.03
77	430.54	552.30	646.53	708.86	932.10
78	471.13	607.39	711.76	779.89	1021.98
79	514.61	666.82	779.89	856.72	1119.10
80	559.55				
81	607.39				
82	656.68				
83	708.86				
84	763.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.74	63.78	72.48	79.73	104.37
45-49	56.54	69.58	81.18	88.43	115.97
50-54	71.03	88.43	102.92	111.62	146.41
55	82.63	102.92	117.42	129.02	173.95
56	86.98	108.72	124.67	134.81	185.55
57	91.33	114.52	131.92	143.51	197.15
58	98.57	123.22	142.06	155.11	211.64
59	105.82	133.36	153.66	166.71	226.14
60	114.52	143.51	165.26	179.75	242.09
61	123.22	153.66	178.30	194.25	259.48
62	133.36	166.71	192.80	210.19	279.78
63	142.06	178.30	207.30	224.69	300.07
64	152.21	189.90	221.79	240.64	321.81
65	163.81	204.40	236.29	256.58	345.01
66	175.40	218.89	253.68	276.88	372.55
67	189.90	237.74	276.88	300.07	404.44
68	205.85	258.03	301.52	327.61	442.13
69	223.24	282.68	329.06	358.06	482.72
70	243.54	308.77	360.95	392.85	529.11
71	266.73	339.21	395.75	431.99	579.85
72	292.82	374.00	437.78	478.37	639.28
73	323.26	413.14	484.17	529.11	705.96
74	358.06	458.08	536.36	587.09	779.89
75	395.75	505.92	592.89	649.43	859.62
76	436.33	558.10	653.78	717.56	948.05
77	478.37	614.64	720.46	791.49	1040.82
78	523.31	674.07	791.49	869.77	1140.85
79	569.70	739.30	868.32	953.85	1248.12
80	618.99				
81	669.72				
82	724.81				
83	781.34				
84	840.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.09	68.13	78.28	85.53	111.62
45-49	60.88	75.38	86.98	94.23	123.22
50-54	75.38	94.23	108.72	118.87	155.11
55	86.98	108.72	124.67	136.26	184.10
56	91.33	114.52	131.92	143.51	195.70
57	97.12	121.77	140.61	152.21	208.74
58	104.37	130.47	150.76	163.81	223.24
59	111.62	140.61	162.36	175.40	237.74
60	120.32	150.76	175.40	189.90	253.68
61	129.02	162.36	188.45	204.40	272.53
62	139.16	175.40	202.95	220.34	292.82
63	149.31	188.45	217.44	236.29	314.57
64	159.46	200.05	231.94	252.23	336.31
65	171.05	214.54	247.88	269.63	360.95
66	182.65	230.49	266.73	289.92	388.50
67	198.60	249.33	289.92	314.57	423.29
68	215.99	271.08	316.02	343.56	462.43
69	233.39	295.72	345.01	375.45	504.47
70	255.13	323.26	378.35	411.69	552.30
71	278.33	355.16	414.59	452.28	605.94
72	305.87	391.40	458.08	500.12	668.27
73	337.76	431.99	507.37	553.75	737.85
74	374.00	478.37	561.00	613.19	814.68
75	413.14	527.66	618.99	678.42	898.76
76	455.18	582.75	682.77	749.45	990.09
77	498.67	640.73	752.35	826.28	1087.21
78	545.06	703.06	826.28	908.91	1191.58
79	592.89	771.20	906.01	995.89	1303.20
80	643.63				
81	697.27				
82	753.80				
83	811.78				
84	872.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	40.59	47.84	50.74	65.23
45-49	39.14	46.39	52.19	56.54	71.03
50-54	47.84	56.54	65.23	69.58	88.43
55	55.09	65.23	75.38	79.73	105.82
56	57.98	69.58	79.73	85.53	113.07
57	63.78	75.38	85.53	92.78	121.77
58	68.13	81.18	92.78	100.02	131.92
59	75.38	88.43	100.02	108.72	143.51
60	81.18	97.12	110.17	121.77	155.11
61	88.43	107.27	121.77	131.92	168.16
62	95.67	115.97	131.92	143.51	184.10
63	102.92	124.67	142.06	153.66	197.15
64	108.72	133.36	152.21	163.81	213.09
65	115.97	143.51	162.36	175.40	229.04
66	126.12	153.66	175.40	189.90	247.88
67	136.26	166.71	191.35	205.85	269.63
68	147.86	182.65	210.19	226.14	297.17
69	162.36	200.05	230.49	249.33	326.16
70	176.85	218.89	252.23	273.98	358.06
71	195.70	242.09	279.78	305.87	395.75
72	218.89	269.63	311.67	340.66	442.13
73	243.54	301.52	349.36	382.70	494.32
74	271.08	337.76	392.85	427.64	552.30
75	302.97	378.35	440.68	479.82	616.09
76	337.76	423.29	491.42	534.91	685.67
77	375.45	471.13	547.95	595.79	762.50
78	416.04	523.31	608.84	659.58	843.68
79	460.98	578.40	674.07	730.61	933.55
80	505.92				
81	558.10				
82	610.29				
83	666.82				
84	726.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	50.74	57.98	60.88	78.28
45-49	46.39	56.54	63.78	68.13	86.98
50-54	55.09	66.68	76.83	84.08	108.72
55	65.23	76.83	86.98	94.23	124.67
56	68.13	81.18	92.78	98.57	131.92
57	73.93	86.98	98.57	105.82	139.16
58	78.28	94.23	105.82	114.52	150.76
59	85.53	102.92	115.97	124.67	162.36
60	92.78	110.17	126.12	136.26	176.85
61	98.57	121.77	137.71	147.86	191.35
62	107.27	129.02	150.76	162.36	208.74
63	115.97	139.16	160.91	172.50	223.24
64	123.22	150.76	171.05	185.55	240.64
65	131.92	162.36	182.65	197.15	259.48
66	142.06	172.50	197.15	214.54	279.78
67	153.66	189.90	214.54	233.39	305.87
68	166.71	205.85	234.84	258.03	334.86
69	182.65	224.69	259.48	281.23	368.20
70	200.05	247.88	284.12	308.77	404.44
71	218.89	272.53	316.02	342.11	447.93
72	243.54	302.97	350.81	384.15	500.12
73	271.08	339.21	394.30	427.64	558.10
74	301.52	379.80	442.13	481.27	621.89
75	337.76	424.74	494.32	537.81	694.37
76	375.45	472.57	552.30	601.59	774.09
77	417.49	527.66	614.64	668.27	859.62
78	462.43	585.64	682.77	742.20	949.50
79	510.26	647.98	755.25	821.93	1050.97
80	561.00				
81	616.09				
82	672.62				
83	733.51				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	55.09	60.88	66.68	85.53
45-49	49.29	59.43	68.13	73.93	94.23
50-54	57.98	71.03	81.18	88.43	117.42
55	68.13	81.18	92.78	100.02	131.92
56	71.03	86.98	97.12	105.82	137.71
57	76.83	92.78	104.37	113.07	146.41
58	81.18	98.57	113.07	121.77	158.01
59	88.43	107.27	123.22	131.92	171.05
60	97.12	115.97	133.36	143.51	185.55
61	104.37	126.12	144.96	155.11	201.50
62	113.07	136.26	156.56	168.16	218.89
63	121.77	146.41	168.16	181.20	234.84
64	127.57	156.56	179.75	194.25	252.23
65	137.71	168.16	191.35	208.74	271.08
66	147.86	181.20	205.85	224.69	292.82
67	160.91	197.15	224.69	244.99	320.37
68	173.95	215.99	247.88	269.63	350.81
69	191.35	234.84	271.08	295.72	385.60
70	208.74	259.48	298.62	324.71	424.74
71	229.04	284.12	330.51	359.50	471.13
72	253.68	317.47	368.20	400.09	523.31
73	282.68	355.16	413.14	447.93	585.64
74	316.02	397.19	462.43	503.02	653.78
75	353.71	443.58	516.06	562.45	727.71
76	392.85	494.32	578.40	629.13	811.78
77	434.88	550.85	643.63	701.61	900.21
78	481.27	610.29	713.21	776.99	995.89
79	530.56	676.97	790.04	861.07	1100.26
80	582.75				
81	639.28				
82	698.71				
83	762.50				
84	829.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.13	84.08	95.67	102.92	139.16
45-49	75.38	92.78	105.82	114.52	155.11
50-54	92.78	114.52	131.92	144.96	197.15
55	107.27	133.36	153.66	166.71	229.04
56	113.07	139.16	162.36	176.85	242.09
57	118.87	147.86	172.50	187.00	255.13
58	127.57	158.01	184.10	200.05	271.08
59	134.81	168.16	195.70	213.09	288.47
60	144.96	181.20	208.74	226.14	307.32
61	155.11	192.80	223.24	242.09	327.61
62	165.26	205.85	239.19	259.48	349.36
63	175.40	220.34	255.13	276.88	374.00
64	187.00	233.39	271.08	295.72	397.19
65	200.05	249.33	289.92	316.02	424.74
66	213.09	268.18	310.22	337.76	456.63
67	230.49	288.47	336.31	365.30	492.87
68	249.33	311.67	363.85	395.75	533.46
69	268.18	337.76	392.85	427.64	576.95
70	289.92	366.75	426.19	465.33	626.23
71	313.12	398.64	463.88	505.92	679.87
72	342.11	436.33	508.82	556.65	743.65
73	376.90	479.82	559.55	611.74	814.68
74	414.59	527.66	616.09	674.07	892.96
75	455.18	578.40	676.97	740.75	979.94
76	498.67	634.93	743.65	814.68	1074.17
77	543.61	695.82	817.58	892.96	1175.64
78	591.44	761.05	895.86	978.49	1282.91
79	643.63	830.63	978.49	1069.82	1398.88
80	695.82				
81	750.90				
82	808.89				
83	868.32				
84	930.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.28	97.12	113.07	123.22	162.36
45-49	86.98	108.72	124.67	136.26	181.20
50-54	107.27	134.81	155.11	168.16	229.04
55	121.77	153.66	176.85	192.80	262.38
56	126.12	162.36	187.00	202.95	276.88
57	133.36	171.05	197.15	214.54	289.92
58	142.06	181.20	210.19	229.04	307.32
59	152.21	191.35	221.79	243.54	326.16
60	163.81	202.95	237.74	258.03	345.01
61	173.95	215.99	252.23	273.98	368.20
62	185.55	231.94	269.63	292.82	392.85
63	197.15	244.99	288.47	313.12	418.94
64	210.19	262.38	305.87	334.86	446.48
65	223.24	279.78	327.61	356.61	476.92
66	239.19	300.07	349.36	382.70	511.71
67	255.13	324.71	378.35	413.14	552.30
68	276.88	349.36	408.79	446.48	598.69
69	298.62	379.80	442.13	484.17	646.53
70	324.71	413.14	481.27	527.66	701.61
71	350.81	447.93	523.31	572.60	762.50
72	384.15	491.42	572.60	627.68	833.53
73	421.84	537.81	629.13	690.02	911.81
74	462.43	589.99	690.02	756.70	998.79
75	505.92	647.98	759.60	830.63	1095.91
76	553.75	707.41	832.08	911.81	1200.28
77	603.04	775.54	910.36	998.79	1311.90
78	656.68	846.58	997.34	1091.56	1430.77
79	711.76	924.86	1085.76	1190.13	1556.89
80	769.75				
81	829.18				
82	890.06				
83	956.75				
84	1024.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	84.08	104.37	118.87	131.92	172.50
45-49	92.78	115.97	133.36	146.41	191.35
50-54	114.52	143.51	165.26	179.75	242.09
55	127.57	162.36	187.00	204.40	276.88
56	133.36	171.05	197.15	214.54	289.92
57	139.16	179.75	208.74	226.14	305.87
58	147.86	189.90	220.34	240.64	321.81
59	158.01	201.50	233.39	255.13	340.66
60	171.05	213.09	249.33	271.08	360.95
61	182.65	226.14	263.83	288.47	385.60
62	194.25	242.09	282.68	308.77	411.69
63	205.85	258.03	301.52	329.06	437.78
64	220.34	273.98	320.37	350.81	466.78
65	233.39	292.82	342.11	374.00	500.12
66	249.33	313.12	366.75	400.09	534.91
67	268.18	339.21	395.75	433.44	578.40
68	288.47	366.75	427.64	469.68	626.23
69	311.67	397.19	463.88	508.82	676.97
70	337.76	431.99	503.02	552.30	733.51
71	366.75	469.68	549.40	601.59	798.74
72	400.09	513.16	600.14	658.13	871.22
73	440.68	562.45	658.13	723.36	955.30
74	482.72	617.54	723.36	792.94	1045.17
75	529.11	676.97	792.94	869.77	1146.65
76	578.40	740.75	869.77	953.85	1253.92
77	629.13	810.34	950.95	1043.72	1369.89
78	684.22	882.82	1040.82	1139.40	1494.55
79	740.75	963.99	1132.15	1243.77	1625.02
80	800.19				
81	861.07				
82	926.30				
83	994.44				
84	1064.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.29	60.88	71.03	78.28	104.37
45-49	55.09	68.13	79.73	86.98	115.97
50-54	73.93	89.88	102.92	110.17	147.86
55	84.08	104.37	117.42	129.02	175.40
56	88.43	108.72	124.67	136.26	187.00
57	94.23	115.97	133.36	146.41	201.50
58	100.02	124.67	143.51	158.01	215.99
59	108.72	134.81	155.11	171.05	233.39
60	117.42	146.41	168.16	184.10	252.23
61	127.57	158.01	184.10	200.05	271.08
62	137.71	172.50	200.05	215.99	292.82
63	147.86	184.10	214.54	233.39	316.02
64	158.01	197.15	230.49	249.33	337.76
65	171.05	211.64	244.99	268.18	363.85
66	184.10	226.14	263.83	288.47	392.85
67	200.05	247.88	288.47	313.12	426.19
68	215.99	269.63	316.02	342.11	465.33
69	234.84	295.72	345.01	375.45	508.82
70	255.13	321.81	376.90	411.69	556.65
71	279.78	355.16	414.59	453.73	608.84
72	308.77	392.85	458.08	501.57	672.62
73	340.66	434.88	508.82	556.65	742.20
74	378.35	481.27	563.90	617.54	820.48
75	417.49	533.46	624.78	684.22	906.01
76	460.98	589.99	688.57	755.25	997.34
77	505.92	649.43	761.05	833.53	1095.91
78	553.75	714.66	837.88	917.61	1201.73
79	605.94	784.24	917.61	1007.48	1316.25
80	658.13				
81	714.66				
82	772.65				
83	833.53				
84	898.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.43	75.38	85.53	94.23	123.22
45-49	66.68	81.18	95.67	104.37	136.26
50-54	84.08	104.37	121.77	131.92	172.50
55	97.12	121.77	137.71	152.21	204.40
56	102.92	127.57	146.41	158.01	218.89
57	107.27	134.81	155.11	168.16	231.94
58	115.97	144.96	166.71	182.65	249.33
59	124.67	156.56	181.20	195.70	266.73
60	134.81	168.16	194.25	211.64	284.12
61	144.96	181.20	210.19	229.04	305.87
62	156.56	195.70	226.14	247.88	329.06
63	166.71	210.19	243.54	263.83	353.71
64	179.75	223.24	260.93	282.68	378.35
65	192.80	240.64	278.33	301.52	405.89
66	205.85	258.03	298.62	326.16	437.78
67	223.24	279.78	326.16	353.71	475.47
68	242.09	302.97	355.16	385.60	520.41
69	262.38	331.96	387.05	421.84	568.25
70	287.02	363.85	424.74	462.43	621.89
71	313.12	398.64	465.33	508.82	682.77
72	345.01	440.68	514.61	562.45	752.35
73	379.80	485.62	569.70	621.89	830.63
74	421.84	539.26	630.58	690.02	917.61
75	465.33	595.79	697.27	763.95	1011.83
76	513.16	656.68	769.75	843.68	1114.75
77	562.45	723.36	848.03	930.65	1224.93
78	616.09	792.94	930.65	1023.43	1342.34
79	669.72	869.77	1021.98	1122.00	1468.46
80	727.71				
81	788.59				
82	852.37				
83	919.06				
84	988.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	65.23	79.73	92.78	100.02	131.92
45-49	71.03	88.43	102.92	110.17	144.96
50-54	88.43	110.17	127.57	139.16	182.65
55	102.92	127.57	146.41	160.91	215.99
56	107.27	134.81	155.11	168.16	230.49
57	114.52	143.51	165.26	179.75	244.99
58	123.22	153.66	176.85	192.80	262.38
59	131.92	165.26	191.35	205.85	279.78
60	142.06	176.85	205.85	223.24	298.62
61	152.21	191.35	221.79	240.64	320.37
62	163.81	205.85	239.19	259.48	345.01
63	175.40	221.79	255.13	278.33	369.65
64	187.00	234.84	272.53	297.17	395.75
65	201.50	252.23	291.37	317.47	424.74
66	214.54	271.08	313.12	340.66	456.63
67	233.39	292.82	340.66	369.65	498.67
68	253.68	318.92	371.10	404.44	543.61
69	273.98	347.91	405.89	442.13	592.89
70	300.07	379.80	445.03	484.17	649.43
71	327.61	417.49	487.07	532.01	713.21
72	359.50	460.98	539.26	588.54	785.69
73	397.19	508.82	597.24	650.88	868.32
74	440.68	562.45	659.58	721.91	958.20
75	485.62	620.44	727.71	798.74	1056.77
76	534.91	685.67	803.09	881.37	1165.49
77	587.09	753.80	885.72	972.69	1278.56
78	640.73	827.73	972.69	1069.82	1401.78
79	697.27	907.46	1065.47	1171.29	1533.69
80	756.70				
81	820.48				
82	887.16				
83	955.30				
84	1026.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	43.49	50.74	54.36	68.86
45-49	41.68	48.92	56.17	59.80	76.10
50-54	50.74	59.80	68.86	74.29	94.23
55	57.98	68.86	79.73	85.16	112.35
56	61.61	74.29	85.16	90.60	119.59
57	67.04	79.73	90.60	97.85	128.65
58	72.48	86.98	97.85	106.91	139.53
59	79.73	94.23	106.91	115.97	152.21
60	86.98	103.29	117.78	128.65	164.89
61	94.23	114.16	128.65	139.53	179.39
62	101.47	123.22	139.53	152.21	195.70
63	108.72	132.28	150.40	163.08	210.19
64	115.97	141.34	161.27	173.95	226.50
65	123.22	152.21	172.14	186.64	242.81
66	134.09	163.08	186.64	201.13	262.74
67	144.96	177.58	202.95	219.25	286.30
68	157.65	193.89	222.88	241.00	315.29
69	172.14	212.01	244.62	264.55	346.10
70	188.45	231.94	268.18	291.74	380.52
71	208.38	257.31	297.17	324.35	420.39
72	231.94	286.30	331.60	362.40	469.31
73	259.12	320.73	371.46	405.89	525.49
74	288.11	358.78	416.76	454.82	587.09
75	322.54	402.27	467.50	509.18	654.14
76	358.78	449.38	521.86	568.97	728.43
77	398.64	500.12	581.66	632.39	809.97
78	442.13	556.29	646.89	701.25	896.95
79	489.25	614.27	715.75	775.54	991.17
80	538.17				
81	592.53				
82	648.70				
83	708.50				
84	771.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	54.36	61.61	65.23	83.35
45-49	48.92	59.80	67.04	72.48	92.41
50-54	57.98	70.67	81.54	88.79	115.97
55	68.86	81.54	92.41	99.66	132.28
56	72.48	86.98	97.85	105.10	139.53
57	77.92	92.41	105.10	112.35	148.59
58	83.35	99.66	112.35	121.41	159.46
59	90.60	108.72	123.22	132.28	172.14
60	97.85	117.78	134.09	144.96	188.45
61	105.10	128.65	146.77	157.65	202.95
62	114.16	137.71	159.46	172.14	221.07
63	123.22	148.59	170.33	183.01	237.37
64	130.47	159.46	181.20	197.51	255.49
65	139.53	172.14	193.89	210.19	275.43
66	150.40	183.01	210.19	228.31	297.17
67	163.08	201.13	228.31	248.25	324.35
68	177.58	219.25	250.06	273.62	355.16
69	193.89	239.19	275.43	298.98	391.40
70	212.01	262.74	302.61	327.98	429.45
71	231.94	289.92	335.22	364.22	476.56
72	259.12	322.54	373.28	407.70	530.92
73	288.11	360.59	418.58	454.82	592.53
74	320.73	404.08	469.31	510.99	661.39
75	358.78	451.19	525.49	570.79	737.49
76	398.64	501.93	587.09	639.64	822.66
77	443.94	559.91	652.33	710.31	913.26
78	491.06	621.52	724.81	788.23	1009.30
79	541.79	688.57	802.72	873.39	1116.20
80	596.15				
81	654.14				
82	713.94				
83	779.17				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	65.23	70.67	90.60
45-49	52.55	63.42	72.48	77.92	99.66
50-54	61.61	76.10	86.98	94.23	125.03
55	72.48	86.98	97.85	106.91	139.53
56	76.10	92.41	103.29	112.35	146.77
57	81.54	97.85	110.53	119.59	155.83
58	86.98	105.10	119.59	128.65	168.52
59	94.23	114.16	130.47	139.53	181.20
60	103.29	123.22	141.34	152.21	197.51
61	110.53	134.09	154.02	164.89	213.82
62	119.59	144.96	166.71	179.39	231.94
63	128.65	155.83	179.39	192.07	250.06
64	135.90	166.71	190.26	206.57	268.18
65	146.77	179.39	202.95	221.07	288.11
66	157.65	192.07	219.25	239.19	311.67
67	170.33	210.19	239.19	260.93	340.66
68	184.83	230.13	262.74	286.30	373.28
69	202.95	250.06	288.11	313.48	409.52
70	221.07	275.43	317.10	344.28	451.19
71	242.81	302.61	351.53	382.34	500.12
72	269.99	337.04	391.40	425.82	556.29
73	300.80	376.90	438.51	476.56	621.52
74	335.22	422.20	491.06	534.55	694.00
75	375.09	471.13	549.04	597.97	773.73
76	416.76	525.49	614.27	668.64	862.52
77	462.07	585.28	683.13	744.74	956.75
78	510.99	648.70	757.42	826.28	1058.22
79	563.54	719.37	838.97	915.07	1168.75
80	619.71				
81	679.51				
82	742.93				
83	809.97				
84	880.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.48	88.79	101.47	108.72	148.59
45-49	79.73	97.85	112.35	121.41	164.89
50-54	97.85	121.41	139.53	154.02	210.19
55	114.16	141.34	163.08	177.58	242.81
56	119.59	148.59	172.14	188.45	257.31
57	126.84	157.65	183.01	199.32	271.80
58	135.90	168.52	195.70	212.01	288.11
59	143.15	179.39	208.38	226.50	306.23
60	154.02	192.07	221.07	241.00	326.16
61	164.89	204.76	237.37	257.31	347.91
62	175.77	219.25	253.68	275.43	371.46
63	186.64	233.75	271.80	293.55	396.83
64	199.32	248.25	288.11	313.48	422.20
65	212.01	264.55	308.04	335.22	451.19
66	226.50	284.49	329.79	358.78	485.62
67	244.62	306.23	356.97	387.77	523.67
68	264.55	331.60	385.96	420.39	567.16
69	284.49	358.78	416.76	454.82	612.46
70	308.04	389.58	453.01	494.68	665.01
71	333.41	424.01	492.87	538.17	723.00
72	364.22	463.88	539.98	590.72	790.04
73	400.46	509.18	594.34	650.52	866.15
74	440.32	559.91	654.14	715.75	949.50
75	483.81	614.27	719.37	786.42	1041.91
76	529.11	674.07	790.04	866.15	1141.57
77	578.03	739.30	867.96	949.50	1248.48
78	628.77	808.16	951.31	1040.10	1362.64
79	683.13	882.45	1040.10	1136.14	1485.86
80	739.30				
81	797.29				
82	858.90				
83	922.32				
84	989.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.35	103.29	119.59	130.47	172.14
45-49	92.41	115.97	132.28	144.96	192.07
50-54	114.16	143.15	164.89	179.39	242.81
55	128.65	163.08	188.45	204.76	279.05
56	134.09	172.14	199.32	215.63	293.55
57	141.34	181.20	210.19	228.31	308.04
58	150.40	192.07	222.88	242.81	326.16
59	161.27	202.95	235.56	259.12	346.10
60	173.95	215.63	251.87	273.62	366.03
61	184.83	230.13	268.18	291.74	391.40
62	197.51	246.43	286.30	311.67	416.76
63	210.19	260.93	306.23	333.41	445.76
64	222.88	279.05	324.35	355.16	474.75
65	237.37	297.17	347.91	378.71	507.37
66	253.68	318.92	371.46	405.89	543.61
67	271.80	344.28	402.27	438.51	587.09
68	293.55	371.46	434.88	474.75	636.02
69	317.10	404.08	469.31	514.61	686.76
70	344.28	438.51	510.99	559.91	744.74
71	373.28	476.56	556.29	608.84	809.97
72	407.70	521.86	608.84	666.82	886.08
73	447.57	570.79	668.64	733.87	969.43
74	491.06	626.96	733.87	804.54	1061.84
75	538.17	688.57	806.35	882.45	1165.13
76	588.91	751.99	884.27	969.43	1275.66
77	641.46	824.47	967.62	1061.84	1393.44
78	697.63	898.76	1060.03	1159.69	1520.28
79	755.61	982.11	1154.26	1264.79	1654.37
80	817.22				
81	880.64				
82	945.87				
83	1016.54				
84	1089.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.79	110.53	126.84	139.53	183.01
45-49	97.85	123.22	141.34	155.83	202.95
50-54	121.41	152.21	175.77	190.26	257.31
55	135.90	172.14	199.32	217.44	293.55
56	141.34	181.20	210.19	228.31	308.04
57	148.59	190.26	221.07	241.00	324.35
58	157.65	201.13	233.75	255.49	342.47
59	168.52	213.82	248.25	271.80	362.40
60	181.20	226.50	264.55	288.11	384.15
61	193.89	241.00	280.86	306.23	409.52
62	206.57	257.31	300.80	327.98	436.70
63	219.25	273.62	320.73	349.72	465.69
64	233.75	291.74	340.66	373.28	496.49
65	248.25	311.67	364.22	396.83	530.92
66	264.55	333.41	389.58	425.82	568.97
67	284.49	360.59	420.39	460.25	614.27
68	306.23	389.58	454.82	498.31	665.01
69	331.60	422.20	492.87	539.98	719.37
70	358.78	458.44	534.55	587.09	779.17
71	389.58	498.31	583.47	639.64	848.03
72	425.82	545.42	637.83	699.44	925.94
73	467.50	597.97	699.44	768.30	1014.73
74	512.80	655.95	768.30	842.59	1110.77
75	561.73	719.37	842.59	924.13	1217.68
76	614.27	786.42	924.13	1012.92	1331.83
77	668.64	860.71	1011.11	1108.96	1455.05
78	726.62	938.63	1105.33	1210.43	1587.33
79	786.42	1023.79	1203.18	1320.96	1726.86
80	849.84				
81	915.07				
82	983.93				
83	1056.41				
84	1130.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	65.23	76.10	83.35	110.53
45-49	57.98	72.48	85.16	92.41	123.22
50-54	77.92	96.04	108.72	117.78	157.65
55	88.79	110.53	125.03	137.71	186.64
56	94.23	115.97	132.28	144.96	199.32
57	99.66	123.22	141.34	155.83	213.82
58	106.91	132.28	152.21	168.52	230.13
59	115.97	143.15	164.89	181.20	248.25
60	125.03	155.83	179.39	195.70	268.18
61	135.90	168.52	195.70	212.01	288.11
62	146.77	183.01	212.01	230.13	311.67
63	157.65	195.70	228.31	248.25	335.22
64	168.52	210.19	244.62	264.55	358.78
65	181.20	224.69	260.93	284.49	385.96
66	195.70	241.00	280.86	306.23	416.76
67	212.01	262.74	306.23	333.41	453.01
68	230.13	286.30	335.22	364.22	494.68
69	250.06	313.48	366.03	398.64	539.98
70	271.80	342.47	400.46	436.70	590.72
71	297.17	376.90	440.32	482.00	646.89
72	327.98	416.76	487.43	532.73	713.94
73	362.40	462.07	539.98	590.72	788.23
74	402.27	510.99	599.78	655.95	871.58
75	443.94	567.16	663.20	726.62	962.18
76	489.25	626.96	732.06	802.72	1060.03
77	538.17	690.38	808.16	886.08	1165.13
78	588.91	759.24	889.70	974.87	1277.47
79	643.27	833.53	974.87	1070.90	1398.88
80	699.44				
81	759.24				
82	820.85				
83	886.08				
84	954.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	63.42	79.73	90.60	99.66	130.47
45-49	70.67	86.98	101.47	110.53	144.96
50-54	88.79	110.53	128.65	139.53	183.01
55	103.29	128.65	146.77	161.27	217.44
56	108.72	135.90	155.83	168.52	231.94
57	114.16	143.15	164.89	179.39	246.43
58	123.22	154.02	177.58	193.89	264.55
59	132.28	166.71	192.07	208.38	282.68
60	143.15	179.39	206.57	224.69	302.61
61	154.02	192.07	222.88	242.81	324.35
62	166.71	208.38	241.00	262.74	349.72
63	177.58	222.88	259.12	280.86	375.09
64	190.26	237.37	277.24	300.80	402.27
65	204.76	255.49	295.36	320.73	431.26
66	219.25	273.62	317.10	346.10	465.69
67	237.37	297.17	346.10	375.09	505.55
68	257.31	322.54	376.90	409.52	552.67
69	279.05	353.34	411.33	447.57	603.40
70	304.42	385.96	451.19	491.06	661.39
71	333.41	424.01	494.68	539.98	724.81
72	366.03	467.50	547.23	597.97	799.10
73	404.08	516.43	605.21	661.39	882.45
74	447.57	572.60	670.45	733.87	974.87
75	494.68	632.39	741.12	811.78	1074.53
76	545.42	697.63	817.22	896.95	1185.06
77	597.97	768.30	900.57	989.36	1301.03
78	654.14	842.59	989.36	1087.21	1426.06
79	712.12	924.13	1085.40	1192.31	1560.15
80	773.73				
81	837.15				
82	906.01				
83	976.68				
84	1050.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	68.86	85.16	97.85	106.91	139.53
45-49	76.10	94.23	108.72	117.78	154.02
50-54	94.23	117.78	135.90	148.59	193.89
55	108.72	135.90	155.83	170.33	230.13
56	114.16	143.15	164.89	179.39	244.62
57	121.41	152.21	175.77	190.26	260.93
58	130.47	163.08	188.45	204.76	279.05
59	139.53	175.77	202.95	219.25	297.17
60	150.40	188.45	219.25	237.37	317.10
61	161.27	202.95	235.56	255.49	340.66
62	173.95	219.25	253.68	275.43	366.03
63	186.64	235.56	271.80	295.36	393.21
64	199.32	250.06	289.92	315.29	420.39
65	213.82	268.18	309.86	337.04	451.19
66	228.31	288.11	333.41	362.40	485.62
67	248.25	311.67	362.40	393.21	529.11
68	269.99	338.85	395.02	429.45	578.03
69	291.74	369.65	431.26	469.31	630.58
70	318.92	404.08	472.94	514.61	690.38
71	347.91	443.94	518.24	565.35	757.42
72	382.34	489.25	572.60	625.15	835.34
73	422.20	539.98	634.21	692.19	922.32
74	467.50	597.97	701.25	766.48	1018.36
75	516.43	659.58	773.73	848.03	1123.45
76	568.97	728.43	853.46	936.81	1237.61
77	623.33	800.91	940.44	1032.85	1359.02
78	681.32	878.83	1032.85	1136.14	1489.48
79	741.12	963.99	1132.51	1244.86	1629.01
80	804.54				
81	871.58				
82	942.25				
83	1014.73				
84	1090.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	50.74	59.80	63.42	81.54
45-49	48.92	57.98	65.23	70.67	88.79
50-54	59.80	70.67	81.54	86.98	110.53
55	68.86	81.54	94.23	99.66	132.28
56	72.48	86.98	99.66	106.91	141.34
57	79.73	94.23	106.91	115.97	152.21
58	85.16	101.47	115.97	125.03	164.89
59	94.23	110.53	125.03	135.90	179.39
60	101.47	121.41	137.71	152.21	193.89
61	110.53	134.09	152.21	164.89	210.19
62	119.59	144.96	164.89	179.39	230.13
63	128.65	155.83	177.58	192.07	246.43
64	135.90	166.71	190.26	204.76	266.37
65	144.96	179.39	202.95	219.25	286.30
66	157.65	192.07	219.25	237.37	309.86
67	170.33	208.38	239.19	257.31	337.04
68	184.83	228.31	262.74	282.68	371.46
69	202.95	250.06	288.11	311.67	407.70
70	221.07	273.62	315.29	342.47	447.57
71	244.62	302.61	349.72	382.34	494.68
72	273.62	337.04	389.58	425.82	552.67
73	304.42	376.90	436.70	478.37	617.90
74	338.85	422.20	491.06	534.55	690.38
75	378.71	472.94	550.85	599.78	770.11
76	422.20	529.11	614.27	668.64	857.09
77	469.31	588.91	684.94	744.74	953.12
78	520.05	654.14	761.05	824.47	1054.60
79	576.22	723.00	842.59	913.26	1166.94
80	632.39				
81	697.63				
82	762.86				
83	833.53				
84	907.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	63.42	72.48	76.10	97.85
45-49	57.98	70.67	79.73	85.16	108.72
50-54	68.86	83.35	96.04	105.10	135.90
55	81.54	96.04	108.72	117.78	155.83
56	85.16	101.47	115.97	123.22	164.89
57	92.41	108.72	123.22	132.28	173.95
58	97.85	117.78	132.28	143.15	188.45
59	106.91	128.65	144.96	155.83	202.95
60	115.97	137.71	157.65	170.33	221.07
61	123.22	152.21	172.14	184.83	239.19
62	134.09	161.27	188.45	202.95	260.93
63	144.96	173.95	201.13	215.63	279.05
64	154.02	188.45	213.82	231.94	300.80
65	164.89	202.95	228.31	246.43	324.35
66	177.58	215.63	246.43	268.18	349.72
67	192.07	237.37	268.18	291.74	382.34
68	208.38	257.31	293.55	322.54	418.58
69	228.31	280.86	324.35	351.53	460.25
70	250.06	309.86	355.16	385.96	505.55
71	273.62	340.66	395.02	427.64	559.91
72	304.42	378.71	438.51	480.19	625.15
73	338.85	424.01	492.87	534.55	697.63
74	376.90	474.75	552.67	601.59	777.36
75	422.20	530.92	617.90	672.26	867.96
76	469.31	590.72	690.38	751.99	967.62
77	521.86	659.58	768.30	835.34	1074.53
78	578.03	732.06	853.46	927.75	1186.87
79	637.83	809.97	944.06	1027.42	1313.71
80	701.25				
81	770.11				
82	840.78				
83	916.88				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	68.86	76.10	83.35	106.91
45-49	61.61	74.29	85.16	92.41	117.78
50-54	72.48	88.79	101.47	110.53	146.77
55	85.16	101.47	115.97	125.03	164.89
56	88.79	108.72	121.41	132.28	172.14
57	96.04	115.97	130.47	141.34	183.01
58	101.47	123.22	141.34	152.21	197.51
59	110.53	134.09	154.02	164.89	213.82
60	121.41	144.96	166.71	179.39	231.94
61	130.47	157.65	181.20	193.89	251.87
62	141.34	170.33	195.70	210.19	273.62
63	152.21	183.01	210.19	226.50	293.55
64	159.46	195.70	224.69	242.81	315.29
65	172.14	210.19	239.19	260.93	338.85
66	184.83	226.50	257.31	280.86	366.03
67	201.13	246.43	280.86	306.23	400.46
68	217.44	269.99	309.86	337.04	438.51
69	239.19	293.55	338.85	369.65	482.00
70	260.93	324.35	373.28	405.89	530.92
71	286.30	355.16	413.14	449.38	588.91
72	317.10	396.83	460.25	500.12	654.14
73	353.34	443.94	516.43	559.91	732.06
74	395.02	496.49	578.03	628.77	817.22
75	442.13	554.48	645.08	703.06	909.63
76	491.06	617.90	723.00	786.42	1014.73
77	543.61	688.57	804.54	877.02	1125.26
78	601.59	762.86	891.51	971.24	1244.86
79	663.20	846.21	987.55	1076.34	1375.32
80	728.43				
81	799.10				
82	873.39				
83	953.12				
84	1036.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.16	105.10	119.59	128.65	173.95
45-49	94.23	115.97	132.28	143.15	193.89
50-54	115.97	143.15	164.89	181.20	246.43
55	134.09	166.71	192.07	208.38	286.30
56	141.34	173.95	202.95	221.07	302.61
57	148.59	184.83	215.63	233.75	318.92
58	159.46	197.51	230.13	250.06	338.85
59	168.52	210.19	244.62	266.37	360.59
60	181.20	226.50	260.93	282.68	384.15
61	193.89	241.00	279.05	302.61	409.52
62	206.57	257.31	298.98	324.35	436.70
63	219.25	275.43	318.92	346.10	467.50
64	233.75	291.74	338.85	369.65	496.49
65	250.06	311.67	362.40	395.02	530.92
66	266.37	335.22	387.77	422.20	570.79
67	288.11	360.59	420.39	456.63	616.09
68	311.67	389.58	454.82	494.68	666.82
69	335.22	422.20	491.06	534.55	721.18
70	362.40	458.44	532.73	581.66	782.79
71	391.40	498.31	579.85	632.39	849.84
72	427.64	545.42	636.02	695.82	929.57
73	471.13	599.78	699.44	764.67	1018.36
74	518.24	659.58	770.11	842.59	1116.20
75	568.97	723.00	846.21	925.94	1224.93
76	623.33	793.66	929.57	1018.36	1342.71
77	679.51	869.77	1021.98	1116.20	1469.55
78	739.30	951.31	1119.83	1223.11	1603.64
79	804.54	1038.29	1223.11	1337.27	1748.60
80	869.77				
81	938.63				
82	1011.11				
83	1085.40				
84	1163.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	97.85	121.41	141.34	154.02	202.95
45-49	108.72	135.90	155.83	170.33	226.50
50-54	134.09	168.52	193.89	210.19	286.30
55	152.21	192.07	221.07	241.00	327.98
56	157.65	202.95	233.75	253.68	346.10
57	166.71	213.82	246.43	268.18	362.40
58	177.58	226.50	262.74	286.30	384.15
59	190.26	239.19	277.24	304.42	407.70
60	204.76	253.68	297.17	322.54	431.26
61	217.44	269.99	315.29	342.47	460.25
62	231.94	289.92	337.04	366.03	491.06
63	246.43	306.23	360.59	391.40	523.67
64	262.74	327.98	382.34	418.58	558.10
65	279.05	349.72	409.52	445.76	596.15
66	298.98	375.09	436.70	478.37	639.64
67	318.92	405.89	472.94	516.43	690.38
68	346.10	436.70	510.99	558.10	748.36
69	373.28	474.75	552.67	605.21	808.16
70	405.89	516.43	601.59	659.58	877.02
71	438.51	559.91	654.14	715.75	953.12
72	480.19	614.27	715.75	784.60	1041.91
73	527.30	672.26	786.42	862.52	1139.76
74	578.03	737.49	862.52	945.87	1248.48
75	632.39	809.97	949.50	1038.29	1369.89
76	692.19	884.27	1040.10	1139.76	1500.35
77	753.80	969.43	1137.95	1248.48	1639.88
78	820.85	1058.22	1246.67	1364.45	1788.46
79	889.70	1156.07	1357.20	1487.67	1946.11
80	962.18				
81	1036.48				
82	1112.58				
83	1195.93				
84	1281.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	105.10	130.47	148.59	164.89	215.63
45-49	115.97	144.96	166.71	183.01	239.19
50-54	143.15	179.39	206.57	224.69	302.61
55	159.46	202.95	233.75	255.49	346.10
56	166.71	213.82	246.43	268.18	362.40
57	173.95	224.69	260.93	282.68	382.34
58	184.83	237.37	275.43	300.80	402.27
59	197.51	251.87	291.74	318.92	425.82
60	213.82	266.37	311.67	338.85	451.19
61	228.31	282.68	329.79	360.59	482.00
62	242.81	302.61	353.34	385.96	514.61
63	257.31	322.54	376.90	411.33	547.23
64	275.43	342.47	400.46	438.51	583.47
65	291.74	366.03	427.64	467.50	625.15
66	311.67	391.40	458.44	500.12	668.64
67	335.22	424.01	494.68	541.79	723.00
68	360.59	458.44	534.55	587.09	782.79
69	389.58	496.49	579.85	636.02	846.21
70	422.20	539.98	628.77	690.38	916.88
71	458.44	587.09	686.76	751.99	998.42
72	500.12	641.46	750.18	822.66	1089.02
73	550.85	703.06	822.66	904.20	1194.12
74	603.40	771.92	904.20	991.17	1306.47
75	661.39	846.21	991.17	1087.21	1433.31
76	723.00	925.94	1087.21	1192.31	1567.40
77	786.42	1012.92	1188.69	1304.65	1712.36
78	855.27	1103.52	1301.03	1424.25	1868.19
79	925.94	1204.99	1415.19	1554.71	2031.27
80	1000.24				
81	1076.34				
82	1157.88				
83	1243.05				
84	1330.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.61	76.10	88.79	97.85	130.47
45-49	68.86	85.16	99.66	108.72	144.96
50-54	92.41	112.35	128.65	137.71	184.83
55	105.10	130.47	146.77	161.27	219.25
56	110.53	135.90	155.83	170.33	233.75
57	117.78	144.96	166.71	183.01	251.87
58	125.03	155.83	179.39	197.51	269.99
59	135.90	168.52	193.89	213.82	291.74
60	146.77	183.01	210.19	230.13	315.29
61	159.46	197.51	230.13	250.06	338.85
62	172.14	215.63	250.06	269.99	366.03
63	184.83	230.13	268.18	291.74	395.02
64	197.51	246.43	288.11	311.67	422.20
65	213.82	264.55	306.23	335.22	454.82
66	230.13	282.68	329.79	360.59	491.06
67	250.06	309.86	360.59	391.40	532.73
68	269.99	337.04	395.02	427.64	581.66
69	293.55	369.65	431.26	469.31	636.02
70	318.92	402.27	471.13	514.61	695.82
71	349.72	443.94	518.24	567.16	761.05
72	385.96	491.06	572.60	626.96	840.78
73	425.82	543.61	636.02	695.82	927.75
74	472.94	601.59	704.88	771.92	1025.60
75	521.86	666.82	780.98	855.27	1132.51
76	576.22	737.49	860.71	944.06	1246.67
77	632.39	811.78	951.31	1041.91	1369.89
78	692.19	893.33	1047.35	1147.01	1502.16
79	757.42	980.30	1147.01	1259.35	1645.31
80	822.66				
81	893.33				
82	965.81				
83	1041.91				
84	1123.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74.29	94.23	106.91	117.78	154.02
45-49	83.35	101.47	119.59	130.47	170.33
50-54	105.10	130.47	152.21	164.89	215.63
55	121.41	152.21	172.14	190.26	255.49
56	128.65	159.46	183.01	197.51	273.62
57	134.09	168.52	193.89	210.19	289.92
58	144.96	181.20	208.38	228.31	311.67
59	155.83	195.70	226.50	244.62	333.41
60	168.52	210.19	242.81	264.55	355.16
61	181.20	226.50	262.74	286.30	382.34
62	195.70	244.62	282.68	309.86	411.33
63	208.38	262.74	304.42	329.79	442.13
64	224.69	279.05	326.16	353.34	472.94
65	241.00	300.80	347.91	376.90	507.37
66	257.31	322.54	373.28	407.70	547.23
67	279.05	349.72	407.70	442.13	594.34
68	302.61	378.71	443.94	482.00	650.52
69	327.98	414.95	483.81	527.30	710.31
70	358.78	454.82	530.92	578.03	777.36
71	391.40	498.31	581.66	636.02	853.46
72	431.26	550.85	643.27	703.06	940.44
73	474.75	607.03	712.12	777.36	1038.29
74	527.30	674.07	788.23	862.52	1147.01
75	581.66	744.74	871.58	954.93	1264.79
76	641.46	820.85	962.18	1054.60	1393.44
77	703.06	904.20	1060.03	1163.32	1531.16
78	770.11	991.17	1163.32	1279.29	1677.93
79	837.15	1087.21	1277.47	1402.50	1835.58
80	909.63				
81	985.74				
82	1065.47				
83	1148.82				
84	1235.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.54	99.66	115.97	125.03	164.89
45-49	88.79	110.53	128.65	137.71	181.20
50-54	110.53	137.71	159.46	173.95	228.31
55	128.65	159.46	183.01	201.13	269.99
56	134.09	168.52	193.89	210.19	288.11
57	143.15	179.39	206.57	224.69	306.23
58	154.02	192.07	221.07	241.00	327.98
59	164.89	206.57	239.19	257.31	349.72
60	177.58	221.07	257.31	279.05	373.28
61	190.26	239.19	277.24	300.80	400.46
62	204.76	257.31	298.98	324.35	431.26
63	219.25	277.24	318.92	347.91	462.07
64	233.75	293.55	340.66	371.46	494.68
65	251.87	315.29	364.22	396.83	530.92
66	268.18	338.85	391.40	425.82	570.79
67	291.74	366.03	425.82	462.07	623.33
68	317.10	398.64	463.88	505.55	679.51
69	342.47	434.88	507.37	552.67	741.12
70	375.09	474.75	556.29	605.21	811.78
71	409.52	521.86	608.84	665.01	891.51
72	449.38	576.22	674.07	735.68	982.11
73	496.49	636.02	746.55	813.60	1085.40
74	550.85	703.06	824.47	902.39	1197.75
75	607.03	775.54	909.63	998.42	1320.96
76	668.64	857.09	1003.86	1101.71	1456.86
77	733.87	942.25	1107.14	1215.87	1598.20
78	800.91	1034.66	1215.87	1337.27	1752.22
79	871.58	1134.32	1331.83	1464.11	1917.12
80	945.87				
81	1025.60				
82	1108.96				
83	1194.12				
84	1282.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.14	28.09	32.53	34.01	35.49
45-49	28.09	31.05	35.49	36.97	39.92
50-54	34.01	38.44	42.88	45.84	51.75
55	38.44	44.36	50.27	54.71	65.06
56	41.40	47.32	54.71	59.14	70.97
57	44.36	51.75	59.14	63.58	78.37
58	48.79	56.19	65.06	69.49	85.76
59	53.23	62.10	70.97	75.41	94.63
60	59.14	69.49	78.37	82.80	103.50
61	63.58	75.41	85.76	90.20	112.37
62	69.49	82.80	93.15	99.07	122.72
63	73.93	88.72	100.55	106.46	131.60
64	78.37	94.63	107.94	115.33	140.47
65	84.28	100.55	115.33	124.20	150.82
66	90.20	109.42	124.20	134.55	162.65
67	97.59	118.29	136.03	146.38	177.43
68	106.46	130.12	149.34	161.17	195.18
69	116.81	141.95	164.13	175.95	212.92
70	127.16	155.25	180.39	193.70	235.10
71	140.47	171.52	198.13	214.40	260.24
72	155.25	190.74	220.31	238.06	288.33
73	173.00	212.92	245.45	264.67	320.86
74	192.22	236.58	273.54	295.72	357.82
75	214.40	263.19	303.11	328.25	397.75
76	238.06	292.76	337.12	363.74	440.63
77	263.19	323.82	372.61	402.18	487.94
78	289.81	357.82	411.05	443.58	538.21
79	319.38	393.31	452.45	487.94	592.92
80	348.95				
81	381.48				
82	415.49				
83	450.98				
84	489.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	80.44	98.03	113.11	123.17	148.30
45-49	87.98	108.09	125.68	135.74	165.90
50-54	108.09	133.22	155.85	168.41	211.15
55	130.71	158.36	183.50	196.06	251.36
56	138.25	168.41	193.55	208.63	268.96
57	148.30	180.98	206.12	221.20	286.55
58	158.36	193.55	221.20	236.28	306.66
59	168.41	206.12	236.28	253.88	326.77
60	178.47	221.20	253.88	273.99	349.40
61	191.04	236.28	271.47	294.10	372.02
62	203.60	251.36	291.58	316.72	399.67
63	216.17	268.96	311.69	336.83	427.32
64	231.25	284.04	331.80	359.45	457.48
65	246.34	304.15	351.91	382.07	490.16
66	263.93	324.26	377.05	407.21	525.35
67	284.04	349.40	404.70	437.37	565.57
68	306.66	377.05	437.37	472.56	610.81
69	329.29	407.21	470.05	510.27	658.57
70	356.94	442.40	510.27	553.00	708.84
71	387.10	480.10	553.00	600.76	769.17
72	419.78	522.84	603.27	656.06	837.04
73	457.48	570.59	661.09	718.90	912.45
74	500.21	625.89	723.93	789.28	997.91
75	545.46	683.71	794.31	864.69	1088.40
76	593.22	746.55	869.72	947.64	1188.95
77	643.49	814.42	950.15	1038.13	1294.52
78	696.28	887.31	1038.13	1133.65	1407.64
79	751.58	965.24	1131.14	1236.71	1530.80
80	811.90				
81	872.23				
82	937.59				
83	1005.45				
84	1075.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.81	70.38	80.44	87.98	105.57
45-49	62.84	77.92	90.49	98.03	118.14
50-54	87.98	105.57	123.17	133.22	160.87
55	100.55	123.17	140.76	150.82	193.55
56	105.57	130.71	148.30	160.87	206.12
57	113.11	140.76	158.36	170.93	221.20
58	123.17	153.33	170.93	186.01	238.80
59	133.22	165.90	186.01	201.09	261.42
60	145.79	180.98	203.60	221.20	284.04
61	158.36	196.06	223.71	241.31	309.18
62	170.93	211.15	241.31	261.42	334.31
63	183.50	226.23	258.90	281.53	359.45
64	196.06	241.31	276.50	301.64	387.10
65	208.63	258.90	296.61	321.75	414.75
66	226.23	279.01	319.23	346.88	449.94
67	243.82	301.64	346.88	377.05	487.65
68	263.93	329.29	379.56	412.24	530.38
69	289.07	359.45	414.75	449.94	578.14
70	314.20	392.13	452.45	492.67	633.44
71	344.37	429.83	497.70	540.43	691.25
72	377.05	472.56	547.97	595.73	759.12
73	414.75	520.32	603.27	658.57	834.53
74	457.48	573.11	666.11	726.44	917.48
75	502.73	630.92	733.98	799.34	1005.45
76	550.49	693.76	806.88	879.77	1103.49
77	600.76	759.12	884.80	965.24	1206.54
78	653.54	829.50	967.75	1058.24	1317.14
79	708.84	904.91	1058.24	1156.27	1435.29
80	769.17				
81	829.50				
82	894.85				
83	962.72				
84	1033.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.57	32.53	38.44	39.92	41.40
45-49	32.53	36.97	41.40	42.88	47.32
50-54	39.92	45.84	50.27	53.23	60.62
55	45.84	51.75	59.14	65.06	76.89
56	48.79	56.19	65.06	69.49	82.80
57	51.75	60.62	69.49	75.41	91.67
58	57.67	66.54	76.89	81.32	100.55
59	62.10	72.45	82.80	88.72	110.90
60	69.49	81.32	91.67	97.59	121.25
61	75.41	88.72	100.55	106.46	131.60
62	81.32	97.59	109.42	116.81	144.90
63	87.24	104.98	118.29	125.68	155.25
64	91.67	110.90	127.16	136.03	165.60
65	99.07	118.29	136.03	146.38	177.43
66	106.46	128.64	146.38	158.21	190.74
67	115.33	138.99	159.69	171.52	208.48
68	125.68	153.78	175.95	189.26	229.18
69	137.51	167.08	193.70	207.01	249.88
70	149.34	183.35	212.92	227.71	276.50
71	165.60	201.09	233.62	252.84	306.07
72	183.35	224.75	258.76	279.46	338.60
73	204.05	249.88	288.33	311.99	377.05
74	226.23	277.98	322.34	347.47	421.40
75	252.84	309.03	356.34	385.92	467.24
76	279.46	344.52	396.27	427.32	518.99
77	309.03	381.48	437.67	473.15	573.70
78	341.56	421.40	483.50	521.95	632.84
79	375.57	462.80	532.30	573.70	697.90
80	411.05				
81	449.50				
82	489.42				
83	530.82				
84	575.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	95.52	115.63	133.22	145.79	173.44
45-49	103.06	128.20	148.30	160.87	196.06
50-54	128.20	155.85	183.50	198.58	248.85
55	153.33	186.01	216.17	231.25	296.61
56	163.39	198.58	228.74	246.34	316.72
57	173.44	213.66	241.31	261.42	336.83
58	186.01	228.74	261.42	279.01	361.96
59	198.58	241.31	279.01	299.12	384.59
60	211.15	261.42	299.12	321.75	412.24
61	223.71	279.01	319.23	346.88	437.37
62	238.80	296.61	341.85	372.02	470.05
63	253.88	316.72	366.99	397.15	502.73
64	271.47	334.31	389.61	422.29	537.92
65	289.07	356.94	414.75	449.94	575.62
66	311.69	382.07	442.40	480.10	618.35
67	334.31	412.24	475.08	515.29	666.11
68	361.96	442.40	515.29	555.51	718.90
69	387.10	480.10	553.00	600.76	774.20
70	419.78	520.32	600.76	651.03	834.53
71	454.97	565.57	651.03	706.33	904.91
72	492.67	615.84	708.84	771.69	985.34
73	537.92	671.14	776.71	844.58	1073.32
74	588.19	736.49	852.12	927.53	1173.87
75	640.98	804.36	935.07	1018.02	1279.44
76	698.79	877.26	1023.05	1116.05	1397.58
77	756.60	957.69	1118.57	1221.63	1523.26
78	819.44	1043.16	1221.63	1334.74	1656.48
79	884.80	1136.16	1329.71	1455.39	1799.76
80	955.18				
81	1025.56				
82	1103.49				
83	1183.92				
84	1266.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.87	82.95	95.52	103.06	123.17
45-49	72.90	90.49	105.57	115.63	138.25
50-54	103.06	123.17	145.79	155.85	188.52
55	118.14	145.79	165.90	178.47	228.74
56	123.17	153.33	173.44	188.52	241.31
57	133.22	165.90	186.01	201.09	261.42
58	145.79	180.98	201.09	218.69	281.53
59	155.85	196.06	218.69	236.28	306.66
60	170.93	213.66	238.80	261.42	334.31
61	186.01	231.25	263.93	284.04	364.48
62	201.09	248.85	284.04	306.66	392.13
63	216.17	266.45	304.15	331.80	422.29
64	231.25	284.04	324.26	354.42	454.97
65	246.34	304.15	349.40	379.56	487.65
66	266.45	329.29	374.53	407.21	530.38
67	286.55	354.42	407.21	442.40	573.11
68	311.69	387.10	447.43	485.13	623.38
69	339.34	422.29	487.65	530.38	681.19
70	369.50	462.51	532.89	580.65	744.04
71	404.70	505.24	585.68	635.95	814.42
72	442.40	555.51	643.49	701.30	892.34
73	487.65	613.33	708.84	774.20	982.83
74	537.92	673.65	784.25	854.64	1078.35
75	590.70	741.52	864.69	940.10	1183.92
76	648.52	816.93	950.15	1035.62	1297.04
77	706.33	892.34	1040.64	1136.16	1420.20
78	769.17	975.29	1138.68	1244.25	1548.40
79	834.53	1065.78	1244.25	1359.88	1689.16
80	904.91				
81	975.29				
82	1053.21				
83	1133.65				
84	1216.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.42	35.12	40.66	42.51	44.36
45-49	35.12	38.81	44.36	46.21	49.90
50-54	42.51	48.05	53.60	57.30	64.69
55	48.05	55.45	62.84	68.39	81.32
56	51.75	59.14	68.39	73.93	88.72
57	55.45	64.69	73.93	79.48	97.96
58	60.99	70.23	81.32	86.87	107.20
59	66.54	77.63	88.72	94.26	118.29
60	73.93	86.87	97.96	103.50	129.38
61	79.48	94.26	107.20	112.74	140.47
62	86.87	103.50	116.44	123.83	153.41
63	92.41	110.90	125.68	133.07	164.50
64	97.96	118.29	134.92	144.16	175.58
65	105.35	125.68	144.16	155.25	188.52
66	112.74	136.77	155.25	168.19	203.31
67	121.99	147.86	170.04	182.98	221.79
68	133.07	162.65	186.67	201.46	243.97
69	146.01	177.43	205.16	219.94	266.15
70	158.95	194.07	225.49	242.12	293.87
71	175.58	214.40	247.67	268.00	325.29
72	194.07	238.43	275.39	297.57	360.41
73	216.25	266.15	306.81	330.84	401.07
74	240.27	295.72	341.93	369.65	447.28
75	268.00	328.99	378.89	410.31	497.18
76	297.57	365.96	421.40	454.67	550.78
77	328.99	404.77	465.76	502.73	609.93
78	362.26	447.28	513.82	554.48	672.77
79	399.22	491.64	565.57	609.93	741.15
80	436.19				
81	476.85				
82	519.36				
83	563.72				
84	611.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	100.55	122.54	141.39	153.96	185.38
45-49	109.97	135.11	157.10	169.67	207.37
50-54	135.11	166.53	194.81	210.52	263.93
55	163.39	197.95	229.37	245.08	314.20
56	172.81	210.52	241.94	260.79	336.20
57	185.38	226.23	257.65	276.50	358.19
58	197.95	241.94	276.50	295.35	383.33
59	210.52	257.65	295.35	317.35	408.47
60	223.09	276.50	317.35	342.48	436.74
61	238.80	295.35	339.34	367.62	465.02
62	254.51	314.20	364.48	395.90	499.58
63	270.22	336.20	389.61	421.03	534.15
64	289.07	355.05	414.75	449.31	571.85
65	307.92	380.19	439.89	477.59	612.70
66	329.91	405.32	471.31	509.01	656.69
67	355.05	436.74	505.87	546.72	706.96
68	383.33	471.31	546.72	590.70	763.52
69	411.61	509.01	587.56	637.83	823.22
70	446.17	553.00	637.83	691.25	886.06
71	483.87	600.13	691.25	750.95	961.47
72	524.72	653.54	754.09	820.07	1046.30
73	571.85	713.24	826.36	898.62	1140.56
74	625.27	782.37	904.91	986.60	1247.39
75	681.82	854.64	992.89	1080.86	1360.50
76	741.52	933.19	1087.15	1184.55	1486.19
77	804.36	1018.02	1187.69	1297.66	1618.15
78	870.35	1109.14	1297.66	1417.06	1759.54
79	939.47	1206.54	1413.92	1545.88	1913.50
80	1014.88				
81	1090.29				
82	1171.98				
83	1256.82				
84	1344.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.27	87.98	100.55	109.97	131.97
45-49	78.55	97.40	113.11	122.54	147.68
50-54	109.97	131.97	153.96	166.53	201.09
55	125.68	153.96	175.95	188.52	241.94
56	131.97	163.39	185.38	201.09	257.65
57	141.39	175.95	197.95	213.66	276.50
58	153.96	191.66	213.66	232.51	298.49
59	166.53	207.37	232.51	251.36	326.77
60	182.24	226.23	254.51	276.50	355.05
61	197.95	245.08	279.64	301.64	386.47
62	213.66	263.93	301.64	326.77	417.89
63	229.37	282.78	323.63	351.91	449.31
64	245.08	301.64	345.62	377.05	483.87
65	260.79	323.63	370.76	402.18	518.44
66	282.78	348.77	399.04	433.60	562.43
67	304.78	377.05	433.60	471.31	609.56
68	329.91	411.61	474.45	515.29	662.97
69	361.33	449.31	518.44	562.43	722.67
70	392.76	490.16	565.57	615.84	791.79
71	430.46	537.29	622.12	675.54	864.06
72	471.31	590.70	684.97	744.66	948.90
73	518.44	650.40	754.09	823.22	1043.16
74	571.85	716.39	832.64	908.05	1146.85
75	628.41	788.65	917.48	999.17	1256.82
76	688.11	867.20	1008.60	1099.71	1379.36
77	750.95	948.90	1106.00	1206.54	1508.18
78	816.93	1036.87	1209.69	1322.80	1646.43
79	886.06	1131.14	1322.80	1445.34	1794.11
80	961.47				
81	1036.87				
82	1118.57				
83	1203.40				
84	1291.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.97	40.66	48.05	49.90	51.75
45-49	40.66	46.21	51.75	53.60	59.14
50-54	49.90	57.30	62.84	66.54	75.78
55	57.30	64.69	73.93	81.32	96.11
56	60.99	70.23	81.32	86.87	103.50
57	64.69	75.78	86.87	94.26	114.59
58	72.08	83.17	96.11	101.65	125.68
59	77.63	90.56	103.50	110.90	138.62
60	86.87	101.65	114.59	121.99	151.56
61	94.26	110.90	125.68	133.07	164.50
62	101.65	121.99	136.77	146.01	181.13
63	109.05	131.23	147.86	157.10	194.07
64	114.59	138.62	158.95	170.04	207.01
65	123.83	147.86	170.04	182.98	221.79
66	133.07	160.80	182.98	197.76	238.43
67	144.16	173.74	199.61	214.40	260.60
68	157.10	192.22	219.94	236.58	286.48
69	171.89	208.85	242.12	258.76	312.36
70	186.67	229.18	266.15	284.63	345.62
71	207.01	251.36	292.03	316.05	382.59
72	229.18	280.94	323.45	349.32	423.25
73	255.06	312.36	360.41	389.98	471.31
74	282.78	347.47	402.92	434.34	526.75
75	316.05	386.29	445.43	482.40	584.05
76	349.32	430.64	495.33	534.15	648.74
77	386.29	476.85	547.09	591.44	717.13
78	426.95	526.75	604.38	652.44	791.06
79	469.46	578.51	665.37	717.13	872.38
80	513.82				
81	561.87				
82	611.77				
83	663.53				
84	718.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	119.40	144.53	166.53	182.24	216.80
45-49	128.82	160.24	185.38	201.09	245.08
50-54	160.24	194.81	229.37	248.22	311.06
55	191.66	232.51	270.22	289.07	370.76
56	204.23	248.22	285.93	307.92	395.90
57	216.80	267.07	301.64	326.77	421.03
58	232.51	285.93	326.77	348.77	452.45
59	248.22	301.64	348.77	373.90	480.73
60	263.93	326.77	373.90	402.18	515.29
61	279.64	348.77	399.04	433.60	546.72
62	298.49	370.76	427.32	465.02	587.56
63	317.35	395.90	458.74	496.44	628.41
64	339.34	417.89	487.02	527.86	672.40
65	361.33	446.17	518.44	562.43	719.53
66	389.61	477.59	553.00	600.13	772.94
67	417.89	515.29	593.85	644.12	832.64
68	452.45	553.00	644.12	694.39	898.62
69	483.87	600.13	691.25	750.95	967.75
70	524.72	650.40	750.95	813.79	1043.16
71	568.71	706.96	813.79	882.91	1131.14
72	615.84	769.80	886.06	964.61	1231.68
73	672.40	838.93	970.89	1055.73	1341.65
74	735.24	920.62	1065.15	1159.41	1467.33
75	801.22	1005.45	1168.84	1272.53	1599.30
76	873.49	1096.57	1278.81	1395.07	1746.98
77	945.75	1197.12	1398.21	1527.03	1904.08
78	1024.31	1303.95	1527.03	1668.42	2070.61
79	1106.00	1420.20	1662.14	1819.24	2249.70
80	1193.98				
81	1281.95				
82	1379.36				
83	1479.90				
84	1583.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	84.84	103.69	119.40	128.82	153.96
45-49	91.12	113.11	131.97	144.53	172.81
50-54	128.82	153.96	182.24	194.81	235.65
55	147.68	182.24	207.37	223.09	285.93
56	153.96	191.66	216.80	235.65	301.64
57	166.53	207.37	232.51	251.36	326.77
58	182.24	226.23	251.36	273.36	351.91
59	194.81	245.08	273.36	295.35	383.33
60	213.66	267.07	298.49	326.77	417.89
61	232.51	289.07	329.91	355.05	455.60
62	251.36	311.06	355.05	383.33	490.16
63	270.22	333.06	380.19	414.75	527.86
64	289.07	355.05	405.32	443.03	568.71
65	307.92	380.19	436.74	474.45	609.56
66	333.06	411.61	468.16	509.01	662.97
67	358.19	443.03	509.01	553.00	716.39
68	389.61	483.87	559.28	606.41	779.23
69	424.18	527.86	609.56	662.97	851.49
70	461.88	578.14	666.11	725.81	930.04
71	505.87	631.55	732.10	794.94	1018.02
72	553.00	694.39	804.36	876.63	1115.43
73	609.56	766.66	886.06	967.75	1228.54
74	672.40	842.07	980.32	1068.29	1347.94
75	738.38	926.90	1080.86	1175.12	1479.90
76	810.65	1021.16	1187.69	1294.52	1621.29
77	882.91	1115.43	1300.81	1420.20	1775.25
78	961.47	1219.11	1423.35	1555.31	1935.50
79	1043.16	1332.23	1555.31	1699.85	2111.45
80	1131.14				
81	1219.11				
82	1316.52				
83	1417.06				
84	1520.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.92	35.01	38.05	41.10	53.27
45-49	31.96	39.57	42.62	45.66	59.36
50-54	39.57	47.19	53.27	56.32	73.06
55	45.66	54.80	60.88	65.45	86.76
56	48.71	57.84	65.45	70.02	91.33
57	51.75	62.41	70.02	74.58	98.94
58	56.32	66.97	76.10	80.67	106.55
59	60.88	73.06	82.19	88.28	115.68
60	65.45	79.15	89.80	95.89	126.33
61	71.54	85.24	97.41	105.02	136.99
62	77.63	92.85	106.55	114.16	149.17
63	83.72	100.46	114.16	123.29	161.34
64	88.28	106.55	123.29	132.42	172.00
65	94.37	114.16	132.42	141.56	184.17
66	100.46	123.29	143.08	153.73	199.39
67	109.59	133.94	155.25	167.43	217.66
68	120.25	146.12	168.95	184.17	238.97
69	130.90	159.82	185.70	200.92	261.80
70	143.08	175.04	202.44	220.70	287.68
71	156.78	193.31	223.75	243.54	316.60
72	173.52	214.62	248.10	270.93	351.60
73	191.78	238.97	277.02	301.38	391.18
74	213.09	266.37	307.46	336.38	433.80
75	237.45	295.29	342.47	374.44	480.98
76	261.80	327.25	380.52	415.53	532.73
77	289.20	362.26	421.62	459.67	589.05
78	318.12	400.31	465.76	508.38	648.41
79	350.08	439.89	512.95	558.61	712.34
80	383.57				
81	418.58				
82	456.63				
83	496.20				
84	538.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	45.66	47.19	62.41
45-49	38.05	45.66	50.23	53.27	68.49
50-54	44.14	53.27	60.88	65.45	85.24
55	51.75	60.88	68.49	74.58	98.94
56	54.80	63.93	73.06	79.15	103.50
57	57.84	68.49	77.63	83.72	111.11
58	62.41	74.58	83.72	89.80	118.72
59	66.97	80.67	91.33	98.94	127.86
60	71.54	88.28	98.94	106.55	138.51
61	77.63	94.37	108.07	117.20	150.69
62	83.72	101.98	117.20	126.33	162.86
63	89.80	109.59	126.33	135.47	176.56
64	95.89	117.20	133.94	144.60	188.74
65	103.50	124.81	144.60	153.73	202.44
66	109.59	133.94	155.25	165.91	219.18
67	118.72	146.12	167.43	181.13	238.97
68	129.38	158.30	184.17	199.39	261.80
69	141.56	173.52	200.92	217.66	286.15
70	155.25	191.78	219.18	238.97	315.07
71	168.95	210.05	243.54	263.32	347.04
72	187.22	234.40	269.41	293.76	383.57
73	208.53	260.28	299.85	327.25	426.19
74	229.84	289.20	334.86	363.78	471.85
75	255.71	321.16	372.91	404.88	523.60
76	281.59	356.17	414.01	450.54	579.92
77	312.03	392.70	458.15	499.25	640.80
78	342.47	433.80	506.86	552.52	704.73
79	375.96	477.94	557.09	607.32	774.75
80	410.97				
81	449.02				
82	488.59				
83	529.69				
84	573.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.01	42.62	48.71	50.23	65.45
45-49	39.57	47.19	53.27	56.32	73.06
50-54	45.66	56.32	63.93	68.49	91.33
55	53.27	63.93	71.54	77.63	103.50
56	56.32	66.97	76.10	82.19	109.59
57	59.36	71.54	80.67	88.28	115.68
58	63.93	77.63	86.76	94.37	124.81
59	68.49	83.72	94.37	103.50	133.94
60	74.58	91.33	103.50	111.11	144.60
61	80.67	98.94	112.64	121.77	156.78
62	86.76	106.55	121.77	130.90	168.95
63	92.85	114.16	130.90	140.03	182.65
64	98.94	121.77	138.51	149.17	194.83
65	106.55	129.38	149.17	159.82	210.05
66	114.16	138.51	159.82	172.00	226.79
67	123.29	150.69	173.52	187.22	248.10
68	133.94	164.39	190.26	205.48	270.93
69	146.12	179.61	207.01	225.27	296.81
70	159.82	197.87	226.79	246.58	325.73
71	175.04	217.66	251.15	272.46	359.21
72	193.31	242.01	278.54	302.90	397.27
73	214.62	269.41	310.51	337.91	441.41
74	237.45	298.33	345.52	375.96	488.59
75	263.32	331.82	385.09	418.58	541.87
76	290.72	368.35	427.71	465.76	599.71
77	321.16	406.40	473.37	515.99	662.11
78	353.13	447.50	523.60	570.79	729.08
79	386.61	493.16	576.87	628.63	800.62
80	423.14				
81	461.20				
82	502.29				
83	544.91				
84	589.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.15	116.44	134.55	147.49	194.07
45-49	103.50	129.38	150.08	163.02	214.77
50-54	126.79	157.84	183.72	199.24	274.28
55	144.90	183.72	212.18	230.29	318.27
56	152.67	194.07	225.12	243.23	333.80
57	163.02	207.01	238.06	258.76	354.50
58	173.37	219.94	253.58	276.87	375.20
59	186.30	235.47	271.69	294.98	398.48
60	199.24	250.99	289.81	313.10	424.36
61	212.18	269.11	310.51	336.38	452.82
62	227.71	287.22	331.21	359.67	483.87
63	243.23	305.33	351.91	382.96	517.51
64	258.76	326.03	375.20	408.84	551.15
65	274.28	346.73	401.07	434.71	587.38
66	294.98	370.02	426.95	465.76	628.78
67	315.68	398.48	460.59	501.99	677.94
68	338.97	429.54	496.81	543.39	732.28
69	364.85	460.59	538.21	587.38	789.21
70	393.31	499.40	582.20	636.54	851.31
71	426.95	540.80	631.37	690.88	923.76
72	463.17	587.38	688.29	752.98	1003.98
73	504.58	641.72	752.98	822.85	1094.54
74	551.15	701.23	822.85	900.47	1192.87
75	602.90	765.92	897.88	983.27	1301.54
76	654.65	838.37	980.69	1073.84	1417.99
77	711.58	913.41	1068.66	1172.17	1542.19
78	768.51	996.21	1161.82	1275.67	1674.15
79	830.61	1081.60	1262.73	1386.93	1816.47
80	895.30				
81	959.99				
82	1029.85				
83	1102.30				
84	1177.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	103.50	131.97	152.67	168.19	217.36
45-49	116.44	144.90	170.78	183.72	243.23
50-54	142.32	178.54	209.59	227.71	307.92
55	160.43	204.42	240.64	261.34	351.91
56	168.19	214.77	253.58	274.28	367.43
57	178.54	227.71	266.52	289.81	388.13
58	188.89	240.64	282.04	307.92	411.42
59	201.83	256.17	300.16	326.03	437.30
60	217.36	274.28	318.27	346.73	463.17
61	232.88	292.39	338.97	367.43	494.22
62	248.41	313.10	359.67	393.31	527.86
63	263.93	333.80	382.96	416.60	564.09
64	279.46	354.50	408.84	445.06	597.73
65	297.57	375.20	434.71	473.52	639.13
66	318.27	401.07	465.76	509.75	680.53
67	341.56	432.12	501.99	548.56	734.87
68	367.43	465.76	543.39	595.14	791.79
69	395.90	499.40	584.79	641.72	853.90
70	426.95	543.39	633.95	693.47	921.17
71	460.59	587.38	688.29	752.98	998.80
72	501.99	639.13	747.81	820.26	1086.78
73	545.98	698.64	817.67	895.30	1185.10
74	595.14	760.74	892.71	978.10	1291.19
75	649.48	830.61	972.92	1066.08	1407.64
76	706.41	905.65	1060.90	1161.82	1529.25
77	763.33	983.27	1154.05	1265.32	1663.80
78	825.43	1068.66	1254.97	1376.58	1803.53
79	887.53	1159.23	1361.06	1493.02	1956.20
80	957.40				
81	1024.68				
82	1099.71				
83	1174.75				
84	1252.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	108.68	137.14	160.43	175.95	227.71
45-49	121.62	152.67	178.54	194.07	253.58
50-54	150.08	188.89	219.94	238.06	320.86
55	168.19	212.18	250.99	274.28	364.85
56	175.95	222.53	263.93	287.22	382.96
57	186.30	235.47	276.87	302.75	403.66
58	196.65	250.99	292.39	320.86	426.95
59	209.59	266.52	310.51	338.97	452.82
60	225.12	284.63	328.62	359.67	481.29
61	240.64	302.75	349.32	380.37	512.34
62	256.17	323.45	372.61	406.25	545.98
63	271.69	344.15	395.90	432.12	582.20
64	289.81	364.85	421.77	460.59	618.43
65	307.92	388.13	450.24	491.64	659.83
66	328.62	414.01	483.87	527.86	703.82
67	351.91	445.06	520.10	569.26	758.16
68	377.78	481.29	561.50	615.84	817.67
69	408.84	517.51	605.49	665.00	882.36
70	439.89	561.50	654.65	719.34	952.22
71	476.11	608.08	711.58	778.86	1032.44
72	517.51	662.42	773.68	848.72	1123.00
73	564.09	721.93	843.55	926.35	1223.92
74	613.25	786.62	921.17	1011.74	1332.60
75	667.59	856.48	1003.98	1102.30	1451.62
76	727.11	934.11	1094.54	1200.63	1578.41
77	786.62	1014.33	1190.28	1306.72	1715.56
78	848.72	1099.71	1293.78	1420.57	1860.46
79	913.41	1192.87	1402.46	1539.60	2015.71
80	983.27				
81	1053.14				
82	1128.18				
83	1205.81				
84	1286.02				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69.86	85.39	100.92	108.68	144.90
45-49	77.63	95.74	111.27	121.62	160.43
50-54	100.92	124.20	142.32	157.84	207.01
55	116.44	142.32	165.60	181.13	245.82
56	121.62	150.08	173.37	188.89	261.34
57	129.38	160.43	186.30	201.83	279.46
58	139.73	173.37	201.83	217.36	300.16
59	150.08	186.30	217.36	235.47	323.45
60	163.02	204.42	235.47	256.17	346.73
61	178.54	219.94	256.17	276.87	375.20
62	191.48	238.06	276.87	300.16	403.66
63	204.42	256.17	297.57	320.86	434.71
64	219.94	274.28	318.27	344.15	465.76
65	232.88	292.39	338.97	367.43	499.40
66	250.99	315.68	364.85	395.90	538.21
67	271.69	341.56	395.90	429.54	584.79
68	294.98	372.61	432.12	468.35	636.54
69	320.86	406.25	470.94	512.34	693.47
70	349.32	442.47	514.93	561.50	758.16
71	382.96	486.46	564.09	615.84	828.02
72	419.19	533.04	621.02	677.94	908.24
73	460.59	587.38	683.12	747.81	998.80
74	507.16	644.30	752.98	822.85	1094.54
75	556.33	708.99	828.02	905.65	1200.63
76	610.67	776.27	908.24	996.21	1317.07
77	665.00	851.31	996.21	1091.95	1438.69
78	721.93	928.94	1089.36	1195.45	1570.65
79	784.03	1014.33	1187.69	1304.13	1707.79
80	848.72				
81	916.00				
82	985.86				
83	1058.31				
84	1135.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	80.21	100.92	116.44	124.20	165.60
45-49	90.56	111.27	126.79	139.73	183.72
50-54	111.27	139.73	163.02	178.54	232.88
55	129.38	160.43	186.30	201.83	274.28
56	137.14	170.78	196.65	214.77	289.81
57	144.90	181.13	209.59	227.71	310.51
58	155.25	194.07	225.12	245.82	331.21
59	165.60	207.01	240.64	263.93	354.50
60	178.54	225.12	261.34	284.63	380.37
61	194.07	240.64	282.04	307.92	408.84
62	207.01	258.76	302.75	331.21	437.30
63	222.53	276.87	326.03	354.50	470.94
64	238.06	297.57	346.73	377.78	504.58
65	253.58	318.27	370.02	403.66	538.21
66	274.28	344.15	398.48	434.71	582.20
67	297.57	370.02	432.12	468.35	631.37
68	323.45	403.66	470.94	512.34	688.29
69	349.32	439.89	512.34	558.91	750.39
70	377.78	478.70	558.91	608.08	817.67
71	411.42	525.28	610.67	667.59	895.30
72	450.24	574.44	672.77	734.87	980.69
73	494.22	633.95	740.04	809.91	1076.43
74	543.39	696.05	812.50	890.12	1182.52
75	597.73	763.33	895.30	980.69	1296.37
76	654.65	835.78	983.27	1079.01	1420.57
77	714.17	916.00	1076.43	1179.93	1552.54
78	773.68	1001.39	1177.34	1291.19	1694.85
79	840.96	1091.95	1283.43	1410.22	1844.93
80	908.24				
81	980.69				
82	1053.14				
83	1128.18				
84	1210.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85.39	106.09	121.62	131.97	175.95
45-49	95.74	116.44	134.55	147.49	194.07
50-54	116.44	144.90	170.78	186.30	243.23
55	134.55	168.19	196.65	212.18	287.22
56	142.32	178.54	207.01	225.12	302.75
57	150.08	188.89	219.94	238.06	323.45
58	160.43	201.83	235.47	256.17	344.15
59	173.37	217.36	250.99	274.28	367.43
60	186.30	232.88	271.69	297.57	393.31
61	199.24	250.99	292.39	320.86	421.77
62	214.77	269.11	313.10	344.15	452.82
63	230.29	287.22	336.38	367.43	486.46
64	245.82	307.92	359.67	393.31	520.10
65	263.93	328.62	382.96	419.19	556.33
66	284.63	354.50	414.01	450.24	600.31
67	307.92	382.96	447.65	486.46	652.07
68	333.80	416.60	486.46	530.45	708.99
69	359.67	452.82	530.45	577.03	773.68
70	390.72	494.22	577.03	628.78	843.55
71	424.36	540.80	631.37	690.88	923.76
72	463.17	592.55	693.47	758.16	1011.74
73	509.75	652.07	763.33	835.78	1110.07
74	558.91	716.76	838.37	918.59	1221.33
75	615.84	786.62	923.76	1011.74	1337.77
76	672.77	861.66	1014.33	1112.65	1464.56
77	734.87	944.46	1110.07	1218.74	1601.70
78	796.97	1032.44	1213.57	1332.60	1746.61
79	864.25	1125.59	1324.83	1456.80	1901.86
80	934.11				
81	1006.56				
82	1081.60				
83	1159.23				
84	1242.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	44.14	48.71	62.41
45-49	38.05	47.19	50.23	53.27	70.02
50-54	47.19	54.80	62.41	66.97	85.24
55	53.27	63.93	71.54	77.63	101.98
56	57.84	68.49	77.63	82.19	108.07
57	60.88	73.06	82.19	88.28	115.68
58	66.97	79.15	89.80	94.37	124.81
59	71.54	85.24	97.41	103.50	135.47
60	77.63	92.85	105.02	112.64	149.17
61	83.72	100.46	114.16	123.29	161.34
62	91.33	109.59	124.81	133.94	175.04
63	98.94	118.72	133.94	144.60	190.26
64	103.50	124.81	144.60	155.25	202.44
65	111.11	133.94	155.25	165.91	216.14
66	118.72	144.60	168.95	181.13	234.40
67	129.38	158.30	182.65	196.35	255.71
68	141.56	172.00	199.39	216.14	281.59
69	153.73	188.74	219.18	235.93	307.46
70	168.95	205.48	237.45	260.28	337.91
71	184.17	226.79	263.32	286.15	372.91
72	203.96	252.67	292.24	318.12	414.01
73	225.27	281.59	325.73	354.65	459.67
74	251.15	313.55	362.26	395.75	509.90
75	280.07	347.04	403.36	439.89	566.22
76	307.46	385.09	447.50	488.59	627.10
77	340.95	426.19	496.20	540.34	692.55
78	374.44	470.33	547.95	598.18	762.57
79	412.49	517.51	602.75	657.55	838.68
80	450.54				
81	493.16				
82	537.30				
83	584.49				
84	633.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	53.27	54.80	73.06
45-49	44.14	53.27	59.36	62.41	80.67
50-54	51.75	62.41	71.54	77.63	100.46
55	60.88	71.54	80.67	88.28	115.68
56	63.93	74.58	85.24	92.85	121.77
57	68.49	80.67	91.33	98.94	130.90
58	73.06	88.28	98.94	105.02	140.03
59	79.15	94.37	108.07	115.68	150.69
60	83.72	103.50	115.68	124.81	162.86
61	91.33	111.11	127.86	138.51	176.56
62	98.94	120.25	138.51	149.17	191.78
63	105.02	129.38	149.17	159.82	207.01
64	112.64	138.51	158.30	170.47	222.23
65	121.77	146.12	170.47	181.13	237.45
66	129.38	158.30	182.65	194.83	257.23
67	140.03	172.00	196.35	213.09	281.59
68	152.21	185.70	216.14	234.40	307.46
69	165.91	203.96	235.93	255.71	336.38
70	182.65	225.27	257.23	281.59	371.39
71	199.39	246.58	286.15	310.51	407.92
72	220.70	275.50	316.60	345.52	450.54
73	245.06	305.94	353.13	385.09	500.77
74	270.93	340.95	394.22	427.71	555.57
75	301.38	377.48	438.36	476.42	616.45
76	331.82	418.58	487.07	529.69	681.90
77	366.83	462.72	538.82	587.53	753.44
78	403.36	509.90	596.66	649.94	829.54
79	442.93	561.65	656.02	713.86	911.74
80	484.03				
81	528.17				
82	575.35				
83	622.54				
84	675.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	57.84	59.36	77.63
45-49	47.19	54.80	62.41	66.97	85.24
50-54	53.27	66.97	74.58	80.67	108.07
55	62.41	74.58	83.72	91.33	121.77
56	66.97	79.15	89.80	97.41	129.38
57	70.02	83.72	94.37	103.50	135.47
58	74.58	91.33	101.98	111.11	146.12
59	80.67	98.94	111.11	121.77	158.30
60	88.28	108.07	121.77	130.90	170.47
61	94.37	115.68	132.42	143.08	184.17
62	101.98	124.81	143.08	153.73	199.39
63	109.59	133.94	153.73	164.39	214.62
64	115.68	143.08	162.86	175.04	229.84
65	124.81	152.21	175.04	188.74	246.58
66	133.94	162.86	188.74	202.44	266.37
67	144.60	176.56	203.96	220.70	292.24
68	158.30	193.31	223.75	242.01	318.12
69	172.00	211.57	243.54	264.84	348.56
70	188.74	232.88	266.37	290.72	383.57
71	205.48	255.71	295.29	321.16	423.14
72	226.79	284.63	327.25	356.17	467.28
73	252.67	316.60	365.30	397.27	519.04
74	280.07	351.60	406.40	442.93	575.35
75	310.51	389.66	453.58	493.16	637.76
76	342.47	433.80	503.81	547.95	706.25
77	377.48	477.94	557.09	607.32	779.31
78	415.53	526.65	616.45	671.24	858.46
79	455.11	579.92	678.86	739.74	942.18
80	497.73				
81	541.87				
82	590.57				
83	640.80				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	108.68	137.14	157.84	173.37	227.71
45-49	121.62	152.67	175.95	191.48	253.58
50-54	150.08	186.30	217.36	235.47	323.45
55	170.78	217.36	248.41	271.69	375.20
56	178.54	227.71	263.93	287.22	393.31
57	191.48	243.23	279.46	305.33	416.60
58	204.42	258.76	297.57	326.03	442.47
59	219.94	276.87	320.86	346.73	468.35
60	235.47	294.98	341.56	367.43	499.40
61	248.41	315.68	364.85	395.90	533.04
62	269.11	338.97	390.72	424.36	569.26
63	287.22	359.67	414.01	450.24	608.08
64	305.33	382.96	442.47	481.29	649.48
65	323.45	408.84	470.94	512.34	690.88
66	346.73	434.71	501.99	548.56	740.04
67	372.61	468.35	540.80	589.96	796.97
68	398.48	504.58	584.79	639.13	861.66
69	429.54	540.80	633.95	690.88	928.94
70	463.17	587.38	685.70	747.81	1001.39
71	501.99	636.54	742.63	812.50	1086.78
72	545.98	690.88	809.91	884.95	1179.93
73	592.55	755.57	884.95	967.75	1288.61
74	649.48	825.43	967.75	1058.31	1402.46
75	708.99	900.47	1055.73	1156.64	1531.84
76	771.09	985.86	1154.05	1262.73	1668.98
77	838.37	1073.84	1257.56	1379.17	1813.88
78	903.06	1172.17	1366.23	1500.79	1969.14
79	978.10	1273.08	1485.26	1632.75	2137.33
80	1053.14				
81	1128.18				
82	1210.98				
83	1296.37				
84	1384.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	121.62	155.25	178.54	196.65	256.17
45-49	137.14	170.78	201.83	217.36	287.22
50-54	168.19	209.59	245.82	269.11	362.26
55	188.89	240.64	282.04	307.92	414.01
56	196.65	253.58	297.57	323.45	432.12
57	209.59	269.11	313.10	341.56	455.41
58	222.53	282.04	331.21	362.26	483.87
59	238.06	300.16	351.91	382.96	514.93
60	256.17	323.45	375.20	408.84	545.98
61	274.28	344.15	398.48	432.12	582.20
62	292.39	367.43	424.36	463.17	621.02
63	310.51	393.31	450.24	489.05	662.42
64	328.62	416.60	481.29	522.69	703.82
65	349.32	442.47	512.34	556.33	752.98
66	375.20	470.94	548.56	600.31	799.56
67	401.07	507.16	589.96	644.30	864.25
68	432.12	548.56	639.13	701.23	931.52
69	465.76	587.38	688.29	755.57	1003.98
70	501.99	639.13	745.22	815.08	1084.19
71	540.80	690.88	809.91	884.95	1174.75
72	589.96	752.98	879.77	965.16	1278.26
73	641.72	822.85	962.57	1053.14	1394.70
74	701.23	895.30	1050.55	1151.47	1518.90
75	763.33	978.10	1143.70	1254.97	1656.04
76	830.61	1066.08	1247.21	1366.23	1798.36
77	897.88	1156.64	1358.47	1487.85	1956.20
78	970.34	1257.56	1477.50	1619.82	2121.80
79	1045.38	1363.65	1601.70	1756.96	2300.34
80	1125.59				
81	1205.81				
82	1293.78				
83	1381.76				
84	1472.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	126.79	160.43	188.89	207.01	269.11
45-49	142.32	178.54	209.59	227.71	297.57
50-54	175.95	222.53	258.76	279.46	377.78
55	196.65	248.41	294.98	323.45	429.54
56	207.01	261.34	310.51	338.97	450.24
57	219.94	276.87	326.03	357.08	476.11
58	230.29	294.98	344.15	377.78	501.99
59	245.82	313.10	364.85	398.48	533.04
60	263.93	333.80	385.55	424.36	566.68
61	282.04	357.08	411.42	447.65	602.90
62	300.16	380.37	437.30	478.70	641.72
63	320.86	403.66	465.76	507.16	685.70
64	341.56	429.54	496.81	540.80	727.11
65	362.26	455.41	530.45	579.61	776.27
66	385.55	486.46	569.26	621.02	828.02
67	414.01	522.69	610.67	670.18	892.71
68	445.06	566.68	659.83	724.52	962.57
69	481.29	608.08	711.58	781.44	1037.61
70	517.51	659.83	771.09	846.13	1120.42
71	558.91	714.17	838.37	916.00	1213.57
72	608.08	778.86	910.82	998.80	1322.25
73	662.42	848.72	993.62	1089.36	1438.69
74	721.93	926.35	1084.19	1190.28	1568.06
75	786.62	1006.56	1179.93	1296.37	1707.79
76	856.48	1099.71	1288.61	1412.81	1857.87
77	926.35	1192.87	1399.87	1537.01	2018.30
78	998.80	1293.78	1521.49	1671.57	2189.08
79	1073.84	1402.46	1650.87	1811.30	2370.21
80	1156.64				
81	1239.44				
82	1327.42				
83	1417.99				
84	1513.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82.80	100.92	119.03	126.79	170.78
45-49	90.56	113.85	131.97	142.32	188.89
50-54	119.03	144.90	168.19	186.30	243.23
55	137.14	168.19	194.07	212.18	289.81
56	142.32	175.95	204.42	222.53	307.92
57	152.67	188.89	219.94	238.06	328.62
58	165.60	204.42	238.06	256.17	351.91
59	175.95	219.94	256.17	276.87	380.37
60	191.48	240.64	276.87	300.16	408.84
61	209.59	258.76	300.16	326.03	442.47
62	225.12	279.46	326.03	351.91	476.11
63	240.64	300.16	349.32	377.78	512.34
64	258.76	323.45	375.20	403.66	548.56
65	274.28	344.15	398.48	432.12	587.38
66	294.98	372.61	429.54	465.76	633.95
67	320.86	401.07	465.76	504.58	688.29
68	346.73	437.30	507.16	551.15	747.81
69	377.78	478.70	553.74	602.90	815.08
70	411.42	520.10	605.49	659.83	892.71
71	450.24	571.85	662.42	724.52	972.92
72	494.22	626.19	729.69	796.97	1068.66
73	540.80	690.88	804.73	879.77	1174.75
74	597.73	758.16	884.95	967.75	1288.61
75	654.65	833.20	972.92	1066.08	1412.81
76	719.34	913.41	1068.66	1172.17	1549.95
77	781.44	1001.39	1172.17	1283.43	1692.27
78	848.72	1091.95	1280.84	1407.64	1847.52
79	921.17	1192.87	1397.28	1534.43	2007.95
80	998.80				
81	1076.43				
82	1159.23				
83	1244.62				
84	1335.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.15	119.03	137.14	144.90	194.07
45-49	106.09	131.97	150.08	165.60	217.36
50-54	131.97	165.60	191.48	209.59	274.28
55	152.67	188.89	219.94	238.06	323.45
56	160.43	201.83	230.29	253.58	341.56
57	170.78	212.18	245.82	269.11	364.85
58	183.72	227.71	263.93	289.81	390.72
59	194.07	243.23	282.04	310.51	416.60
60	209.59	263.93	307.92	333.80	447.65
61	227.71	282.04	331.21	362.26	481.29
62	243.23	305.33	357.08	390.72	514.93
63	261.34	326.03	382.96	416.60	553.74
64	279.46	349.32	408.84	445.06	592.55
65	297.57	375.20	434.71	476.11	633.95
66	323.45	403.66	468.35	512.34	685.70
67	349.32	434.71	507.16	551.15	742.63
68	380.37	476.11	553.74	602.90	809.91
69	411.42	517.51	602.90	657.24	882.36
70	445.06	564.09	657.24	714.17	962.57
71	483.87	618.43	719.34	786.62	1053.14
72	530.45	675.35	791.79	864.25	1154.05
73	582.20	745.22	869.42	952.22	1265.32
74	639.13	817.67	954.81	1047.96	1392.11
75	703.82	897.88	1053.14	1154.05	1524.08
76	771.09	983.27	1156.64	1270.49	1671.57
77	840.96	1076.43	1265.32	1386.93	1826.82
78	910.82	1177.34	1384.35	1518.90	1995.01
79	988.45	1283.43	1511.14	1658.63	2170.97
80	1068.66				
81	1154.05				
82	1239.44				
83	1327.42				
84	1425.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	100.92	124.20	142.32	155.25	207.01
45-49	113.85	137.14	157.84	173.37	227.71
50-54	137.14	170.78	201.83	219.94	287.22
55	157.84	196.65	230.29	248.41	338.97
56	168.19	209.59	243.23	263.93	357.08
57	175.95	222.53	258.76	279.46	380.37
58	188.89	238.06	276.87	300.16	403.66
59	204.42	256.17	294.98	323.45	432.12
60	219.94	274.28	320.86	349.32	463.17
61	235.47	294.98	344.15	377.78	496.81
62	253.58	315.68	367.43	403.66	533.04
63	271.69	338.97	395.90	432.12	571.85
64	289.81	362.26	424.36	463.17	610.67
65	310.51	385.55	450.24	494.22	654.65
66	333.80	416.60	486.46	530.45	706.41
67	362.26	450.24	527.86	571.85	765.92
68	393.31	489.05	571.85	623.60	833.20
69	424.36	533.04	623.60	677.94	910.82
70	460.59	582.20	677.94	740.04	993.62
71	499.40	636.54	742.63	812.50	1086.78
72	545.98	696.05	815.08	892.71	1190.28
73	600.31	765.92	897.88	983.27	1306.72
74	657.24	843.55	985.86	1081.60	1436.10
75	724.52	926.35	1086.78	1190.28	1573.24
76	791.79	1014.33	1192.87	1309.31	1723.32
77	864.25	1110.07	1306.72	1433.51	1883.75
78	936.70	1213.57	1428.34	1568.06	2054.53
79	1016.91	1324.83	1557.71	1712.97	2238.24
80	1099.71				
81	1185.10				
82	1273.08				
83	1363.65				
84	1461.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.15	43.76	47.57	51.37	66.59
45-49	39.96	49.47	53.27	57.08	74.20
50-54	49.47	58.98	66.59	70.40	91.33
55	57.08	68.49	76.10	81.81	108.45
56	60.88	72.30	81.81	87.52	114.16
57	64.69	78.01	87.52	93.23	123.67
58	70.40	83.72	95.13	100.84	133.18
59	76.10	91.33	102.74	110.35	144.60
60	81.81	98.94	112.25	119.87	157.92
61	89.42	106.55	121.77	131.28	171.24
62	97.03	116.06	133.18	142.70	186.46
63	104.64	125.57	142.70	154.11	201.68
64	110.35	133.18	154.11	165.53	215.00
65	117.96	142.70	165.53	176.94	230.22
66	125.57	154.11	178.85	192.16	249.24
67	136.99	167.43	194.07	209.29	272.07
68	150.31	182.65	211.19	230.22	298.71
69	163.63	199.78	232.12	251.15	327.25
70	178.85	218.80	253.05	275.88	359.60
71	195.97	241.63	279.69	304.42	395.75
72	216.90	268.27	310.13	338.67	439.51
73	239.73	298.71	346.28	376.72	488.97
74	266.37	332.96	384.33	420.48	542.25
75	296.81	369.11	428.09	468.04	601.23
76	327.25	409.06	475.66	519.42	665.92
77	361.50	452.82	527.03	574.59	736.31
78	397.65	500.39	582.20	635.48	810.52
79	437.60	549.86	641.18	698.26	890.43
80	479.46				
81	523.22				
82	570.79				
83	620.25				
84	673.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	57.08	58.98	78.01
45-49	47.57	57.08	62.79	66.59	85.62
50-54	55.18	66.59	76.10	81.81	106.55
55	64.69	76.10	85.62	93.23	123.67
56	68.49	79.91	91.33	98.94	129.38
57	72.30	85.62	97.03	104.64	138.89
58	78.01	93.23	104.64	112.25	148.40
59	83.72	100.84	114.16	123.67	159.82
60	89.42	110.35	123.67	133.18	173.14
61	97.03	117.96	135.09	146.50	188.36
62	104.64	127.48	146.50	157.92	203.58
63	112.25	136.99	157.92	169.33	220.70
64	119.87	146.50	167.43	180.75	235.93
65	129.38	156.01	180.75	192.16	253.05
66	136.99	167.43	194.07	207.39	273.98
67	148.40	182.65	209.29	226.41	298.71
68	161.72	197.87	230.22	249.24	327.25
69	176.94	216.90	251.15	272.07	357.69
70	194.07	239.73	273.98	298.71	393.84
71	211.19	262.56	304.42	329.15	433.80
72	234.02	293.00	336.76	367.21	479.46
73	260.66	325.35	374.82	409.06	532.73
74	287.30	361.50	418.58	454.73	589.81
75	319.64	401.45	466.14	506.10	654.50
76	351.98	445.21	517.51	563.18	724.90
77	390.04	490.88	572.69	624.06	801.00
78	428.09	542.25	633.57	690.65	880.91
79	469.95	597.42	696.36	759.15	968.43
80	513.71				
81	561.27				
82	610.74				
83	662.11				
84	717.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.76	53.27	60.88	62.79	81.81
45-49	49.47	58.98	66.59	70.40	91.33
50-54	57.08	70.40	79.91	85.62	114.16
55	66.59	79.91	89.42	97.03	129.38
56	70.40	83.72	95.13	102.74	136.99
57	74.20	89.42	100.84	110.35	144.60
58	79.91	97.03	108.45	117.96	156.01
59	85.62	104.64	117.96	129.38	167.43
60	93.23	114.16	129.38	138.89	180.75
61	100.84	123.67	140.79	152.21	195.97
62	108.45	133.18	152.21	163.63	211.19
63	116.06	142.70	163.63	175.04	228.31
64	123.67	152.21	173.14	186.46	243.54
65	133.18	161.72	186.46	199.78	262.56
66	142.70	173.14	199.78	215.00	283.49
67	154.11	188.36	216.90	234.02	310.13
68	167.43	205.48	237.83	256.85	338.67
69	182.65	224.51	258.76	281.59	371.01
70	199.78	247.34	283.49	308.22	407.16
71	218.80	272.07	313.93	340.57	449.02
72	241.63	302.52	348.18	378.62	496.58
73	268.27	336.76	388.13	422.38	551.76
74	296.81	372.91	431.89	469.95	610.74
75	329.15	414.77	481.36	523.22	677.33
76	363.40	460.43	534.64	582.20	749.63
77	401.45	508.00	591.72	644.99	827.64
78	441.41	559.37	654.50	713.48	911.36
79	483.27	616.45	721.09	785.78	1000.78
80	528.93				
81	576.49				
82	627.86				
83	681.14				
84	736.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	116.44	145.55	168.19	184.36	242.58
45-49	129.38	161.72	187.60	203.77	268.46
50-54	158.49	197.30	229.65	249.05	342.85
55	181.13	229.65	265.23	287.87	397.84
56	190.83	242.58	281.40	304.04	417.24
57	203.77	258.76	297.57	323.45	443.12
58	216.71	274.93	316.98	346.09	469.00
59	232.88	294.34	339.62	368.73	498.11
60	249.05	313.74	362.26	391.37	530.45
61	265.23	336.38	388.13	420.48	566.03
62	284.63	359.02	414.01	449.59	604.84
63	304.04	381.67	439.89	478.70	646.89
64	323.45	407.54	469.00	511.04	688.94
65	342.85	433.42	501.34	543.39	734.22
66	368.73	462.53	533.69	582.20	785.97
67	394.60	498.11	575.73	627.48	847.43
68	423.71	536.92	621.02	679.24	915.35
69	456.06	575.73	672.77	734.22	986.51
70	491.64	624.25	727.75	795.68	1064.14
71	533.69	676.00	789.21	863.60	1154.70
72	578.97	734.22	860.37	941.23	1254.97
73	630.72	802.15	941.23	1028.56	1368.17
74	688.94	876.54	1028.56	1125.59	1491.08
75	753.63	957.40	1122.36	1229.09	1626.93
76	818.32	1047.96	1225.86	1342.30	1772.48
77	889.48	1141.76	1335.83	1465.21	1927.74
78	960.63	1245.27	1452.27	1594.59	2092.69
79	1038.26	1352.00	1578.41	1733.67	2270.59
80	1119.12				
81	1199.98				
82	1287.31				
83	1377.88				
84	1471.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	129.38	164.96	190.83	210.24	271.69
45-49	145.55	181.13	213.47	229.65	304.04
50-54	177.90	223.18	261.99	284.63	384.90
55	200.54	255.52	300.80	326.68	439.89
56	210.24	268.46	316.98	342.85	459.29
57	223.18	284.63	333.15	362.26	485.17
58	236.12	300.80	352.56	384.90	514.28
59	252.29	320.21	375.20	407.54	546.62
60	271.69	342.85	397.84	433.42	578.97
61	291.10	365.49	423.71	459.29	617.78
62	310.51	391.37	449.59	491.64	659.83
63	329.91	417.24	478.70	520.75	705.11
64	349.32	443.12	511.04	556.33	747.16
65	371.96	469.00	543.39	591.91	798.91
66	397.84	501.34	582.20	637.19	850.66
67	426.95	540.15	627.48	685.70	918.59
68	459.29	582.20	679.24	743.92	989.74
69	494.87	624.25	730.99	802.15	1067.37
70	533.69	679.24	792.44	866.83	1151.47
71	575.73	734.22	860.37	941.23	1248.50
72	627.48	798.91	934.76	1025.32	1358.47
73	682.47	873.30	1022.09	1119.12	1481.38
74	743.92	950.93	1115.89	1222.62	1613.99
75	811.85	1038.26	1216.16	1332.60	1759.54
76	883.01	1132.06	1326.13	1452.27	1911.56
77	954.16	1229.09	1442.57	1581.65	2079.76
78	1031.79	1335.83	1568.71	1720.73	2254.42
79	1109.42	1449.04	1701.32	1866.28	2445.25
80	1196.75				
81	1280.84				
82	1374.64				
83	1468.44				
84	1565.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	135.85	171.43	200.54	219.94	284.63
45-49	152.02	190.83	223.18	242.58	316.98
50-54	187.60	236.12	274.93	297.57	401.07
55	210.24	265.23	313.74	342.85	456.06
56	219.94	278.16	329.91	359.02	478.70
57	232.88	294.34	346.09	378.43	504.58
58	245.82	313.74	365.49	401.07	533.69
59	261.99	333.15	388.13	423.71	566.03
60	281.40	355.79	410.78	449.59	601.61
61	300.80	378.43	436.65	475.46	640.42
62	320.21	404.31	465.76	507.81	682.47
63	339.62	430.18	494.87	540.15	727.75
64	362.26	456.06	527.22	575.73	773.03
65	384.90	485.17	562.80	614.55	824.79
66	410.78	517.51	604.84	659.83	879.77
67	439.89	556.33	650.13	711.58	947.70
68	472.23	601.61	701.88	769.80	1022.09
69	511.04	646.89	756.86	831.26	1102.95
70	549.86	701.88	818.32	899.18	1190.28
71	595.14	760.10	889.48	973.57	1290.55
72	646.89	828.02	967.10	1060.90	1403.75
73	705.11	902.41	1054.43	1157.94	1529.90
74	766.57	983.27	1151.47	1264.67	1665.74
75	834.49	1070.60	1254.97	1377.88	1814.53
76	908.88	1167.64	1368.17	1500.79	1973.02
77	983.27	1267.91	1487.85	1633.40	2144.44
78	1060.90	1374.64	1617.23	1775.72	2325.57
79	1141.76	1491.08	1753.07	1924.50	2519.64
80	1229.09				
81	1316.42				
82	1410.22				
83	1507.26				
84	1607.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.33	106.74	126.14	135.85	181.13
45-49	97.03	119.67	139.08	152.02	200.54
50-54	126.14	155.25	177.90	197.30	258.76
55	145.55	177.90	207.01	226.41	307.27
56	152.02	187.60	216.71	236.12	326.68
57	161.72	200.54	232.88	252.29	349.32
58	174.66	216.71	252.29	271.69	375.20
59	187.60	232.88	271.69	294.34	404.31
60	203.77	255.52	294.34	320.21	433.42
61	223.18	274.93	320.21	346.09	469.00
62	239.35	297.57	346.09	375.20	504.58
63	255.52	320.21	371.96	401.07	543.39
64	274.93	342.85	397.84	430.18	582.20
65	291.10	365.49	423.71	459.29	624.25
66	313.74	394.60	456.06	494.87	672.77
67	339.62	426.95	494.87	536.92	730.99
68	368.73	465.76	540.15	585.44	795.68
69	401.07	507.81	588.67	640.42	866.83
70	436.65	553.09	643.66	701.88	947.70
71	478.70	608.08	705.11	769.80	1035.03
72	523.98	666.30	776.27	847.43	1135.29
73	575.73	734.22	853.90	934.76	1248.50
74	633.95	805.38	941.23	1028.56	1368.17
75	695.41	886.24	1035.03	1132.06	1500.79
76	763.33	970.34	1135.29	1245.27	1646.34
77	831.26	1064.14	1245.27	1364.94	1798.36
78	902.41	1161.17	1361.71	1494.32	1963.31
79	980.04	1267.91	1484.62	1630.17	2134.74
80	1060.90				
81	1145.00				
82	1232.33				
83	1322.89				
84	1419.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	100.27	126.14	145.55	155.25	207.01
45-49	113.21	139.08	158.49	174.66	229.65
50-54	139.08	174.66	203.77	223.18	291.10
55	161.72	200.54	232.88	252.29	342.85
56	171.43	213.47	245.82	268.46	362.26
57	181.13	226.41	261.99	284.63	388.13
58	194.07	242.58	281.40	307.27	414.01
59	207.01	258.76	300.80	329.91	443.12
60	223.18	281.40	326.68	355.79	475.46
61	242.58	300.80	352.56	384.90	511.04
62	258.76	323.45	378.43	414.01	546.62
63	278.16	346.09	407.54	443.12	588.67
64	297.57	371.96	433.42	472.23	630.72
65	316.98	397.84	462.53	504.58	672.77
66	342.85	430.18	498.11	543.39	727.75
67	371.96	462.53	540.15	585.44	789.21
68	404.31	504.58	588.67	640.42	860.37
69	436.65	549.86	640.42	698.64	937.99
70	472.23	598.37	698.64	760.10	1022.09
71	514.28	656.59	763.33	834.49	1119.12
72	562.80	718.05	840.96	918.59	1225.86
73	617.78	792.44	925.05	1012.38	1345.53
74	679.24	870.07	1015.62	1112.65	1478.15
75	747.16	954.16	1119.12	1225.86	1620.46
76	818.32	1044.73	1229.09	1348.77	1775.72
77	892.71	1145.00	1345.53	1474.91	1940.67
78	967.10	1251.73	1471.68	1613.99	2118.57
79	1051.20	1364.94	1604.29	1762.78	2306.17
80	1135.29				
81	1225.86				
82	1316.42				
83	1410.22				
84	1513.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106.74	132.61	152.02	164.96	219.94
45-49	119.67	145.55	168.19	184.36	242.58
50-54	145.55	181.13	213.47	232.88	304.04
55	168.19	210.24	245.82	265.23	359.02
56	177.90	223.18	258.76	281.40	378.43
57	187.60	236.12	274.93	297.57	404.31
58	200.54	252.29	294.34	320.21	430.18
59	216.71	271.69	313.74	342.85	459.29
60	232.88	291.10	339.62	371.96	491.64
61	249.05	313.74	365.49	401.07	527.22
62	268.46	336.38	391.37	430.18	566.03
63	287.87	359.02	420.48	459.29	608.08
64	307.27	384.90	449.59	491.64	650.13
65	329.91	410.78	478.70	523.98	695.41
66	355.79	443.12	517.51	562.80	750.39
67	384.90	478.70	559.56	608.08	815.08
68	417.24	520.75	608.08	663.06	886.24
69	449.59	566.03	663.06	721.28	967.10
70	488.40	617.78	721.28	785.97	1054.43
71	530.45	676.00	789.21	863.60	1154.70
72	578.97	740.69	866.83	947.70	1264.67
73	637.19	815.08	954.16	1044.73	1387.58
74	698.64	895.94	1047.96	1148.23	1526.66
75	769.80	983.27	1154.70	1264.67	1672.21
76	840.96	1077.07	1267.91	1390.82	1830.70
77	918.59	1180.58	1387.58	1523.43	2002.13
78	996.21	1290.55	1516.96	1665.74	2183.26
79	1080.31	1406.99	1656.04	1821.00	2377.32
80	1167.64				
81	1258.20				
82	1352.00				
83	1449.04				
84	1552.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	55.18	60.88	78.01
45-49	47.57	58.98	62.79	66.59	87.52
50-54	58.98	68.49	78.01	83.72	106.55
55	66.59	79.91	89.42	97.03	127.48
56	72.30	85.62	97.03	102.74	135.09
57	76.10	91.33	102.74	110.35	144.60
58	83.72	98.94	112.25	117.96	156.01
59	89.42	106.55	121.77	129.38	169.33
60	97.03	116.06	131.28	140.79	186.46
61	104.64	125.57	142.70	154.11	201.68
62	114.16	136.99	156.01	167.43	218.80
63	123.67	148.40	167.43	180.75	237.83
64	129.38	156.01	180.75	194.07	253.05
65	138.89	167.43	194.07	207.39	270.17
66	148.40	180.75	211.19	226.41	293.00
67	161.72	197.87	228.31	245.44	319.64
68	176.94	215.00	249.24	270.17	351.98
69	192.16	235.93	273.98	294.91	384.33
70	211.19	256.85	296.81	325.35	422.38
71	230.22	283.49	329.15	357.69	466.14
72	254.95	315.84	365.30	397.65	517.51
73	281.59	351.98	407.16	443.31	574.59
74	313.93	391.94	452.82	494.68	637.38
75	350.08	433.80	504.19	549.86	707.78
76	384.33	481.36	559.37	610.74	783.88
77	426.19	532.73	620.25	675.43	865.69
78	468.04	587.91	684.94	747.73	953.21
79	515.61	646.89	753.44	821.93	1048.34
80	563.18				
81	616.45				
82	671.63				
83	730.61				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	66.59	68.49	91.33
45-49	55.18	66.59	74.20	78.01	100.84
50-54	64.69	78.01	89.42	97.03	125.57
55	76.10	89.42	100.84	110.35	144.60
56	79.91	93.23	106.55	116.06	152.21
57	85.62	100.84	114.16	123.67	163.63
58	91.33	110.35	123.67	131.28	175.04
59	98.94	117.96	135.09	144.60	188.36
60	104.64	129.38	144.60	156.01	203.58
61	114.16	138.89	159.82	173.14	220.70
62	123.67	150.31	173.14	186.46	239.73
63	131.28	161.72	186.46	199.78	258.76
64	140.79	173.14	197.87	213.09	277.78
65	152.21	182.65	213.09	226.41	296.81
66	161.72	197.87	228.31	243.54	321.54
67	175.04	215.00	245.44	266.37	351.98
68	190.26	232.12	270.17	293.00	384.33
69	207.39	254.95	294.91	319.64	420.48
70	228.31	281.59	321.54	351.98	464.24
71	249.24	308.22	357.69	388.13	509.90
72	275.88	344.37	395.75	431.89	563.18
73	306.32	382.43	441.41	481.36	625.96
74	338.67	426.19	492.78	534.64	694.46
75	376.72	471.85	547.95	595.52	770.56
76	414.77	523.22	608.84	662.11	852.37
77	458.53	578.40	673.53	734.41	941.80
78	504.19	637.38	745.83	812.42	1036.93
79	553.66	702.07	820.03	892.33	1139.67
80	605.03				
81	660.21				
82	719.19				
83	778.17				
84	844.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	72.30	74.20	97.03
45-49	58.98	68.49	78.01	83.72	106.55
50-54	66.59	83.72	93.23	100.84	135.09
55	78.01	93.23	104.64	114.16	152.21
56	83.72	98.94	112.25	121.77	161.72
57	87.52	104.64	117.96	129.38	169.33
58	93.23	114.16	127.48	138.89	182.65
59	100.84	123.67	138.89	152.21	197.87
60	110.35	135.09	152.21	163.63	213.09
61	117.96	144.60	165.53	178.85	230.22
62	127.48	156.01	178.85	192.16	249.24
63	136.99	167.43	192.16	205.48	268.27
64	144.60	178.85	203.58	218.80	287.30
65	156.01	190.26	218.80	235.93	308.22
66	167.43	203.58	235.93	253.05	332.96
67	180.75	220.70	254.95	275.88	365.30
68	197.87	241.63	279.69	302.52	397.65
69	215.00	264.46	304.42	331.06	435.70
70	235.93	291.10	332.96	363.40	479.46
71	256.85	319.64	369.11	401.45	528.93
72	283.49	355.79	409.06	445.21	584.10
73	315.84	395.75	456.63	496.58	648.79
74	350.08	439.51	508.00	553.66	719.19
75	388.13	487.07	566.98	616.45	797.20
76	428.09	542.25	629.77	684.94	882.82
77	471.85	597.42	696.36	759.15	974.14
78	519.42	658.31	770.56	839.06	1073.08
79	568.88	724.90	848.57	924.67	1177.72
80	622.16				
81	677.33				
82	738.22				
83	801.00				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	135.85	171.43	197.30	216.71	284.63
45-49	152.02	190.83	219.94	239.35	316.98
50-54	187.60	232.88	271.69	294.34	404.31
55	213.47	271.69	310.51	339.62	469.00
56	223.18	284.63	329.91	359.02	491.64
57	239.35	304.04	349.32	381.67	520.75
58	255.52	323.45	371.96	407.54	553.09
59	274.93	346.09	401.07	433.42	585.44
60	294.34	368.73	426.95	459.29	624.25
61	310.51	394.60	456.06	494.87	666.30
62	336.38	423.71	488.40	530.45	711.58
63	359.02	449.59	517.51	562.80	760.10
64	381.67	478.70	553.09	601.61	811.85
65	404.31	511.04	588.67	640.42	863.60
66	433.42	543.39	627.48	685.70	925.05
67	465.76	585.44	676.00	737.46	996.21
68	498.11	630.72	730.99	798.91	1077.07
69	536.92	676.00	792.44	863.60	1161.17
70	578.97	734.22	857.13	934.76	1251.73
71	627.48	795.68	928.29	1015.62	1358.47
72	682.47	863.60	1012.38	1106.18	1474.91
73	740.69	944.46	1106.18	1209.69	1610.76
74	811.85	1031.79	1209.69	1322.89	1753.07
75	886.24	1125.59	1319.66	1445.80	1914.80
76	963.87	1232.33	1442.57	1578.41	2086.22
77	1047.96	1342.30	1571.95	1723.96	2267.35
78	1128.83	1465.21	1707.79	1875.98	2461.42
79	1222.62	1591.35	1856.58	2040.94	2671.66
80	1316.42				
81	1410.22				
82	1513.73				
83	1620.46				
84	1730.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	152.02	194.07	223.18	245.82	320.21
45-49	171.43	213.47	252.29	271.69	359.02
50-54	210.24	261.99	307.27	336.38	452.82
55	236.12	300.80	352.56	384.90	517.51
56	245.82	316.98	371.96	404.31	540.15
57	261.99	336.38	391.37	426.95	569.26
58	278.16	352.56	414.01	452.82	604.84
59	297.57	375.20	439.89	478.70	643.66
60	320.21	404.31	469.00	511.04	682.47
61	342.85	430.18	498.11	540.15	727.75
62	365.49	459.29	530.45	578.97	776.27
63	388.13	491.64	562.80	611.31	828.02
64	410.78	520.75	601.61	653.36	879.77
65	436.65	553.09	640.42	695.41	941.23
66	469.00	588.67	685.70	750.39	999.45
67	501.34	633.95	737.46	805.38	1080.31
68	540.15	685.70	798.91	876.54	1164.40
69	582.20	734.22	860.37	944.46	1254.97
70	627.48	798.91	931.52	1018.85	1355.24
71	676.00	863.60	1012.38	1106.18	1468.44
72	737.46	941.23	1099.71	1206.45	1597.82
73	802.15	1028.56	1203.22	1316.42	1743.37
74	876.54	1119.12	1313.19	1439.33	1898.63
75	954.16	1222.62	1429.63	1568.71	2070.05
76	1038.26	1332.60	1559.01	1707.79	2247.95
77	1122.36	1445.80	1698.09	1859.81	2445.25
78	1212.92	1571.95	1846.87	2024.77	2652.25
79	1306.72	1704.56	2002.13	2196.20	2875.43
80	1406.99				
81	1507.26				
82	1617.23				
83	1727.20				
84	1840.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	158.49	200.54	236.12	258.76	336.38
45-49	177.90	223.18	261.99	284.63	371.96
50-54	219.94	278.16	323.45	349.32	472.23
55	245.82	310.51	368.73	404.31	536.92
56	258.76	326.68	388.13	423.71	562.80
57	274.93	346.09	407.54	446.35	595.14
58	287.87	368.73	430.18	472.23	627.48
59	307.27	391.37	456.06	498.11	666.30
60	329.91	417.24	481.93	530.45	708.35
61	352.56	446.35	514.28	559.56	753.63
62	375.20	475.46	546.62	598.37	802.15
63	401.07	504.58	582.20	633.95	857.13
64	426.95	536.92	621.02	676.00	908.88
65	452.82	569.26	663.06	724.52	970.34
66	481.93	608.08	711.58	776.27	1035.03
67	517.51	653.36	763.33	837.72	1115.89
68	556.33	708.35	824.79	905.65	1203.22
69	601.61	760.10	889.48	976.81	1297.02
70	646.89	824.79	963.87	1057.67	1400.52
71	698.64	892.71	1047.96	1145.00	1516.96
72	760.10	973.57	1138.53	1248.50	1652.81
73	828.02	1060.90	1242.03	1361.71	1798.36
74	902.41	1157.94	1355.24	1487.85	1960.08
75	983.27	1258.20	1474.91	1620.46	2134.74
76	1070.60	1374.64	1610.76	1766.01	2322.34
77	1157.94	1491.08	1749.84	1921.27	2522.88
78	1248.50	1617.23	1901.86	2089.46	2736.35
79	1342.30	1753.07	2063.58	2264.12	2962.76
80	1445.80				
81	1549.30				
82	1659.28				
83	1772.48				
84	1892.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	103.50	126.14	148.78	158.49	213.47
45-49	113.21	142.32	164.96	177.90	236.12
50-54	148.78	181.13	210.24	232.88	304.04
55	171.43	210.24	242.58	265.23	362.26
56	177.90	219.94	255.52	278.16	384.90
57	190.83	236.12	274.93	297.57	410.78
58	207.01	255.52	297.57	320.21	439.89
59	219.94	274.93	320.21	346.09	475.46
60	239.35	300.80	346.09	375.20	511.04
61	261.99	323.45	375.20	407.54	553.09
62	281.40	349.32	407.54	439.89	595.14
63	300.80	375.20	436.65	472.23	640.42
64	323.45	404.31	469.00	504.58	685.70
65	342.85	430.18	498.11	540.15	734.22
66	368.73	465.76	536.92	582.20	792.44
67	401.07	501.34	582.20	630.72	860.37
68	433.42	546.62	633.95	688.94	934.76
69	472.23	598.37	692.17	753.63	1018.85
70	514.28	650.13	756.86	824.79	1115.89
71	562.80	714.81	828.02	905.65	1216.16
72	617.78	782.74	912.12	996.21	1335.83
73	676.00	863.60	1005.92	1099.71	1468.44
74	747.16	947.70	1106.18	1209.69	1610.76
75	818.32	1041.49	1216.16	1332.60	1766.01
76	899.18	1141.76	1335.83	1465.21	1937.44
77	976.81	1251.73	1465.21	1604.29	2115.33
78	1060.90	1364.94	1601.06	1759.54	2309.40
79	1151.47	1491.08	1746.61	1918.03	2509.94
80	1248.50				
81	1345.53				
82	1449.04				
83	1555.77				
84	1668.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	116.44	148.78	171.43	181.13	242.58
45-49	132.61	164.96	187.60	207.01	271.69
50-54	164.96	207.01	239.35	261.99	342.85
55	190.83	236.12	274.93	297.57	404.31
56	200.54	252.29	287.87	316.98	426.95
57	213.47	265.23	307.27	336.38	456.06
58	229.65	284.63	329.91	362.26	488.40
59	242.58	304.04	352.56	388.13	520.75
60	261.99	329.91	384.90	417.24	559.56
61	284.63	352.56	414.01	452.82	601.61
62	304.04	381.67	446.35	488.40	643.66
63	326.68	407.54	478.70	520.75	692.17
64	349.32	436.65	511.04	556.33	740.69
65	371.96	469.00	543.39	595.14	792.44
66	404.31	504.58	585.44	640.42	857.13
67	436.65	543.39	633.95	688.94	928.29
68	475.46	595.14	692.17	753.63	1012.38
69	514.28	646.89	753.63	821.55	1102.95
70	556.33	705.11	821.55	892.71	1203.22
71	604.84	773.03	899.18	983.27	1316.42
72	663.06	844.19	989.74	1080.31	1442.57
73	727.75	931.52	1086.78	1190.28	1581.65
74	798.91	1022.09	1193.51	1309.95	1740.14
75	879.77	1122.36	1316.42	1442.57	1905.09
76	963.87	1229.09	1445.80	1588.12	2089.46
77	1051.20	1345.53	1581.65	1733.67	2283.53
78	1138.53	1471.68	1730.43	1898.63	2493.77
79	1235.56	1604.29	1888.92	2073.29	2713.71
80	1335.83				
81	1442.57				
82	1549.30				
83	1659.28				
84	1782.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	126.14	155.25	177.90	194.07	258.76
45-49	142.32	171.43	197.30	216.71	284.63
50-54	171.43	213.47	252.29	274.93	359.02
55	197.30	245.82	287.87	310.51	423.71
56	210.24	261.99	304.04	329.91	446.35
57	219.94	278.16	323.45	349.32	475.46
58	236.12	297.57	346.09	375.20	504.58
59	255.52	320.21	368.73	404.31	540.15
60	274.93	342.85	401.07	436.65	578.97
61	294.34	368.73	430.18	472.23	621.02
62	316.98	394.60	459.29	504.58	666.30
63	339.62	423.71	494.87	540.15	714.81
64	362.26	452.82	530.45	578.97	763.33
65	388.13	481.93	562.80	617.78	818.32
66	417.24	520.75	608.08	663.06	883.01
67	452.82	562.80	659.83	714.81	957.40
68	491.64	611.31	714.81	779.50	1041.49
69	530.45	666.30	779.50	847.43	1138.53
70	575.73	727.75	847.43	925.05	1242.03
71	624.25	795.68	928.29	1015.62	1358.47
72	682.47	870.07	1018.85	1115.89	1487.85
73	750.39	957.40	1122.36	1229.09	1633.40
74	821.55	1054.43	1232.33	1352.00	1795.12
75	905.65	1157.94	1358.47	1487.85	1966.55
76	989.74	1267.91	1491.08	1636.63	2154.15
77	1080.31	1387.58	1633.40	1791.89	2354.68
78	1170.87	1516.96	1785.42	1960.08	2568.16
79	1271.14	1656.04	1947.14	2141.21	2797.80
80	1374.64				
81	1481.38				
82	1591.35				
83	1704.56				
84	1827.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.96	36.53	42.62	45.66	57.84
45-49	35.01	41.10	47.19	50.23	63.93
50-54	42.62	50.23	57.84	62.41	79.15
55	48.71	57.84	66.97	71.54	94.37
56	51.75	62.41	71.54	76.10	100.46
57	56.32	66.97	76.10	82.19	108.07
58	60.88	73.06	82.19	89.80	117.20
59	66.97	79.15	89.80	97.41	127.86
60	73.06	86.76	98.94	108.07	138.51
61	79.15	95.89	108.07	117.20	150.69
62	85.24	103.50	117.20	127.86	164.39
63	91.33	111.11	126.33	136.99	176.56
64	97.41	118.72	135.47	146.12	190.26
65	103.50	127.86	144.60	156.78	203.96
66	112.64	136.99	156.78	168.95	220.70
67	121.77	149.17	170.47	184.17	240.49
68	132.42	162.86	187.22	202.44	264.84
69	144.60	178.09	205.48	222.23	290.72
70	158.30	194.83	225.27	245.06	319.64
71	175.04	216.14	249.62	272.46	353.13
72	194.83	240.49	278.54	304.42	394.22
73	217.66	269.41	312.03	340.95	441.41
74	242.01	301.38	350.08	382.05	493.16
75	270.93	337.91	392.70	427.71	549.48
76	301.38	377.48	438.36	477.94	611.88
77	334.86	420.10	488.59	531.21	680.38
78	371.39	467.28	543.39	589.05	753.44
79	410.97	515.99	601.23	651.46	832.59
80	452.06				
81	497.73				
82	544.91				
83	595.14				
84	648.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	45.66	51.75	54.80	70.02
45-49	41.10	50.23	56.32	60.88	77.63
50-54	48.71	59.36	68.49	74.58	97.41
55	57.84	68.49	77.63	83.72	111.11
56	60.88	73.06	82.19	88.28	117.20
57	65.45	77.63	88.28	94.37	124.81
58	70.02	83.72	94.37	101.98	133.94
59	76.10	91.33	103.50	111.11	144.60
60	82.19	98.94	112.64	121.77	158.30
61	88.28	108.07	123.29	132.42	170.47
62	95.89	115.68	133.94	144.60	185.70
63	103.50	124.81	143.08	153.73	199.39
64	109.59	133.94	152.21	165.91	214.62
65	117.20	144.60	162.86	176.56	231.36
66	126.33	153.73	176.56	191.78	249.62
67	136.99	168.95	191.78	208.53	272.46
68	149.17	184.17	210.05	229.84	298.33
69	162.86	200.92	231.36	251.15	328.77
70	178.09	220.70	254.19	275.50	360.74
71	194.83	243.54	281.59	305.94	400.31
72	217.66	270.93	313.55	342.47	445.97
73	242.01	302.90	351.60	382.05	497.73
74	269.41	339.43	394.22	429.23	555.57
75	301.38	379.00	441.41	479.46	619.49
76	334.86	421.62	493.16	537.30	691.03
77	372.91	470.33	547.95	596.66	767.14
78	412.49	522.08	608.84	662.11	847.81
79	455.11	578.40	674.29	733.65	937.61
80	500.77				
81	549.48				
82	599.71				
83	654.50				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	54.80	59.36	76.10
45-49	44.14	53.27	60.88	65.45	83.72
50-54	51.75	63.93	73.06	79.15	105.02
55	60.88	73.06	82.19	89.80	117.20
56	63.93	77.63	86.76	94.37	123.29
57	68.49	82.19	92.85	100.46	130.90
58	73.06	88.28	100.46	108.07	141.56
59	79.15	95.89	109.59	117.20	152.21
60	86.76	103.50	118.72	127.86	165.91
61	92.85	112.64	129.38	138.51	179.61
62	100.46	121.77	140.03	150.69	194.83
63	108.07	130.90	150.69	161.34	210.05
64	114.16	140.03	159.82	173.52	225.27
65	123.29	150.69	170.47	185.70	242.01
66	132.42	161.34	184.17	200.92	261.80
67	143.08	176.56	200.92	219.18	286.15
68	155.25	193.31	220.70	240.49	313.55
69	170.47	210.05	242.01	263.32	343.99
70	185.70	231.36	266.37	289.20	379.00
71	203.96	254.19	295.29	321.16	420.10
72	226.79	283.11	328.77	357.69	467.28
73	252.67	316.60	368.35	400.31	522.08
74	281.59	354.65	412.49	449.02	582.96
75	315.07	395.75	461.20	502.29	649.94
76	350.08	441.41	515.99	561.65	724.52
77	388.13	491.64	573.83	625.58	803.67
78	429.23	544.91	636.24	694.08	888.90
79	473.37	604.27	704.73	768.66	981.75
80	520.56				
81	570.79				
82	624.06				
83	680.38				
84	739.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	103.50	126.79	144.90	155.25	212.18
45-49	113.85	139.73	160.43	173.37	235.47
50-54	139.73	173.37	199.24	219.94	300.16
55	163.02	201.83	232.88	253.58	346.73
56	170.78	212.18	245.82	269.11	367.43
57	181.13	225.12	261.34	284.63	388.13
58	194.07	240.64	279.46	302.75	411.42
59	204.42	256.17	297.57	323.45	437.30
60	219.94	274.28	315.68	344.15	465.76
61	235.47	292.39	338.97	367.43	496.81
62	250.99	313.10	362.26	393.31	530.45
63	266.52	333.80	388.13	419.19	566.68
64	284.63	354.50	411.42	447.65	602.90
65	302.75	377.78	439.89	478.70	644.30
66	323.45	406.25	470.94	512.34	693.47
67	349.32	437.30	509.75	553.74	747.81
68	377.78	473.52	551.15	600.31	809.91
69	406.25	512.34	595.14	649.48	874.60
70	439.89	556.33	646.89	706.41	949.64
71	476.11	605.49	703.82	768.51	1032.44
72	520.10	662.42	771.09	843.55	1128.18
73	571.85	727.11	848.72	928.94	1236.86
74	628.78	799.56	934.11	1022.09	1355.88
75	690.88	877.18	1027.26	1123.00	1487.85
76	755.57	962.57	1128.18	1236.86	1630.17
77	825.43	1055.73	1239.44	1355.88	1782.83
78	897.88	1154.05	1358.47	1485.26	1945.85
79	975.51	1260.14	1485.26	1622.40	2121.80
80	1055.73				
81	1138.53				
82	1226.51				
83	1317.07				
84	1412.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	119.03	147.49	170.78	186.30	245.82
45-49	131.97	165.60	188.89	207.01	274.28
50-54	163.02	204.42	235.47	256.17	346.73
55	183.72	232.88	269.11	292.39	398.48
56	191.48	245.82	284.63	307.92	419.19
57	201.83	258.76	300.16	326.03	439.89
58	214.77	274.28	318.27	346.73	465.76
59	230.29	289.81	336.38	370.02	494.22
60	248.41	307.92	359.67	390.72	522.69
61	263.93	328.62	382.96	416.60	558.91
62	282.04	351.91	408.84	445.06	595.14
63	300.16	372.61	437.30	476.11	636.54
64	318.27	398.48	463.17	507.16	677.94
65	338.97	424.36	496.81	540.80	724.52
66	362.26	455.41	530.45	579.61	776.27
67	388.13	491.64	574.44	626.19	838.37
68	419.19	530.45	621.02	677.94	908.24
69	452.82	577.03	670.18	734.87	980.69
70	491.64	626.19	729.69	799.56	1063.49
71	533.04	680.53	794.38	869.42	1156.64
72	582.20	745.22	869.42	952.22	1265.32
73	639.13	815.08	954.81	1047.96	1384.35
74	701.23	895.30	1047.96	1148.88	1516.31
75	768.51	983.27	1151.47	1260.14	1663.80
76	840.96	1073.84	1262.73	1384.35	1821.65
77	916.00	1177.34	1381.76	1516.31	1989.84
78	996.21	1283.43	1513.73	1656.04	2170.97
79	1079.01	1402.46	1648.28	1806.12	2362.45
80	1166.99				
81	1257.56				
82	1350.71				
83	1451.62				
84	1555.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	126.79	157.84	181.13	199.24	261.34
45-49	139.73	175.95	201.83	222.53	289.81
50-54	173.37	217.36	250.99	271.69	367.43
55	194.07	245.82	284.63	310.51	419.19
56	201.83	258.76	300.16	326.03	439.89
57	212.18	271.69	315.68	344.15	463.17
58	225.12	287.22	333.80	364.85	489.05
59	240.64	305.33	354.50	388.13	517.51
60	258.76	323.45	377.78	411.42	548.56
61	276.87	344.15	401.07	437.30	584.79
62	294.98	367.43	429.54	468.35	623.60
63	313.10	390.72	458.00	499.40	665.00
64	333.80	416.60	486.46	533.04	708.99
65	354.50	445.06	520.10	566.68	758.16
66	377.78	476.11	556.33	608.08	812.50
67	406.25	514.93	600.31	657.24	877.18
68	437.30	556.33	649.48	711.58	949.64
69	473.52	602.90	703.82	771.09	1027.26
70	512.34	654.65	763.33	838.37	1112.65
71	556.33	711.58	833.20	913.41	1210.98
72	608.08	778.86	910.82	998.80	1322.25
73	667.59	853.90	998.80	1097.13	1449.04
74	732.28	936.70	1097.13	1203.22	1586.18
75	802.15	1027.26	1203.22	1319.66	1738.84
76	877.18	1123.00	1319.66	1446.45	1901.86
77	954.81	1229.09	1443.86	1583.59	2077.81
78	1037.61	1340.36	1578.41	1728.49	2266.71
79	1123.00	1461.97	1718.14	1886.33	2465.95
80	1213.57				
81	1306.72				
82	1405.05				
83	1508.55				
84	1614.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	75.04	93.15	108.68	119.03	157.84
45-49	82.80	103.50	121.62	131.97	175.95
50-54	111.27	137.14	155.25	168.19	225.12
55	126.79	157.84	178.54	196.65	266.52
56	134.55	165.60	188.89	207.01	284.63
57	142.32	175.95	201.83	222.53	305.33
58	152.67	188.89	217.36	240.64	328.62
59	165.60	204.42	235.47	258.76	354.50
60	178.54	222.53	256.17	279.46	382.96
61	194.07	240.64	279.46	302.75	411.42
62	209.59	261.34	302.75	328.62	445.06
63	225.12	279.46	326.03	354.50	478.70
64	240.64	300.16	349.32	377.78	512.34
65	258.76	320.86	372.61	406.25	551.15
66	279.46	344.15	401.07	437.30	595.14
67	302.75	375.20	437.30	476.11	646.89
68	328.62	408.84	478.70	520.10	706.41
69	357.08	447.65	522.69	569.26	771.09
70	388.13	489.05	571.85	623.60	843.55
71	424.36	538.21	628.78	688.29	923.76
72	468.35	595.14	696.05	760.74	1019.50
73	517.51	659.83	771.09	843.55	1125.59
74	574.44	729.69	856.48	936.70	1244.62
75	633.95	809.91	947.05	1037.61	1374.00
76	698.64	895.30	1045.38	1146.29	1513.73
77	768.51	985.86	1154.05	1265.32	1663.80
78	840.96	1084.19	1270.49	1392.11	1824.23
79	918.59	1190.28	1392.11	1529.25	1997.60
80	998.80				
81	1084.19				
82	1172.17				
83	1265.32				
84	1363.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	90.56	113.85	129.38	142.32	186.30
45-49	100.92	124.20	144.90	157.84	207.01
50-54	126.79	157.84	183.72	199.24	261.34
55	147.49	183.72	209.59	230.29	310.51
56	155.25	194.07	222.53	240.64	331.21
57	163.02	204.42	235.47	256.17	351.91
58	175.95	219.94	253.58	276.87	377.78
59	188.89	238.06	274.28	297.57	403.66
60	204.42	256.17	294.98	320.86	432.12
61	219.94	274.28	318.27	346.73	463.17
62	238.06	297.57	344.15	375.20	499.40
63	253.58	318.27	370.02	401.07	535.63
64	271.69	338.97	395.90	429.54	574.44
65	292.39	364.85	421.77	458.00	615.84
66	313.10	390.72	452.82	494.22	665.00
67	338.97	424.36	494.22	535.63	721.93
68	367.43	460.59	538.21	584.79	789.21
69	398.48	504.58	587.38	639.13	861.66
70	434.71	551.15	644.30	701.23	944.46
71	476.11	605.49	706.41	771.09	1035.03
72	522.69	667.59	781.44	853.90	1141.12
73	577.03	737.46	864.25	944.46	1260.14
74	639.13	817.67	957.40	1047.96	1392.11
75	706.41	903.06	1058.31	1159.23	1534.43
76	778.86	996.21	1166.99	1280.84	1692.27
77	853.90	1097.13	1286.02	1412.81	1857.87
78	934.11	1203.22	1412.81	1552.54	2036.41
79	1016.91	1319.66	1549.95	1702.62	2227.89
80	1104.89				
81	1195.45				
82	1293.78				
83	1394.70				
84	1500.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	98.33	121.62	139.73	152.67	199.24
45-49	108.68	134.55	155.25	168.19	219.94
50-54	134.55	168.19	194.07	212.18	276.87
55	155.25	194.07	222.53	243.23	328.62
56	163.02	204.42	235.47	256.17	349.32
57	173.37	217.36	250.99	271.69	372.61
58	186.30	232.88	269.11	292.39	398.48
59	199.24	250.99	289.81	313.10	424.36
60	214.77	269.11	313.10	338.97	452.82
61	230.29	289.81	336.38	364.85	486.46
62	248.41	313.10	362.26	393.31	522.69
63	266.52	336.38	388.13	421.77	561.50
64	284.63	357.08	414.01	450.24	600.31
65	305.33	382.96	442.47	481.29	644.30
66	326.03	411.42	476.11	517.51	693.47
67	354.50	445.06	517.51	561.50	755.57
68	385.55	483.87	564.09	613.25	825.43
69	416.60	527.86	615.84	670.18	900.47
70	455.41	577.03	675.35	734.87	985.86
71	496.81	633.95	740.04	807.32	1081.60
72	545.98	698.64	817.67	892.71	1192.87
73	602.90	771.09	905.65	988.45	1317.07
74	667.59	853.90	1001.39	1094.54	1454.21
75	737.46	941.87	1104.89	1210.98	1604.29
76	812.50	1040.20	1218.74	1337.77	1767.31
77	890.12	1143.70	1342.95	1474.91	1940.67
78	972.92	1254.97	1474.91	1622.40	2126.98
79	1058.31	1376.58	1617.23	1777.66	2326.22
80	1148.88				
81	1244.62				
82	1345.53				
83	1449.04				
84	1557.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	42.62	50.23	53.27	68.49
45-49	41.10	48.71	54.80	59.36	74.58
50-54	50.23	59.36	68.49	73.06	92.85
55	57.84	68.49	79.15	83.72	111.11
56	60.88	73.06	83.72	89.80	118.72
57	66.97	79.15	89.80	97.41	127.86
58	71.54	85.24	97.41	105.02	138.51
59	79.15	92.85	105.02	114.16	150.69
60	85.24	101.98	115.68	127.86	162.86
61	92.85	112.64	127.86	138.51	176.56
62	100.46	121.77	138.51	150.69	193.31
63	108.07	130.90	149.17	161.34	207.01
64	114.16	140.03	159.82	172.00	223.75
65	121.77	150.69	170.47	184.17	240.49
66	132.42	161.34	184.17	199.39	260.28
67	143.08	175.04	200.92	216.14	283.11
68	155.25	191.78	220.70	237.45	312.03
69	170.47	210.05	242.01	261.80	342.47
70	185.70	229.84	264.84	287.68	375.96
71	205.48	254.19	293.76	321.16	415.53
72	229.84	283.11	327.25	357.69	464.24
73	255.71	316.60	366.83	401.83	519.04
74	284.63	354.65	412.49	449.02	579.92
75	318.12	397.27	462.72	503.81	646.89
76	354.65	444.45	515.99	561.65	719.95
77	394.22	494.68	575.35	625.58	800.62
78	436.84	549.48	639.28	692.55	885.86
79	484.03	607.32	707.78	767.14	980.23
80	531.21				
81	586.01				
82	640.80				
83	700.16				
84	762.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	53.27	60.88	63.93	82.19
45-49	48.71	59.36	66.97	71.54	91.33
50-54	57.84	70.02	80.67	88.28	114.16
55	68.49	80.67	91.33	98.94	130.90
56	71.54	85.24	97.41	103.50	138.51
57	77.63	91.33	103.50	111.11	146.12
58	82.19	98.94	111.11	120.25	158.30
59	89.80	108.07	121.77	130.90	170.47
60	97.41	115.68	132.42	143.08	185.70
61	103.50	127.86	144.60	155.25	200.92
62	112.64	135.47	158.30	170.47	219.18
63	121.77	146.12	168.95	181.13	234.40
64	129.38	158.30	179.61	194.83	252.67
65	138.51	170.47	191.78	207.01	272.46
66	149.17	181.13	207.01	225.27	293.76
67	161.34	199.39	225.27	245.06	321.16
68	175.04	216.14	246.58	270.93	351.60
69	191.78	235.93	272.46	295.29	386.61
70	210.05	260.28	298.33	324.21	424.67
71	229.84	286.15	331.82	359.21	470.33
72	255.71	318.12	368.35	403.36	525.12
73	284.63	356.17	414.01	449.02	586.01
74	316.60	398.79	464.24	505.34	652.98
75	354.65	445.97	519.04	564.70	729.08
76	394.22	496.20	579.92	631.67	812.80
77	438.36	554.04	645.37	701.69	902.60
78	485.55	614.93	716.91	779.31	996.97
79	535.78	680.38	793.01	863.03	1103.52
80	589.05				
81	646.89				
82	706.25				
83	770.18				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	57.84	63.93	70.02	89.80
45-49	51.75	62.41	71.54	77.63	98.94
50-54	60.88	74.58	85.24	92.85	123.29
55	71.54	85.24	97.41	105.02	138.51
56	74.58	91.33	101.98	111.11	144.60
57	80.67	97.41	109.59	118.72	153.73
58	85.24	103.50	118.72	127.86	165.91
59	92.85	112.64	129.38	138.51	179.61
60	101.98	121.77	140.03	150.69	194.83
61	109.59	132.42	152.21	162.86	211.57
62	118.72	143.08	164.39	176.56	229.84
63	127.86	153.73	176.56	190.26	246.58
64	133.94	164.39	188.74	203.96	264.84
65	144.60	176.56	200.92	219.18	284.63
66	155.25	190.26	216.14	235.93	307.46
67	168.95	207.01	235.93	257.23	336.38
68	182.65	226.79	260.28	283.11	368.35
69	200.92	246.58	284.63	310.51	404.88
70	219.18	272.46	313.55	340.95	445.97
71	240.49	298.33	347.04	377.48	494.68
72	266.37	333.34	386.61	420.10	549.48
73	296.81	372.91	433.80	470.33	614.93
74	331.82	417.05	485.55	528.17	686.47
75	371.39	465.76	541.87	590.57	764.09
76	412.49	519.04	607.32	660.59	852.37
77	456.63	578.40	675.81	736.69	945.22
78	505.34	640.80	748.87	815.84	1045.68
79	557.09	710.82	829.54	904.13	1155.27
80	611.88				
81	671.24				
82	733.65				
83	800.62				
84	870.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	121.62	150.08	170.78	183.72	248.41
45-49	134.55	165.60	188.89	204.42	276.87
50-54	165.60	204.42	235.47	258.76	351.91
55	191.48	238.06	274.28	297.57	408.84
56	201.83	248.41	289.81	315.68	432.12
57	212.18	263.93	307.92	333.80	455.41
58	227.71	282.04	328.62	357.08	483.87
59	240.64	300.16	349.32	380.37	514.93
60	258.76	323.45	372.61	403.66	548.56
61	276.87	344.15	398.48	432.12	584.79
62	294.98	367.43	426.95	463.17	623.60
63	313.10	393.31	455.41	494.22	667.59
64	333.80	416.60	483.87	527.86	708.99
65	357.08	445.06	517.51	564.09	758.16
66	380.37	478.70	553.74	602.90	815.08
67	411.42	514.93	600.31	652.07	879.77
68	445.06	556.33	649.48	706.41	952.22
69	478.70	602.90	701.23	763.33	1029.85
70	517.51	654.65	760.74	830.61	1117.83
71	558.91	711.58	828.02	903.06	1213.57
72	610.67	778.86	908.24	993.62	1327.42
73	672.77	856.48	998.80	1091.95	1454.21
74	740.04	941.87	1099.71	1203.22	1593.94
75	812.50	1032.44	1208.39	1322.25	1749.19
76	890.12	1133.35	1327.42	1454.21	1917.39
77	970.34	1242.03	1459.39	1593.94	2098.51
78	1055.73	1358.47	1599.11	1746.61	2289.99
79	1148.88	1482.67	1746.61	1909.62	2497.00
80	1242.03				
81	1340.36				
82	1443.86				
83	1549.95				
84	1661.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	139.73	173.37	201.83	219.94	289.81
45-49	155.25	194.07	222.53	243.23	323.45
50-54	191.48	240.64	276.87	300.16	408.84
55	217.36	274.28	315.68	344.15	468.35
56	225.12	289.81	333.80	362.26	494.22
57	238.06	305.33	351.91	382.96	517.51
58	253.58	323.45	375.20	408.84	548.56
59	271.69	341.56	395.90	434.71	582.20
60	292.39	362.26	424.36	460.59	615.84
61	310.51	385.55	450.24	489.05	657.24
62	331.21	414.01	481.29	522.69	701.23
63	351.91	437.30	514.93	558.91	747.81
64	375.20	468.35	545.98	597.73	796.97
65	398.48	499.40	584.79	636.54	851.31
66	426.95	535.63	623.60	683.12	913.41
67	455.41	579.61	675.35	737.46	985.86
68	494.22	623.60	729.69	796.97	1068.66
69	533.04	677.94	789.21	864.25	1154.05
70	579.61	737.46	859.07	941.87	1252.38
71	626.19	799.56	934.11	1022.09	1361.06
72	685.70	877.18	1022.09	1120.42	1487.85
73	752.98	959.99	1123.00	1231.68	1627.58
74	825.43	1053.14	1231.68	1350.71	1782.83
75	903.06	1156.64	1355.88	1482.67	1956.20
76	988.45	1262.73	1485.26	1627.58	2142.50
77	1076.43	1384.35	1624.99	1782.83	2341.75
78	1172.17	1511.14	1780.24	1948.44	2553.93
79	1270.49	1650.87	1938.09	2124.39	2779.04
80	1374.00				
81	1480.09				
82	1588.76				
83	1707.79				
84	1829.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	150.08	186.30	212.18	235.47	307.92
45-49	165.60	207.01	238.06	261.34	341.56
50-54	204.42	256.17	294.98	320.86	432.12
55	227.71	289.81	333.80	364.85	494.22
56	238.06	305.33	351.91	382.96	517.51
57	248.41	320.86	372.61	403.66	545.98
58	263.93	338.97	393.31	429.54	574.44
59	282.04	359.67	416.60	455.41	608.08
60	305.33	380.37	445.06	483.87	644.30
61	326.03	403.66	470.94	514.93	688.29
62	346.73	432.12	504.58	551.15	734.87
63	367.43	460.59	538.21	587.38	781.44
64	393.31	489.05	571.85	626.19	833.20
65	416.60	522.69	610.67	667.59	892.71
66	445.06	558.91	654.65	714.17	954.81
67	478.70	605.49	706.41	773.68	1032.44
68	514.93	654.65	763.33	838.37	1117.83
69	556.33	708.99	828.02	908.24	1208.39
70	602.90	771.09	897.88	985.86	1309.31
71	654.65	838.37	980.69	1073.84	1425.75
72	714.17	916.00	1071.25	1174.75	1555.13
73	786.62	1003.98	1174.75	1291.19	1705.21
74	861.66	1102.30	1291.19	1415.40	1865.63
75	944.46	1208.39	1415.40	1552.54	2046.76
76	1032.44	1322.25	1552.54	1702.62	2238.24
77	1123.00	1446.45	1697.44	1863.05	2445.25
78	1221.33	1575.83	1857.87	2033.83	2667.78
79	1322.25	1720.73	2020.89	2220.13	2900.66
80	1428.34				
81	1537.01				
82	1653.45				
83	1775.07				
84	1899.27				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	87.98	108.68	126.79	139.73	186.30
45-49	98.33	121.62	142.32	155.25	207.01
50-54	131.97	160.43	183.72	196.65	263.93
55	150.08	186.30	209.59	230.29	313.10
56	157.84	194.07	222.53	243.23	333.80
57	168.19	207.01	238.06	261.34	359.67
58	178.54	222.53	256.17	282.04	385.55
59	194.07	240.64	276.87	305.33	416.60
60	209.59	261.34	300.16	328.62	450.24
61	227.71	282.04	328.62	357.08	483.87
62	245.82	307.92	357.08	385.55	522.69
63	263.93	328.62	382.96	416.60	564.09
64	282.04	351.91	411.42	445.06	602.90
65	305.33	377.78	437.30	478.70	649.48
66	328.62	403.66	470.94	514.93	701.23
67	357.08	442.47	514.93	558.91	760.74
68	385.55	481.29	564.09	610.67	830.61
69	419.19	527.86	615.84	670.18	908.24
70	455.41	574.44	672.77	734.87	993.62
71	499.40	633.95	740.04	809.91	1086.78
72	551.15	701.23	817.67	895.30	1200.63
73	608.08	776.27	908.24	993.62	1324.83
74	675.35	859.07	1006.56	1102.30	1464.56
75	745.22	952.22	1115.24	1221.33	1617.23
76	822.85	1053.14	1229.09	1348.12	1780.24
77	903.06	1159.23	1358.47	1487.85	1956.20
78	988.45	1275.67	1495.61	1637.93	2145.09
79	1081.60	1399.87	1637.93	1798.36	2349.51
80	1174.75				
81	1275.67				
82	1379.17				
83	1487.85				
84	1604.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106.09	134.55	152.67	168.19	219.94
45-49	119.03	144.90	170.78	186.30	243.23
50-54	150.08	186.30	217.36	235.47	307.92
55	173.37	217.36	245.82	271.69	364.85
56	183.72	227.71	261.34	282.04	390.72
57	191.48	240.64	276.87	300.16	414.01
58	207.01	258.76	297.57	326.03	445.06
59	222.53	279.46	323.45	349.32	476.11
60	240.64	300.16	346.73	377.78	507.16
61	258.76	323.45	375.20	408.84	545.98
62	279.46	349.32	403.66	442.47	587.38
63	297.57	375.20	434.71	470.94	631.37
64	320.86	398.48	465.76	504.58	675.35
65	344.15	429.54	496.81	538.21	724.52
66	367.43	460.59	533.04	582.20	781.44
67	398.48	499.40	582.20	631.37	848.72
68	432.12	540.80	633.95	688.29	928.94
69	468.35	592.55	690.88	752.98	1014.33
70	512.34	649.48	758.16	825.43	1110.07
71	558.91	711.58	830.61	908.24	1218.74
72	615.84	786.62	918.59	1003.98	1342.95
73	677.94	866.83	1016.91	1110.07	1482.67
74	752.98	962.57	1125.59	1231.68	1637.93
75	830.61	1063.49	1244.62	1363.65	1806.12
76	916.00	1172.17	1374.00	1505.96	1989.84
77	1003.98	1291.19	1513.73	1661.22	2186.49
78	1099.71	1415.40	1661.22	1826.82	2396.08
79	1195.45	1552.54	1824.23	2002.77	2621.20
80	1298.96				
81	1407.64				
82	1521.49				
83	1640.52				
84	1764.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	116.44	142.32	165.60	178.54	235.47
45-49	126.79	157.84	183.72	196.65	258.76
50-54	157.84	196.65	227.71	248.41	326.03
55	183.72	227.71	261.34	287.22	385.55
56	191.48	240.64	276.87	300.16	411.42
57	204.42	256.17	294.98	320.86	437.30
58	219.94	274.28	315.68	344.15	468.35
59	235.47	294.98	341.56	367.43	499.40
60	253.58	315.68	367.43	398.48	533.04
61	271.69	341.56	395.90	429.54	571.85
62	292.39	367.43	426.95	463.17	615.84
63	313.10	395.90	455.41	496.81	659.83
64	333.80	419.19	486.46	530.45	706.41
65	359.67	450.24	520.10	566.68	758.16
66	382.96	483.87	558.91	608.08	815.08
67	416.60	522.69	608.08	659.83	890.12
68	452.82	569.26	662.42	721.93	970.34
69	489.05	621.02	724.52	789.21	1058.31
70	535.63	677.94	794.38	864.25	1159.23
71	584.79	745.22	869.42	949.64	1273.08
72	641.72	822.85	962.57	1050.55	1402.46
73	708.99	908.24	1066.08	1161.82	1549.95
74	786.62	1003.98	1177.34	1288.61	1710.38
75	866.83	1107.48	1298.96	1425.75	1886.33
76	954.81	1223.92	1433.51	1573.24	2080.40
77	1047.96	1345.53	1581.00	1736.26	2282.23
78	1143.70	1477.50	1736.26	1909.62	2502.17
79	1244.62	1619.82	1901.86	2090.75	2737.64
80	1350.71				
81	1464.56				
82	1583.59				
83	1705.21				
84	1832.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.96	45.66	53.27	57.08	72.30
45-49	43.76	51.37	58.98	62.79	79.91
50-54	53.27	62.79	72.30	78.01	98.94
55	60.88	72.30	83.72	89.42	117.96
56	64.69	78.01	89.42	95.13	125.57
57	70.40	83.72	95.13	102.74	135.09
58	76.10	91.33	102.74	112.25	146.50
59	83.72	98.94	112.25	121.77	159.82
60	91.33	108.45	123.67	135.09	173.14
61	98.94	119.87	135.09	146.50	188.36
62	106.55	129.38	146.50	159.82	205.48
63	114.16	138.89	157.92	171.24	220.70
64	121.77	148.40	169.33	182.65	237.83
65	129.38	159.82	180.75	195.97	254.95
66	140.79	171.24	195.97	211.19	275.88
67	152.21	186.46	213.09	230.22	300.61
68	165.53	203.58	234.02	253.05	331.06
69	180.75	222.61	256.85	277.78	363.40
70	197.87	243.54	281.59	306.32	399.55
71	218.80	270.17	312.03	340.57	441.41
72	243.54	300.61	348.18	380.52	492.78
73	272.07	336.76	390.04	426.19	551.76
74	302.52	376.72	437.60	477.56	616.45
75	338.67	422.38	490.88	534.64	686.85
76	376.72	471.85	547.95	597.42	764.85
77	418.58	525.12	610.74	664.01	850.47
78	464.24	584.10	679.24	736.31	941.80
79	513.71	644.99	751.54	814.32	1040.73
80	565.08				
81	622.16				
82	681.14				
83	743.92				
84	810.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	57.08	64.69	68.49	87.52
45-49	51.37	62.79	70.40	76.10	97.03
50-54	60.88	74.20	85.62	93.23	121.77
55	72.30	85.62	97.03	104.64	138.89
56	76.10	91.33	102.74	110.35	146.50
57	81.81	97.03	110.35	117.96	156.01
58	87.52	104.64	117.96	127.48	167.43
59	95.13	114.16	129.38	138.89	180.75
60	102.74	123.67	140.79	152.21	197.87
61	110.35	135.09	154.11	165.53	213.09
62	119.87	144.60	167.43	180.75	232.12
63	129.38	156.01	178.85	192.16	249.24
64	136.99	167.43	190.26	207.39	268.27
65	146.50	180.75	203.58	220.70	289.20
66	157.92	192.16	220.70	239.73	312.03
67	171.24	211.19	239.73	260.66	340.57
68	186.46	230.22	262.56	287.30	372.91
69	203.58	251.15	289.20	313.93	410.97
70	222.61	275.88	317.74	344.37	450.92
71	243.54	304.42	351.98	382.43	500.39
72	272.07	338.67	391.94	428.09	557.47
73	302.52	378.62	439.51	477.56	622.16
74	336.76	424.28	492.78	536.54	694.46
75	376.72	473.75	551.76	599.33	774.37
76	418.58	527.03	616.45	671.63	863.79
77	466.14	587.91	684.94	745.83	958.92
78	515.61	652.60	761.05	827.64	1059.76
79	568.88	723.00	842.86	917.06	1172.01
80	625.96				
81	686.85				
82	749.63				
83	818.13				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	68.49	74.20	95.13
45-49	55.18	66.59	76.10	81.81	104.64
50-54	64.69	79.91	91.33	98.94	131.28
55	76.10	91.33	102.74	112.25	146.50
56	79.91	97.03	108.45	117.96	154.11
57	85.62	102.74	116.06	125.57	163.63
58	91.33	110.35	125.57	135.09	176.94
59	98.94	119.87	136.99	146.50	190.26
60	108.45	129.38	148.40	159.82	207.39
61	116.06	140.79	161.72	173.14	224.51
62	125.57	152.21	175.04	188.36	243.54
63	135.09	163.63	188.36	201.68	262.56
64	142.70	175.04	199.78	216.90	281.59
65	154.11	188.36	213.09	232.12	302.52
66	165.53	201.68	230.22	251.15	327.25
67	178.85	220.70	251.15	273.98	357.69
68	194.07	241.63	275.88	300.61	391.94
69	213.09	262.56	302.52	329.15	429.99
70	232.12	289.20	332.96	361.50	473.75
71	254.95	317.74	369.11	401.45	525.12
72	283.49	353.89	410.97	447.12	584.10
73	315.84	395.75	460.43	500.39	652.60
74	351.98	443.31	515.61	561.27	728.70
75	393.84	494.68	576.49	627.86	812.42
76	437.60	551.76	644.99	702.07	905.65
77	485.17	614.55	717.29	781.98	1004.58
78	536.54	681.14	795.30	867.60	1111.13
79	591.72	755.34	880.91	960.82	1227.19
80	650.70				
81	713.48				
82	780.07				
83	850.47				
84	924.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	129.38	158.49	181.13	194.07	265.23
45-49	142.32	174.66	200.54	216.71	294.34
50-54	174.66	216.71	249.05	274.93	375.20
55	203.77	252.29	291.10	316.98	433.42
56	213.47	265.23	307.27	336.38	459.29
57	226.41	281.40	326.68	355.79	485.17
58	242.58	300.80	349.32	378.43	514.28
59	255.52	320.21	371.96	404.31	546.62
60	274.93	342.85	394.60	430.18	582.20
61	294.34	365.49	423.71	459.29	621.02
62	313.74	391.37	452.82	491.64	663.06
63	333.15	417.24	485.17	523.98	708.35
64	355.79	443.12	514.28	559.56	753.63
65	378.43	472.23	549.86	598.37	805.38
66	404.31	507.81	588.67	640.42	866.83
67	436.65	546.62	637.19	692.17	934.76
68	472.23	591.91	688.94	750.39	1012.38
69	507.81	640.42	743.92	811.85	1093.25
70	549.86	695.41	808.61	883.01	1187.05
71	595.14	756.86	879.77	960.63	1290.55
72	650.13	828.02	963.87	1054.43	1410.22
73	714.81	908.88	1060.90	1161.17	1546.07
74	785.97	999.45	1167.64	1277.61	1694.85
75	863.60	1096.48	1284.08	1403.75	1859.81
76	944.46	1203.22	1410.22	1546.07	2037.71
77	1031.79	1319.66	1549.30	1694.85	2228.54
78	1122.36	1442.57	1698.09	1856.58	2432.31
79	1219.39	1575.18	1856.58	2028.00	2652.25
80	1319.66				
81	1423.16				
82	1533.13				
83	1646.34				
84	1766.01				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	148.78	184.36	213.47	232.88	307.27
45-49	164.96	207.01	236.12	258.76	342.85
50-54	203.77	255.52	294.34	320.21	433.42
55	229.65	291.10	336.38	365.49	498.11
56	239.35	307.27	355.79	384.90	523.98
57	252.29	323.45	375.20	407.54	549.86
58	268.46	342.85	397.84	433.42	582.20
59	287.87	362.26	420.48	462.53	617.78
60	310.51	384.90	449.59	488.40	653.36
61	329.91	410.78	478.70	520.75	698.64
62	352.56	439.89	511.04	556.33	743.92
63	375.20	465.76	546.62	595.14	795.68
64	397.84	498.11	578.97	633.95	847.43
65	423.71	530.45	621.02	676.00	905.65
66	452.82	569.26	663.06	724.52	970.34
67	485.17	614.55	718.05	782.74	1047.96
68	523.98	663.06	776.27	847.43	1135.29
69	566.03	721.28	837.72	918.59	1225.86
70	614.55	782.74	912.12	999.45	1329.36
71	666.30	850.66	992.98	1086.78	1445.80
72	727.75	931.52	1086.78	1190.28	1581.65
73	798.91	1018.85	1193.51	1309.95	1730.43
74	876.54	1119.12	1309.95	1436.10	1895.39
75	960.63	1229.09	1439.33	1575.18	2079.76
76	1051.20	1342.30	1578.41	1730.43	2277.06
77	1145.00	1471.68	1727.20	1895.39	2487.30
78	1245.27	1604.29	1892.16	2070.05	2713.71
79	1348.77	1753.07	2060.35	2257.65	2953.06
80	1458.74				
81	1571.95				
82	1688.39				
83	1814.53				
84	1943.91				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	158.49	197.30	226.41	249.05	326.68
45-49	174.66	219.94	252.29	278.16	362.26
50-54	216.71	271.69	313.74	339.62	459.29
55	242.58	307.27	355.79	388.13	523.98
56	252.29	323.45	375.20	407.54	549.86
57	265.23	339.62	394.60	430.18	578.97
58	281.40	359.02	417.24	456.06	611.31
59	300.80	381.67	443.12	485.17	646.89
60	323.45	404.31	472.23	514.28	685.70
61	346.09	430.18	501.34	546.62	730.99
62	368.73	459.29	536.92	585.44	779.50
63	391.37	488.40	572.50	624.25	831.26
64	417.24	520.75	608.08	666.30	886.24
65	443.12	556.33	650.13	708.35	947.70
66	472.23	595.14	695.41	760.10	1015.62
67	507.81	643.66	750.39	821.55	1096.48
68	546.62	695.41	811.85	889.48	1187.05
69	591.91	753.63	879.77	963.87	1284.08
70	640.42	818.32	954.16	1047.96	1390.82
71	695.41	889.48	1041.49	1141.76	1513.73
72	760.10	973.57	1138.53	1248.50	1652.81
73	834.49	1067.37	1248.50	1371.41	1811.30
74	915.35	1170.87	1371.41	1504.02	1982.72
75	1002.68	1284.08	1504.02	1649.57	2173.55
76	1096.48	1403.75	1649.57	1808.06	2377.32
77	1193.51	1536.37	1804.83	1979.49	2597.27
78	1297.02	1675.45	1973.02	2160.62	2833.38
79	1403.75	1827.47	2147.68	2357.92	3082.44
80	1516.96				
81	1633.40				
82	1756.31				
83	1885.69				
84	2018.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.80	116.44	135.85	148.78	197.30
45-49	103.50	129.38	152.02	164.96	219.94
50-54	139.08	171.43	194.07	210.24	281.40
55	158.49	197.30	223.18	245.82	333.15
56	168.19	207.01	236.12	258.76	355.79
57	177.90	219.94	252.29	278.16	381.67
58	190.83	236.12	271.69	300.80	410.78
59	207.01	255.52	294.34	323.45	443.12
60	223.18	278.16	320.21	349.32	478.70
61	242.58	300.80	349.32	378.43	514.28
62	261.99	326.68	378.43	410.78	556.33
63	281.40	349.32	407.54	443.12	598.37
64	300.80	375.20	436.65	472.23	640.42
65	323.45	401.07	465.76	507.81	688.94
66	349.32	430.18	501.34	546.62	743.92
67	378.43	469.00	546.62	595.14	808.61
68	410.78	511.04	598.37	650.13	883.01
69	446.35	559.56	653.36	711.58	963.87
70	485.17	611.31	714.81	779.50	1054.43
71	530.45	672.77	785.97	860.37	1154.70
72	585.44	743.92	870.07	950.93	1274.38
73	646.89	824.79	963.87	1054.43	1406.99
74	718.05	912.12	1070.60	1170.87	1555.77
75	792.44	1012.38	1183.81	1297.02	1717.50
76	873.30	1119.12	1306.72	1432.86	1892.16
77	960.63	1232.33	1442.57	1581.65	2079.76
78	1051.20	1355.24	1588.12	1740.14	2280.29
79	1148.23	1487.85	1740.14	1911.56	2497.00
80	1248.50				
81	1355.24				
82	1465.21				
83	1581.65				
84	1704.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	113.21	142.32	161.72	177.90	232.88
45-49	126.14	155.25	181.13	197.30	258.76
50-54	158.49	197.30	229.65	249.05	326.68
55	184.36	229.65	261.99	287.87	388.13
56	194.07	242.58	278.16	300.80	414.01
57	203.77	255.52	294.34	320.21	439.89
58	219.94	274.93	316.98	346.09	472.23
59	236.12	297.57	342.85	371.96	504.58
60	255.52	320.21	368.73	401.07	540.15
61	274.93	342.85	397.84	433.42	578.97
62	297.57	371.96	430.18	469.00	624.25
63	316.98	397.84	462.53	501.34	669.53
64	339.62	423.71	494.87	536.92	718.05
65	365.49	456.06	527.22	572.50	769.80
66	391.37	488.40	566.03	617.78	831.26
67	423.71	530.45	617.78	669.53	902.41
68	459.29	575.73	672.77	730.99	986.51
69	498.11	630.72	734.22	798.91	1077.07
70	543.39	688.94	805.38	876.54	1180.58
71	595.14	756.86	883.01	963.87	1293.78
72	653.36	834.49	976.81	1067.37	1426.39
73	721.28	921.82	1080.31	1180.58	1575.18
74	798.91	1022.09	1196.75	1309.95	1740.14
75	883.01	1128.83	1322.89	1449.04	1918.03
76	973.57	1245.27	1458.74	1601.06	2115.33
77	1067.37	1371.41	1607.52	1766.01	2322.34
78	1167.64	1504.02	1766.01	1940.67	2545.52
79	1271.14	1649.57	1937.44	2128.27	2784.87
80	1381.11				
81	1494.32				
82	1617.23				
83	1743.37				
84	1875.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	122.91	152.02	174.66	190.83	249.05
45-49	135.85	168.19	194.07	210.24	274.93
50-54	168.19	210.24	242.58	265.23	346.09
55	194.07	242.58	278.16	304.04	410.78
56	203.77	255.52	294.34	320.21	436.65
57	216.71	271.69	313.74	339.62	465.76
58	232.88	291.10	336.38	365.49	498.11
59	249.05	313.74	362.26	391.37	530.45
60	268.46	336.38	391.37	423.71	566.03
61	287.87	362.26	420.48	456.06	608.08
62	310.51	391.37	452.82	491.64	653.36
63	333.15	420.48	485.17	527.22	701.88
64	355.79	446.35	517.51	562.80	750.39
65	381.67	478.70	553.09	601.61	805.38
66	407.54	514.28	595.14	646.89	866.83
67	443.12	556.33	646.89	701.88	944.46
68	481.93	604.84	705.11	766.57	1031.79
69	520.75	659.83	769.80	837.72	1125.59
70	569.26	721.28	844.19	918.59	1232.33
71	621.02	792.44	925.05	1009.15	1352.00
72	682.47	873.30	1022.09	1115.89	1491.08
73	753.63	963.87	1132.06	1235.56	1646.34
74	834.49	1067.37	1251.73	1368.17	1817.76
75	921.82	1177.34	1381.11	1513.73	2005.36
76	1015.62	1300.25	1523.43	1672.21	2209.13
77	1112.65	1429.63	1678.68	1843.64	2425.84
78	1216.16	1568.71	1843.64	2028.00	2658.72
79	1322.89	1720.73	2021.53	2222.07	2907.78
80	1436.10				
81	1555.77				
82	1681.92				
83	1811.30				
84	1947.14				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	53.27	62.79	66.59	85.62
45-49	51.37	60.88	68.49	74.20	93.23
50-54	62.79	74.20	85.62	91.33	116.06
55	72.30	85.62	98.94	104.64	138.89
56	76.10	91.33	104.64	112.25	148.40
57	83.72	98.94	112.25	121.77	159.82
58	89.42	106.55	121.77	131.28	173.14
59	98.94	116.06	131.28	142.70	188.36
60	106.55	127.48	144.60	159.82	203.58
61	116.06	140.79	159.82	173.14	220.70
62	125.57	152.21	173.14	188.36	241.63
63	135.09	163.63	186.46	201.68	258.76
64	142.70	175.04	199.78	215.00	279.69
65	152.21	188.36	213.09	230.22	300.61
66	165.53	201.68	230.22	249.24	325.35
67	178.85	218.80	251.15	270.17	353.89
68	194.07	239.73	275.88	296.81	390.04
69	213.09	262.56	302.52	327.25	428.09
70	232.12	287.30	331.06	359.60	469.95
71	256.85	317.74	367.21	401.45	519.42
72	287.30	353.89	409.06	447.12	580.30
73	319.64	395.75	458.53	502.29	648.79
74	355.79	443.31	515.61	561.27	724.90
75	397.65	496.58	578.40	629.77	808.61
76	443.31	555.57	644.99	702.07	899.94
77	492.78	618.35	719.19	781.98	1000.78
78	546.05	686.85	799.10	865.69	1107.33
79	605.03	759.15	884.72	958.92	1225.29
80	664.01				
81	732.51				
82	801.00				
83	875.21				
84	953.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	66.59	76.10	79.91	102.74
45-49	60.88	74.20	83.72	89.42	114.16
50-54	72.30	87.52	100.84	110.35	142.70
55	85.62	100.84	114.16	123.67	163.63
56	89.42	106.55	121.77	129.38	173.14
57	97.03	114.16	129.38	138.89	182.65
58	102.74	123.67	138.89	150.31	197.87
59	112.25	135.09	152.21	163.63	213.09
60	121.77	144.60	165.53	178.85	232.12
61	129.38	159.82	180.75	194.07	251.15
62	140.79	169.33	197.87	213.09	273.98
63	152.21	182.65	211.19	226.41	293.00
64	161.72	197.87	224.51	243.54	315.84
65	173.14	213.09	239.73	258.76	340.57
66	186.46	226.41	258.76	281.59	367.21
67	201.68	249.24	281.59	306.32	401.45
68	218.80	270.17	308.22	338.67	439.51
69	239.73	294.91	340.57	369.11	483.27
70	262.56	325.35	372.91	405.26	530.83
71	287.30	357.69	414.77	449.02	587.91
72	319.64	397.65	460.43	504.19	656.40
73	355.79	445.21	517.51	561.27	732.51
74	395.75	498.49	580.30	631.67	816.22
75	443.31	557.47	648.79	705.87	911.36
76	492.78	620.25	724.90	789.59	1016.00
77	547.95	692.55	806.71	877.11	1128.25
78	606.94	768.66	896.13	974.14	1246.22
79	669.72	850.47	991.27	1078.79	1379.40
80	736.31				
81	808.61				
82	882.82				
83	962.73				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	72.30	79.91	87.52	112.25
45-49	64.69	78.01	89.42	97.03	123.67
50-54	76.10	93.23	106.55	116.06	154.11
55	89.42	106.55	121.77	131.28	173.14
56	93.23	114.16	127.48	138.89	180.75
57	100.84	121.77	136.99	148.40	192.16
58	106.55	129.38	148.40	159.82	207.39
59	116.06	140.79	161.72	173.14	224.51
60	127.48	152.21	175.04	188.36	243.54
61	136.99	165.53	190.26	203.58	264.46
62	148.40	178.85	205.48	220.70	287.30
63	159.82	192.16	220.70	237.83	308.22
64	167.43	205.48	235.93	254.95	331.06
65	180.75	220.70	251.15	273.98	355.79
66	194.07	237.83	270.17	294.91	384.33
67	211.19	258.76	294.91	321.54	420.48
68	228.31	283.49	325.35	353.89	460.43
69	251.15	308.22	355.79	388.13	506.10
70	273.98	340.57	391.94	426.19	557.47
71	300.61	372.91	433.80	471.85	618.35
72	332.96	416.67	483.27	525.12	686.85
73	371.01	466.14	542.25	587.91	768.66
74	414.77	521.32	606.94	660.21	858.08
75	464.24	582.20	677.33	738.22	955.12
76	515.61	648.79	759.15	825.74	1065.47
77	570.79	723.00	844.76	920.87	1181.53
78	631.67	801.00	936.09	1019.80	1307.10
79	696.36	888.52	1036.93	1130.16	1444.09
80	764.85				
81	839.06				
82	917.06				
83	1000.78				
84	1088.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	152.02	187.60	213.47	229.65	310.51
45-49	168.19	207.01	236.12	255.52	346.09
50-54	207.01	255.52	294.34	323.45	439.89
55	239.35	297.57	342.85	371.96	511.04
56	252.29	310.51	362.26	394.60	540.15
57	265.23	329.91	384.90	417.24	569.26
58	284.63	352.56	410.78	446.35	604.84
59	300.80	375.20	436.65	475.46	643.66
60	323.45	404.31	465.76	504.58	685.70
61	346.09	430.18	498.11	540.15	730.99
62	368.73	459.29	533.69	578.97	779.50
63	391.37	491.64	569.26	617.78	834.49
64	417.24	520.75	604.84	659.83	886.24
65	446.35	556.33	646.89	705.11	947.70
66	475.46	598.37	692.17	753.63	1018.85
67	514.28	643.66	750.39	815.08	1099.71
68	556.33	695.41	811.85	883.01	1190.28
69	598.37	753.63	876.54	954.16	1287.31
70	646.89	818.32	950.93	1038.26	1397.28
71	698.64	889.48	1035.03	1128.83	1516.96
72	763.33	973.57	1135.29	1242.03	1659.28
73	840.96	1070.60	1248.50	1364.94	1817.76
74	925.05	1177.34	1374.64	1504.02	1992.42
75	1015.62	1290.55	1510.49	1652.81	2186.49
76	1112.65	1416.69	1659.28	1817.76	2396.73
77	1212.92	1552.54	1824.23	1992.42	2623.14
78	1319.66	1698.09	1998.89	2183.26	2862.49
79	1436.10	1853.34	2183.26	2387.03	3121.25
80	1552.54				
81	1675.45				
82	1804.83				
83	1937.44				
84	2076.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	174.66	216.71	252.29	274.93	362.26
45-49	194.07	242.58	278.16	304.04	404.31
50-54	239.35	300.80	346.09	375.20	511.04
55	271.69	342.85	394.60	430.18	585.44
56	281.40	362.26	417.24	452.82	617.78
57	297.57	381.67	439.89	478.70	646.89
58	316.98	404.31	469.00	511.04	685.70
59	339.62	426.95	494.87	543.39	727.75
60	365.49	452.82	530.45	575.73	769.80
61	388.13	481.93	562.80	611.31	821.55
62	414.01	517.51	601.61	653.36	876.54
63	439.89	546.62	643.66	698.64	934.76
64	469.00	585.44	682.47	747.16	996.21
65	498.11	624.25	730.99	795.68	1064.14
66	533.69	669.53	779.50	853.90	1141.76
67	569.26	724.52	844.19	921.82	1232.33
68	617.78	779.50	912.12	996.21	1335.83
69	666.30	847.43	986.51	1080.31	1442.57
70	724.52	921.82	1073.84	1177.34	1565.48
71	782.74	999.45	1167.64	1277.61	1701.32
72	857.13	1096.48	1277.61	1400.52	1859.81
73	941.23	1199.98	1403.75	1539.60	2034.47
74	1031.79	1316.42	1539.60	1688.39	2228.54
75	1128.83	1445.80	1694.85	1853.34	2445.25
76	1235.56	1578.41	1856.58	2034.47	2678.13
77	1345.53	1730.43	2031.24	2228.54	2927.18
78	1465.21	1888.92	2225.31	2435.55	3192.41
79	1588.12	2063.58	2422.61	2655.49	3473.81
80	1717.50				
81	1850.11				
82	1985.96				
83	2134.74				
84	2286.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	187.60	232.88	265.23	294.34	384.90
45-49	207.01	258.76	297.57	326.68	426.95
50-54	255.52	320.21	368.73	401.07	540.15
55	284.63	362.26	417.24	456.06	617.78
56	297.57	381.67	439.89	478.70	646.89
57	310.51	401.07	465.76	504.58	682.47
58	329.91	423.71	491.64	536.92	718.05
59	352.56	449.59	520.75	569.26	760.10
60	381.67	475.46	556.33	604.84	805.38
61	407.54	504.58	588.67	643.66	860.37
62	433.42	540.15	630.72	688.94	918.59
63	459.29	575.73	672.77	734.22	976.81
64	491.64	611.31	714.81	782.74	1041.49
65	520.75	653.36	763.33	834.49	1115.89
66	556.33	698.64	818.32	892.71	1193.51
67	598.37	756.86	883.01	967.10	1290.55
68	643.66	818.32	954.16	1047.96	1397.28
69	695.41	886.24	1035.03	1135.29	1510.49
70	753.63	963.87	1122.36	1232.33	1636.63
71	818.32	1047.96	1225.86	1342.30	1782.19
72	892.71	1145.00	1339.06	1468.44	1943.91
73	983.27	1254.97	1468.44	1613.99	2131.51
74	1077.07	1377.88	1613.99	1769.25	2332.04
75	1180.58	1510.49	1769.25	1940.67	2558.45
76	1290.55	1652.81	1940.67	2128.27	2797.80
77	1403.75	1808.06	2121.80	2328.81	3056.56
78	1526.66	1969.78	2322.34	2542.28	3334.72
79	1652.81	2150.91	2526.11	2775.16	3625.82
80	1785.42				
81	1921.27				
82	2066.82				
83	2218.84				
84	2374.09				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	109.97	135.85	158.49	174.66	232.88
45-49	122.91	152.02	177.90	194.07	258.76
50-54	164.96	200.54	229.65	245.82	329.91
55	187.60	232.88	261.99	287.87	391.37
56	197.30	242.58	278.16	304.04	417.24
57	210.24	258.76	297.57	326.68	449.59
58	223.18	278.16	320.21	352.56	481.93
59	242.58	300.80	346.09	381.67	520.75
60	261.99	326.68	375.20	410.78	562.80
61	284.63	352.56	410.78	446.35	604.84
62	307.27	384.90	446.35	481.93	653.36
63	329.91	410.78	478.70	520.75	705.11
64	352.56	439.89	514.28	556.33	753.63
65	381.67	472.23	546.62	598.37	811.85
66	410.78	504.58	588.67	643.66	876.54
67	446.35	553.09	643.66	698.64	950.93
68	481.93	601.61	705.11	763.33	1038.26
69	523.98	659.83	769.80	837.72	1135.29
70	569.26	718.05	840.96	918.59	1242.03
71	624.25	792.44	925.05	1012.38	1358.47
72	688.94	876.54	1022.09	1119.12	1500.79
73	760.10	970.34	1135.29	1242.03	1656.04
74	844.19	1073.84	1258.20	1377.88	1830.70
75	931.52	1190.28	1394.05	1526.66	2021.53
76	1028.56	1316.42	1536.37	1685.15	2225.31
77	1128.83	1449.04	1698.09	1859.81	2445.25
78	1235.56	1594.59	1869.52	2047.41	2681.36
79	1352.00	1749.84	2047.41	2247.95	2936.89
80	1468.44				
81	1594.59				
82	1723.96				
83	1859.81				
84	2005.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	132.61	168.19	190.83	210.24	274.93
45-49	148.78	181.13	213.47	232.88	304.04
50-54	187.60	232.88	271.69	294.34	384.90
55	216.71	271.69	307.27	339.62	456.06
56	229.65	284.63	326.68	352.56	488.40
57	239.35	300.80	346.09	375.20	517.51
58	258.76	323.45	371.96	407.54	556.33
59	278.16	349.32	404.31	436.65	595.14
60	300.80	375.20	433.42	472.23	633.95
61	323.45	404.31	469.00	511.04	682.47
62	349.32	436.65	504.58	553.09	734.22
63	371.96	469.00	543.39	588.67	789.21
64	401.07	498.11	582.20	630.72	844.19
65	430.18	536.92	621.02	672.77	905.65
66	459.29	575.73	666.30	727.75	976.81
67	498.11	624.25	727.75	789.21	1060.90
68	540.15	676.00	792.44	860.37	1161.17
69	585.44	740.69	863.60	941.23	1267.91
70	640.42	811.85	947.70	1031.79	1387.58
71	698.64	889.48	1038.26	1135.29	1523.43
72	769.80	983.27	1148.23	1254.97	1678.68
73	847.43	1083.54	1271.14	1387.58	1853.34
74	941.23	1203.22	1406.99	1539.60	2047.41
75	1038.26	1329.36	1555.77	1704.56	2257.65
76	1145.00	1465.21	1717.50	1882.45	2487.30
77	1254.97	1613.99	1892.16	2076.52	2733.12
78	1374.64	1769.25	2076.52	2283.53	2995.11
79	1494.32	1940.67	2280.29	2503.47	3276.50
80	1623.70				
81	1759.54				
82	1901.86				
83	2050.64				
84	2205.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	145.55	177.90	207.01	223.18	294.34
45-49	158.49	197.30	229.65	245.82	323.45
50-54	197.30	245.82	284.63	310.51	407.54
55	229.65	284.63	326.68	359.02	481.93
56	239.35	300.80	346.09	375.20	514.28
57	255.52	320.21	368.73	401.07	546.62
58	274.93	342.85	394.60	430.18	585.44
59	294.34	368.73	426.95	459.29	624.25
60	316.98	394.60	459.29	498.11	666.30
61	339.62	426.95	494.87	536.92	714.81
62	365.49	459.29	533.69	578.97	769.80
63	391.37	494.87	569.26	621.02	824.79
64	417.24	523.98	608.08	663.06	883.01
65	449.59	562.80	650.13	708.35	947.70
66	478.70	604.84	698.64	760.10	1018.85
67	520.75	653.36	760.10	824.79	1112.65
68	566.03	711.58	828.02	902.41	1212.92
69	611.31	776.27	905.65	986.51	1322.89
70	669.53	847.43	992.98	1080.31	1449.04
71	730.99	931.52	1086.78	1187.05	1591.35
72	802.15	1028.56	1203.22	1313.19	1753.07
73	886.24	1135.29	1332.60	1452.27	1937.44
74	983.27	1254.97	1471.68	1610.76	2137.98
75	1083.54	1384.35	1623.70	1782.19	2357.92
76	1193.51	1529.90	1791.89	1966.55	2600.50
77	1309.95	1681.92	1976.25	2170.32	2852.79
78	1429.63	1846.87	2170.32	2387.03	3127.72
79	1555.77	2024.77	2377.32	2613.44	3422.05
80	1688.39				
81	1830.70				
82	1979.49				
83	2131.51				
84	2289.99				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.64	27.54	31.89	33.34	34.79
45-49	27.54	30.44	34.79	36.24	39.14
50-54	33.34	37.69	42.04	44.94	50.74
55	37.69	43.49	49.29	53.64	63.78
56	40.59	46.39	53.64	57.98	69.58
57	43.49	50.74	57.98	62.33	76.83
58	47.84	55.09	63.78	68.13	84.08
59	52.19	60.88	69.58	73.93	92.78
60	57.98	68.13	76.83	81.18	101.47
61	62.33	73.93	84.08	88.43	110.17
62	68.13	81.18	91.33	97.12	120.32
63	72.48	86.98	98.57	104.37	129.02
64	76.83	92.78	105.82	113.07	137.71
65	82.63	98.57	113.07	121.77	147.86
66	88.43	107.27	121.77	131.92	159.46
67	95.67	115.97	133.36	143.51	173.95
68	104.37	127.57	146.41	158.01	191.35
69	114.52	139.16	160.91	172.50	208.74
70	124.67	152.21	176.85	189.90	230.49
71	137.71	168.16	194.25	210.19	255.13
72	152.21	187.00	215.99	233.39	282.68
73	169.61	208.74	240.64	259.48	314.57
74	188.45	231.94	268.18	289.92	350.81
75	210.19	258.03	297.17	321.81	389.95
76	233.39	287.02	330.51	356.61	431.99
77	258.03	317.47	365.30	394.30	478.37
78	284.12	350.81	402.99	434.88	527.66
79	313.12	385.60	443.58	478.37	581.30
80	342.11				
81	374.00				
82	407.34				
83	442.13				
84	479.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.86	96.11	110.90	120.75	145.40
45-49	86.25	105.97	123.22	133.07	162.65
50-54	105.97	130.61	152.79	165.11	207.01
55	128.15	155.25	179.90	192.22	246.43
56	135.54	165.11	189.75	204.54	263.69
57	145.40	177.43	202.08	216.86	280.94
58	155.25	189.75	216.86	231.65	300.65
59	165.11	202.08	231.65	248.90	320.37
60	174.97	216.86	248.90	268.61	342.54
61	187.29	231.65	266.15	288.33	364.72
62	199.61	246.43	285.86	310.51	391.83
63	211.93	263.69	305.58	330.22	418.94
64	226.72	278.47	325.29	352.40	448.51
65	241.51	298.19	345.01	374.58	480.55
66	258.76	317.90	369.65	399.22	515.05
67	278.47	342.54	396.76	428.80	554.48
68	300.65	369.65	428.80	463.30	598.84
69	322.83	399.22	460.83	500.26	645.66
70	349.94	433.73	500.26	542.16	694.95
71	379.51	470.69	542.16	588.98	754.09
72	411.55	512.58	591.44	643.19	820.63
73	448.51	559.41	648.12	704.80	894.56
74	490.41	613.62	709.73	773.81	978.35
75	534.76	670.30	778.73	847.74	1067.06
76	581.59	731.91	852.66	929.06	1165.64
77	630.87	798.45	931.52	1017.78	1269.14
78	682.62	869.91	1017.78	1111.42	1380.03
79	736.84	946.31	1108.96	1212.46	1500.79
80	795.98				
81	855.13				
82	919.20				
83	985.74				
84	1054.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.68	69.00	78.86	86.25	103.50
45-49	61.61	76.39	88.72	96.11	115.82
50-54	86.25	103.50	120.75	130.61	157.72
55	98.57	120.75	138.00	147.86	189.75
56	103.50	128.15	145.40	157.72	202.08
57	110.90	138.00	155.25	167.58	216.86
58	120.75	150.33	167.58	182.36	234.11
59	130.61	162.65	182.36	197.15	256.29
60	142.93	177.43	199.61	216.86	278.47
61	155.25	192.22	219.33	236.58	303.11
62	167.58	207.01	236.58	256.29	327.76
63	179.90	221.79	253.83	276.01	352.40
64	192.22	236.58	271.08	295.72	379.51
65	204.54	253.83	290.79	315.44	406.62
66	221.79	273.54	312.97	340.08	441.12
67	239.04	295.72	340.08	369.65	478.08
68	258.76	322.83	372.12	404.15	519.98
69	283.40	352.40	406.62	441.12	566.80
70	308.04	384.44	443.58	483.01	621.02
71	337.62	421.40	487.94	529.83	677.70
72	369.65	463.30	537.23	584.05	744.23
73	406.62	510.12	591.44	645.66	818.16
74	448.51	561.87	653.05	712.20	899.49
75	492.87	618.55	719.59	783.66	985.74
76	539.69	680.16	791.06	862.52	1081.85
77	588.98	744.23	867.45	946.31	1182.89
78	640.73	813.23	948.77	1037.49	1291.32
79	694.95	887.16	1037.49	1133.60	1407.14
80	754.09				
81	813.23				
82	877.31				
83	943.84				
84	1012.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.99	31.89	37.69	39.14	40.59
45-49	31.89	36.24	40.59	42.04	46.39
50-54	39.14	44.94	49.29	52.19	59.43
55	44.94	50.74	57.98	63.78	75.38
56	47.84	55.09	63.78	68.13	81.18
57	50.74	59.43	68.13	73.93	89.88
58	56.54	65.23	75.38	79.73	98.57
59	60.88	71.03	81.18	86.98	108.72
60	68.13	79.73	89.88	95.67	118.87
61	73.93	86.98	98.57	104.37	129.02
62	79.73	95.67	107.27	114.52	142.06
63	85.53	102.92	115.97	123.22	152.21
64	89.88	108.72	124.67	133.36	162.36
65	97.12	115.97	133.36	143.51	173.95
66	104.37	126.12	143.51	155.11	187.00
67	113.07	136.26	156.56	168.16	204.40
68	123.22	150.76	172.50	185.55	224.69
69	134.81	163.81	189.90	202.95	244.99
70	146.41	179.75	208.74	223.24	271.08
71	162.36	197.15	229.04	247.88	300.07
72	179.75	220.34	253.68	273.98	331.96
73	200.05	244.99	282.68	305.87	369.65
74	221.79	272.53	316.02	340.66	413.14
75	247.88	302.97	349.36	378.35	458.08
76	273.98	337.76	388.50	418.94	508.82
77	302.97	374.00	429.09	463.88	562.45
78	334.86	413.14	474.02	511.71	620.44
79	368.20	453.73	521.86	562.45	684.22
80	402.99				
81	440.68				
82	479.82				
83	520.41				
84	563.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.65	113.36	130.61	142.93	170.04
45-49	101.04	125.68	145.40	157.72	192.22
50-54	125.68	152.79	179.90	194.68	243.97
55	150.33	182.36	211.93	226.72	290.79
56	160.18	194.68	224.26	241.51	310.51
57	170.04	209.47	236.58	256.29	330.22
58	182.36	224.26	256.29	273.54	354.87
59	194.68	236.58	273.54	293.26	377.05
60	207.01	256.29	293.26	315.44	404.15
61	219.33	273.54	312.97	340.08	428.80
62	234.11	290.79	335.15	364.72	460.83
63	248.90	310.51	359.79	389.37	492.87
64	266.15	327.76	381.97	414.01	527.37
65	283.40	349.94	406.62	441.12	564.34
66	305.58	374.58	433.73	470.69	606.23
67	327.76	404.15	465.76	505.19	653.05
68	354.87	433.73	505.19	544.62	704.80
69	379.51	470.69	542.16	588.98	759.02
70	411.55	510.12	588.98	638.27	818.16
71	446.05	554.48	638.27	692.48	887.16
72	483.01	603.77	694.95	756.55	966.02
73	527.37	657.98	761.48	828.02	1052.28
74	576.66	722.05	835.41	909.34	1150.85
75	628.41	788.59	916.74	998.06	1254.35
76	685.09	860.06	1002.99	1094.17	1370.18
77	741.77	938.92	1096.63	1197.67	1493.39
78	803.38	1022.70	1197.67	1308.57	1624.00
79	867.45	1113.88	1303.64	1426.86	1764.47
80	936.45				
81	1005.45				
82	1081.85				
83	1160.71				
84	1242.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.54	81.32	93.65	101.04	120.75
45-49	71.47	88.72	103.50	113.36	135.54
50-54	101.04	120.75	142.93	152.79	184.83
55	115.82	142.93	162.65	174.97	224.26
56	120.75	150.33	170.04	184.83	236.58
57	130.61	162.65	182.36	197.15	256.29
58	142.93	177.43	197.15	214.40	276.01
59	152.79	192.22	214.40	231.65	300.65
60	167.58	209.47	234.11	256.29	327.76
61	182.36	226.72	258.76	278.47	357.33
62	197.15	243.97	278.47	300.65	384.44
63	211.93	261.22	298.19	325.29	414.01
64	226.72	278.47	317.90	347.47	446.05
65	241.51	298.19	342.54	372.12	478.08
66	261.22	322.83	367.19	399.22	519.98
67	280.94	347.47	399.22	433.73	561.87
68	305.58	379.51	438.65	475.62	611.16
69	332.69	414.01	478.08	519.98	667.84
70	362.26	453.44	522.44	569.26	729.45
71	396.76	495.33	574.19	623.48	798.45
72	433.73	544.62	630.87	687.55	874.84
73	478.08	601.30	694.95	759.02	963.56
74	527.37	660.45	768.88	837.88	1057.20
75	579.12	726.98	847.74	921.67	1160.71
76	635.80	800.91	931.52	1015.31	1271.60
77	692.48	874.84	1020.24	1113.88	1392.36
78	754.09	956.17	1116.35	1219.85	1518.04
79	818.16	1044.88	1219.85	1333.21	1656.04
80	887.16				
81	956.17				
82	1032.56				
83	1111.42				
84	1192.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.80	34.43	39.86	41.68	43.49
45-49	34.43	38.05	43.49	45.30	48.92
50-54	41.68	47.11	52.55	56.17	63.42
55	47.11	54.36	61.61	67.04	79.73
56	50.74	57.98	67.04	72.48	86.98
57	54.36	63.42	72.48	77.92	96.04
58	59.80	68.86	79.73	85.16	105.10
59	65.23	76.10	86.98	92.41	115.97
60	72.48	85.16	96.04	101.47	126.84
61	77.92	92.41	105.10	110.53	137.71
62	85.16	101.47	114.16	121.41	150.40
63	90.60	108.72	123.22	130.47	161.27
64	96.04	115.97	132.28	141.34	172.14
65	103.29	123.22	141.34	152.21	184.83
66	110.53	134.09	152.21	164.89	199.32
67	119.59	144.96	166.71	179.39	217.44
68	130.47	159.46	183.01	197.51	239.19
69	143.15	173.95	201.13	215.63	260.93
70	155.83	190.26	221.07	237.37	288.11
71	172.14	210.19	242.81	262.74	318.92
72	190.26	233.75	269.99	291.74	353.34
73	212.01	260.93	300.80	324.35	393.21
74	235.56	289.92	335.22	362.40	438.51
75	262.74	322.54	371.46	402.27	487.43
76	291.74	358.78	413.14	445.76	539.98
77	322.54	396.83	456.63	492.87	597.97
78	355.16	438.51	503.74	543.61	659.58
79	391.40	482.00	554.48	597.97	726.62
80	427.64				
81	467.50				
82	509.18				
83	552.67				
84	599.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	98.57	120.14	138.62	150.94	181.75
45-49	107.82	132.46	154.02	166.34	203.31
50-54	132.46	163.26	190.99	206.39	258.76
55	160.18	194.07	224.87	240.27	308.04
56	169.42	206.39	237.19	255.68	329.61
57	181.75	221.79	252.60	271.08	351.17
58	194.07	237.19	271.08	289.56	375.81
59	206.39	252.60	289.56	311.12	400.46
60	218.71	271.08	311.12	335.77	428.18
61	234.11	289.56	332.69	360.41	455.90
62	249.52	308.04	357.33	388.13	489.79
63	264.92	329.61	381.97	412.78	523.67
64	283.40	348.09	406.62	440.50	560.64
65	301.88	372.73	431.26	468.23	600.68
66	323.45	397.38	462.07	499.03	643.81
67	348.09	428.18	495.95	536.00	693.10
68	375.81	462.07	536.00	579.12	748.55
69	403.54	499.03	576.04	625.33	807.07
70	437.42	542.16	625.33	677.70	868.68
71	474.39	588.36	677.70	736.22	942.61
72	514.43	640.73	739.30	803.99	1025.78
73	560.64	699.26	810.15	881.00	1118.20
74	613.01	767.03	887.16	967.26	1222.93
75	668.45	837.88	973.42	1059.67	1333.83
76	726.98	914.89	1065.83	1161.32	1457.05
77	788.59	998.06	1164.40	1272.22	1586.42
78	853.28	1087.39	1272.22	1389.28	1725.04
79	921.05	1182.89	1386.20	1515.57	1875.98
80	994.98				
81	1068.91				
82	1149.00				
83	1232.17				
84	1318.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.85	86.25	98.57	107.82	129.38
45-49	77.01	95.49	110.90	120.14	144.78
50-54	107.82	129.38	150.94	163.26	197.15
55	123.22	150.94	172.50	184.83	237.19
56	129.38	160.18	181.75	197.15	252.60
57	138.62	172.50	194.07	209.47	271.08
58	150.94	187.91	209.47	227.95	292.64
59	163.26	203.31	227.95	246.43	320.37
60	178.67	221.79	249.52	271.08	348.09
61	194.07	240.27	274.16	295.72	378.89
62	209.47	258.76	295.72	320.37	409.70
63	224.87	277.24	317.28	345.01	440.50
64	240.27	295.72	338.85	369.65	474.39
65	255.68	317.28	363.49	394.30	508.27
66	277.24	341.93	391.22	425.10	551.40
67	298.80	369.65	425.10	462.07	597.60
68	323.45	403.54	465.15	505.19	649.97
69	354.25	440.50	508.27	551.40	708.50
70	385.05	480.55	554.48	603.77	776.27
71	422.02	526.75	609.93	662.29	847.12
72	462.07	579.12	671.53	730.06	930.29
73	508.27	637.65	739.30	807.07	1022.70
74	560.64	702.34	816.32	890.25	1124.36
75	616.09	773.19	899.49	979.58	1232.17
76	674.62	850.20	988.82	1078.15	1352.31
77	736.22	930.29	1084.31	1182.89	1478.61
78	800.91	1016.54	1185.97	1296.86	1614.15
79	868.68	1108.96	1296.86	1417.00	1758.93
80	942.61				
81	1016.54				
82	1096.63				
83	1179.81				
84	1266.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	39.86	47.11	48.92	50.74
45-49	39.86	45.30	50.74	52.55	57.98
50-54	48.92	56.17	61.61	65.23	74.29
55	56.17	63.42	72.48	79.73	94.23
56	59.80	68.86	79.73	85.16	101.47
57	63.42	74.29	85.16	92.41	112.35
58	70.67	81.54	94.23	99.66	123.22
59	76.10	88.79	101.47	108.72	135.90
60	85.16	99.66	112.35	119.59	148.59
61	92.41	108.72	123.22	130.47	161.27
62	99.66	119.59	134.09	143.15	177.58
63	106.91	128.65	144.96	154.02	190.26
64	112.35	135.90	155.83	166.71	202.95
65	121.41	144.96	166.71	179.39	217.44
66	130.47	157.65	179.39	193.89	233.75
67	141.34	170.33	195.70	210.19	255.49
68	154.02	188.45	215.63	231.94	280.86
69	168.52	204.76	237.37	253.68	306.23
70	183.01	224.69	260.93	279.05	338.85
71	202.95	246.43	286.30	309.86	375.09
72	224.69	275.43	317.10	342.47	414.95
73	250.06	306.23	353.34	382.34	462.07
74	277.24	340.66	395.02	425.82	516.43
75	309.86	378.71	436.70	472.94	572.60
76	342.47	422.20	485.62	523.67	636.02
77	378.71	467.50	536.36	579.85	703.06
78	418.58	516.43	592.53	639.64	775.54
79	460.25	567.16	652.33	703.06	855.27
80	503.74				
81	550.85				
82	599.78				
83	650.52				
84	704.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	117.06	141.70	163.26	178.67	212.55
45-49	126.30	157.10	181.75	197.15	240.27
50-54	157.10	190.99	224.87	243.35	304.96
55	187.91	227.95	264.92	283.40	363.49
56	200.23	243.35	280.32	301.88	388.13
57	212.55	261.84	295.72	320.37	412.78
58	227.95	280.32	320.37	341.93	443.58
59	243.35	295.72	341.93	366.57	471.31
60	258.76	320.37	366.57	394.30	505.19
61	274.16	341.93	391.22	425.10	536.00
62	292.64	363.49	418.94	455.90	576.04
63	311.12	388.13	449.74	486.71	616.09
64	332.69	409.70	477.47	517.51	659.21
65	354.25	437.42	508.27	551.40	705.42
66	381.97	468.23	542.16	588.36	757.79
67	409.70	505.19	582.20	631.49	816.32
68	443.58	542.16	631.49	680.78	881.00
69	474.39	588.36	677.70	736.22	948.77
70	514.43	637.65	736.22	797.83	1022.70
71	557.56	693.10	797.83	865.60	1108.96
72	603.77	754.71	868.68	945.69	1207.53
73	659.21	822.48	951.85	1035.03	1315.35
74	720.82	902.57	1044.27	1136.68	1438.56
75	785.51	985.74	1145.92	1247.58	1567.94
76	856.36	1075.07	1253.74	1367.71	1712.72
77	927.21	1173.65	1370.79	1497.09	1866.74
78	1004.22	1278.38	1497.09	1635.71	2030.01
79	1084.31	1392.36	1629.55	1783.57	2205.59
80	1170.56				
81	1256.82				
82	1352.31				
83	1450.88				
84	1552.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.17	101.65	117.06	126.30	150.94
45-49	89.33	110.90	129.38	141.70	169.42
50-54	126.30	150.94	178.67	190.99	231.03
55	144.78	178.67	203.31	218.71	280.32
56	150.94	187.91	212.55	231.03	295.72
57	163.26	203.31	227.95	246.43	320.37
58	178.67	221.79	246.43	268.00	345.01
59	190.99	240.27	268.00	289.56	375.81
60	209.47	261.84	292.64	320.37	409.70
61	227.95	283.40	323.45	348.09	446.66
62	246.43	304.96	348.09	375.81	480.55
63	264.92	326.53	372.73	406.62	517.51
64	283.40	348.09	397.38	434.34	557.56
65	301.88	372.73	428.18	465.15	597.60
66	326.53	403.54	458.98	499.03	649.97
67	351.17	434.34	499.03	542.16	702.34
68	381.97	474.39	548.32	594.52	763.95
69	415.86	517.51	597.60	649.97	834.80
70	452.82	566.80	653.05	711.58	911.81
71	495.95	619.17	717.74	779.35	998.06
72	542.16	680.78	788.59	859.44	1093.55
73	597.60	751.63	868.68	948.77	1204.45
74	659.21	825.56	961.10	1047.35	1321.51
75	723.90	908.73	1059.67	1152.08	1450.88
76	794.75	1001.14	1164.40	1269.14	1589.50
77	865.60	1093.55	1275.30	1392.36	1740.45
78	942.61	1195.21	1395.44	1524.81	1897.55
79	1022.70	1306.10	1524.81	1666.51	2070.05
80	1108.96				
81	1195.21				
82	1290.70				
83	1389.28				
84	1490.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.34	36.24	39.14	50.74
45-49	30.44	37.69	40.59	43.49	56.54
50-54	37.69	44.94	50.74	53.64	69.58
55	43.49	52.19	57.98	62.33	82.63
56	46.39	55.09	62.33	66.68	86.98
57	49.29	59.43	66.68	71.03	94.23
58	53.64	63.78	72.48	76.83	101.47
59	57.98	69.58	78.28	84.08	110.17
60	62.33	75.38	85.53	91.33	120.32
61	68.13	81.18	92.78	100.02	130.47
62	73.93	88.43	101.47	108.72	142.06
63	79.73	95.67	108.72	117.42	153.66
64	84.08	101.47	117.42	126.12	163.81
65	89.88	108.72	126.12	134.81	175.40
66	95.67	117.42	136.26	146.41	189.90
67	104.37	127.57	147.86	159.46	207.30
68	114.52	139.16	160.91	175.40	227.59
69	124.67	152.21	176.85	191.35	249.33
70	136.26	166.71	192.80	210.19	273.98
71	149.31	184.10	213.09	231.94	301.52
72	165.26	204.40	236.29	258.03	334.86
73	182.65	227.59	263.83	287.02	372.55
74	202.95	253.68	292.82	320.37	413.14
75	226.14	281.23	326.16	356.61	458.08
76	249.33	311.67	362.40	395.75	507.37
77	275.43	345.01	401.54	437.78	561.00
78	302.97	381.25	443.58	484.17	617.54
79	333.41	418.94	488.52	532.01	678.42
80	365.30				
81	398.64				
82	434.88				
83	472.57				
84	513.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	43.49	44.94	59.43
45-49	36.24	43.49	47.84	50.74	65.23
50-54	42.04	50.74	57.98	62.33	81.18
55	49.29	57.98	65.23	71.03	94.23
56	52.19	60.88	69.58	75.38	98.57
57	55.09	65.23	73.93	79.73	105.82
58	59.43	71.03	79.73	85.53	113.07
59	63.78	76.83	86.98	94.23	121.77
60	68.13	84.08	94.23	101.47	131.92
61	73.93	89.88	102.92	111.62	143.51
62	79.73	97.12	111.62	120.32	155.11
63	85.53	104.37	120.32	129.02	168.16
64	91.33	111.62	127.57	137.71	179.75
65	98.57	118.87	137.71	146.41	192.80
66	104.37	127.57	147.86	158.01	208.74
67	113.07	139.16	159.46	172.50	227.59
68	123.22	150.76	175.40	189.90	249.33
69	134.81	165.26	191.35	207.30	272.53
70	147.86	182.65	208.74	227.59	300.07
71	160.91	200.05	231.94	250.78	330.51
72	178.30	223.24	256.58	279.78	365.30
73	198.60	247.88	285.57	311.67	405.89
74	218.89	275.43	318.92	346.46	449.38
75	243.54	305.87	355.16	385.60	498.67
76	268.18	339.21	394.30	429.09	552.30
77	297.17	374.00	436.33	475.47	610.29
78	326.16	413.14	482.72	526.21	671.17
79	358.06	455.18	530.56	578.40	737.85
80	391.40				
81	427.64				
82	465.33				
83	504.47				
84	546.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	47.84	62.33
45-49	37.69	44.94	50.74	53.64	69.58
50-54	43.49	53.64	60.88	65.23	86.98
55	50.74	60.88	68.13	73.93	98.57
56	53.64	63.78	72.48	78.28	104.37
57	56.54	68.13	76.83	84.08	110.17
58	60.88	73.93	82.63	89.88	118.87
59	65.23	79.73	89.88	98.57	127.57
60	71.03	86.98	98.57	105.82	137.71
61	76.83	94.23	107.27	115.97	149.31
62	82.63	101.47	115.97	124.67	160.91
63	88.43	108.72	124.67	133.36	173.95
64	94.23	115.97	131.92	142.06	185.55
65	101.47	123.22	142.06	152.21	200.05
66	108.72	131.92	152.21	163.81	215.99
67	117.42	143.51	165.26	178.30	236.29
68	127.57	156.56	181.20	195.70	258.03
69	139.16	171.05	197.15	214.54	282.68
70	152.21	188.45	215.99	234.84	310.22
71	166.71	207.30	239.19	259.48	342.11
72	184.10	230.49	265.28	288.47	378.35
73	204.40	256.58	295.72	321.81	420.39
74	226.14	284.12	329.06	358.06	465.33
75	250.78	316.02	366.75	398.64	516.06
76	276.88	350.81	407.34	443.58	571.15
77	305.87	387.05	450.83	491.42	630.58
78	336.31	426.19	498.67	543.61	694.37
79	368.20	469.68	549.40	598.69	762.50
80	402.99				
81	439.23				
82	478.37				
83	518.96				
84	561.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.72	110.90	128.15	140.47	184.83
45-49	98.57	123.22	142.93	155.25	204.54
50-54	120.75	150.33	174.97	189.75	261.22
55	138.00	174.97	202.08	219.33	303.11
56	145.40	184.83	214.40	231.65	317.90
57	155.25	197.15	226.72	246.43	337.62
58	165.11	209.47	241.51	263.69	357.33
59	177.43	224.26	258.76	280.94	379.51
60	189.75	239.04	276.01	298.19	404.15
61	202.08	256.29	295.72	320.37	431.26
62	216.86	273.54	315.44	342.54	460.83
63	231.65	290.79	335.15	364.72	492.87
64	246.43	310.51	357.33	389.37	524.91
65	261.22	330.22	381.97	414.01	559.41
66	280.94	352.40	406.62	443.58	598.84
67	300.65	379.51	438.65	478.08	645.66
68	322.83	409.08	473.15	517.51	697.41
69	347.47	438.65	512.58	559.41	751.63
70	374.58	475.62	554.48	606.23	810.77
71	406.62	515.05	601.30	657.98	879.77
72	441.12	559.41	655.52	717.13	956.17
73	480.55	611.16	717.13	783.66	1042.42
74	524.91	667.84	783.66	857.59	1136.06
75	574.19	729.45	855.13	936.45	1239.57
76	623.48	798.45	933.99	1022.70	1350.46
77	677.70	869.91	1017.78	1116.35	1468.75
78	731.91	948.77	1106.49	1214.92	1594.43
79	791.06	1030.10	1202.60	1320.89	1729.97
80	852.66				
81	914.27				
82	980.81				
83	1049.81				
84	1121.28				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	98.57	125.68	145.40	160.18	207.01
45-49	110.90	138.00	162.65	174.97	231.65
50-54	135.54	170.04	199.61	216.86	293.26
55	152.79	194.68	229.18	248.90	335.15
56	160.18	204.54	241.51	261.22	349.94
57	170.04	216.86	253.83	276.01	369.65
58	179.90	229.18	268.61	293.26	391.83
59	192.22	243.97	285.86	310.51	416.47
60	207.01	261.22	303.11	330.22	441.12
61	221.79	278.47	322.83	349.94	470.69
62	236.58	298.19	342.54	374.58	502.73
63	251.36	317.90	364.72	396.76	537.23
64	266.15	337.62	389.37	423.87	569.26
65	283.40	357.33	414.01	450.98	608.69
66	303.11	381.97	443.58	485.48	648.12
67	325.29	411.55	478.08	522.44	699.87
68	349.94	443.58	517.51	566.80	754.09
69	377.05	475.62	556.94	611.16	813.23
70	406.62	517.51	603.77	660.45	877.31
71	438.65	559.41	655.52	717.13	951.24
72	478.08	608.69	712.20	781.20	1035.03
73	519.98	665.37	778.73	852.66	1128.67
74	566.80	724.52	850.20	931.52	1229.71
75	618.55	791.06	926.59	1015.31	1340.60
76	672.77	862.52	1010.38	1106.49	1456.43
77	726.98	936.45	1099.10	1205.07	1584.58
78	786.13	1017.78	1195.21	1311.03	1717.65
79	845.27	1104.03	1296.25	1421.93	1863.05
80	911.81				
81	975.88				
82	1047.35				
83	1118.81				
84	1192.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	103.50	130.61	152.79	167.58	216.86
45-49	115.82	145.40	170.04	184.83	241.51
50-54	142.93	179.90	209.47	226.72	305.58
55	160.18	202.08	239.04	261.22	347.47
56	167.58	211.93	251.36	273.54	364.72
57	177.43	224.26	263.69	288.33	384.44
58	187.29	239.04	278.47	305.58	406.62
59	199.61	253.83	295.72	322.83	431.26
60	214.40	271.08	312.97	342.54	458.37
61	229.18	288.33	332.69	362.26	487.94
62	243.97	308.04	354.87	386.90	519.98
63	258.76	327.76	377.05	411.55	554.48
64	276.01	347.47	401.69	438.65	588.98
65	293.26	369.65	428.80	468.23	628.41
66	312.97	394.30	460.83	502.73	670.30
67	335.15	423.87	495.33	542.16	722.05
68	359.79	458.37	534.76	586.51	778.73
69	389.37	492.87	576.66	633.34	840.34
70	418.94	534.76	623.48	685.09	906.88
71	453.44	579.12	677.70	741.77	983.27
72	492.87	630.87	736.84	808.31	1069.53
73	537.23	687.55	803.38	882.24	1165.64
74	584.05	749.16	877.31	963.56	1269.14
75	635.80	815.70	956.17	1049.81	1382.50
76	692.48	889.63	1042.42	1143.46	1503.25
77	749.16	966.02	1133.60	1244.50	1633.86
78	808.31	1047.35	1232.17	1352.93	1771.87
79	869.91	1136.06	1335.68	1466.29	1919.73
80	936.45				
81	1002.99				
82	1074.46				
83	1148.39				
84	1224.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	66.54	81.32	96.11	103.50	138.00
45-49	73.93	91.18	105.97	115.82	152.79
50-54	96.11	118.29	135.54	150.33	197.15
55	110.90	135.54	157.72	172.50	234.11
56	115.82	142.93	165.11	179.90	248.90
57	123.22	152.79	177.43	192.22	266.15
58	133.07	165.11	192.22	207.01	285.86
59	142.93	177.43	207.01	224.26	308.04
60	155.25	194.68	224.26	243.97	330.22
61	170.04	209.47	243.97	263.69	357.33
62	182.36	226.72	263.69	285.86	384.44
63	194.68	243.97	283.40	305.58	414.01
64	209.47	261.22	303.11	327.76	443.58
65	221.79	278.47	322.83	349.94	475.62
66	239.04	300.65	347.47	377.05	512.58
67	258.76	325.29	377.05	409.08	556.94
68	280.94	354.87	411.55	446.05	606.23
69	305.58	386.90	448.51	487.94	660.45
70	332.69	421.40	490.41	534.76	722.05
71	364.72	463.30	537.23	586.51	788.59
72	399.22	507.66	591.44	645.66	864.99
73	438.65	559.41	650.59	712.20	951.24
74	483.01	613.62	717.13	783.66	1042.42
75	529.83	675.23	788.59	862.52	1143.46
76	581.59	739.30	864.99	948.77	1254.35
77	633.34	810.77	948.77	1039.95	1370.18
78	687.55	884.70	1037.49	1138.53	1495.86
79	746.70	966.02	1131.14	1242.03	1626.47
80	808.31				
81	872.38				
82	938.92				
83	1007.92				
84	1081.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.39	96.11	110.90	118.29	157.72
45-49	86.25	105.97	120.75	133.07	174.97
50-54	105.97	133.07	155.25	170.04	221.79
55	123.22	152.79	177.43	192.22	261.22
56	130.61	162.65	187.29	204.54	276.01
57	138.00	172.50	199.61	216.86	295.72
58	147.86	184.83	214.40	234.11	315.44
59	157.72	197.15	229.18	251.36	337.62
60	170.04	214.40	248.90	271.08	362.26
61	184.83	229.18	268.61	293.26	389.37
62	197.15	246.43	288.33	315.44	416.47
63	211.93	263.69	310.51	337.62	448.51
64	226.72	283.40	330.22	359.79	480.55
65	241.51	303.11	352.40	384.44	512.58
66	261.22	327.76	379.51	414.01	554.48
67	283.40	352.40	411.55	446.05	601.30
68	308.04	384.44	448.51	487.94	655.52
69	332.69	418.94	487.94	532.30	714.66
70	359.79	455.90	532.30	579.12	778.73
71	391.83	500.26	581.59	635.80	852.66
72	428.80	547.09	640.73	699.87	933.99
73	470.69	603.77	704.80	771.34	1025.17
74	517.51	662.91	773.81	847.74	1126.21
75	569.26	726.98	852.66	933.99	1234.64
76	623.48	795.98	936.45	1027.63	1352.93
77	680.16	872.38	1025.17	1123.74	1478.61
78	736.84	953.70	1121.28	1229.71	1614.15
79	800.91	1039.95	1222.32	1343.07	1757.08
80	864.99				
81	933.99				
82	1002.99				
83	1074.46				
84	1153.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	81.32	101.04	115.82	125.68	167.58
45-49	91.18	110.90	128.15	140.47	184.83
50-54	110.90	138.00	162.65	177.43	231.65
55	128.15	160.18	187.29	202.08	273.54
56	135.54	170.04	197.15	214.40	288.33
57	142.93	179.90	209.47	226.72	308.04
58	152.79	192.22	224.26	243.97	327.76
59	165.11	207.01	239.04	261.22	349.94
60	177.43	221.79	258.76	283.40	374.58
61	189.75	239.04	278.47	305.58	401.69
62	204.54	256.29	298.19	327.76	431.26
63	219.33	273.54	320.37	349.94	463.30
64	234.11	293.26	342.54	374.58	495.33
65	251.36	312.97	364.72	399.22	529.83
66	271.08	337.62	394.30	428.80	571.73
67	293.26	364.72	426.33	463.30	621.02
68	317.90	396.76	463.30	505.19	675.23
69	342.54	431.26	505.19	549.55	736.84
70	372.12	470.69	549.55	598.84	803.38
71	404.15	515.05	601.30	657.98	879.77
72	441.12	564.34	660.45	722.05	963.56
73	485.48	621.02	726.98	795.98	1057.20
74	532.30	682.62	798.45	874.84	1163.17
75	586.51	749.16	879.77	963.56	1274.07
76	640.73	820.63	966.02	1059.67	1394.82
77	699.87	899.49	1057.20	1160.71	1525.43
78	759.02	983.27	1155.78	1269.14	1663.43
79	823.09	1071.99	1261.75	1387.43	1811.30
80	889.63				
81	958.63				
82	1030.10				
83	1104.03				
84	1182.89				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	42.04	46.39	59.43
45-49	36.24	44.94	47.84	50.74	66.68
50-54	44.94	52.19	59.43	63.78	81.18
55	50.74	60.88	68.13	73.93	97.12
56	55.09	65.23	73.93	78.28	102.92
57	57.98	69.58	78.28	84.08	110.17
58	63.78	75.38	85.53	89.88	118.87
59	68.13	81.18	92.78	98.57	129.02
60	73.93	88.43	100.02	107.27	142.06
61	79.73	95.67	108.72	117.42	153.66
62	86.98	104.37	118.87	127.57	166.71
63	94.23	113.07	127.57	137.71	181.20
64	98.57	118.87	137.71	147.86	192.80
65	105.82	127.57	147.86	158.01	205.85
66	113.07	137.71	160.91	172.50	223.24
67	123.22	150.76	173.95	187.00	243.54
68	134.81	163.81	189.90	205.85	268.18
69	146.41	179.75	208.74	224.69	292.82
70	160.91	195.70	226.14	247.88	321.81
71	175.40	215.99	250.78	272.53	355.16
72	194.25	240.64	278.33	302.97	394.30
73	214.54	268.18	310.22	337.76	437.78
74	239.19	298.62	345.01	376.90	485.62
75	266.73	330.51	384.15	418.94	539.26
76	292.82	366.75	426.19	465.33	597.24
77	324.71	405.89	472.57	514.61	659.58
78	356.61	447.93	521.86	569.70	726.26
79	392.85	492.87	574.05	626.23	798.74
80	429.09				
81	469.68				
82	511.71				
83	556.65				
84	603.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	50.74	52.19	69.58
45-49	42.04	50.74	56.54	59.43	76.83
50-54	49.29	59.43	68.13	73.93	95.67
55	57.98	68.13	76.83	84.08	110.17
56	60.88	71.03	81.18	88.43	115.97
57	65.23	76.83	86.98	94.23	124.67
58	69.58	84.08	94.23	100.02	133.36
59	75.38	89.88	102.92	110.17	143.51
60	79.73	98.57	110.17	118.87	155.11
61	86.98	105.82	121.77	131.92	168.16
62	94.23	114.52	131.92	142.06	182.65
63	100.02	123.22	142.06	152.21	197.15
64	107.27	131.92	150.76	162.36	211.64
65	115.97	139.16	162.36	172.50	226.14
66	123.22	150.76	173.95	185.55	244.99
67	133.36	163.81	187.00	202.95	268.18
68	144.96	176.85	205.85	223.24	292.82
69	158.01	194.25	224.69	243.54	320.37
70	173.95	214.54	244.99	268.18	353.71
71	189.90	234.84	272.53	295.72	388.50
72	210.19	262.38	301.52	329.06	429.09
73	233.39	291.37	336.31	366.75	476.92
74	258.03	324.71	375.45	407.34	529.11
75	287.02	359.50	417.49	453.73	587.09
76	316.02	398.64	463.88	504.47	649.43
77	349.36	440.68	513.16	559.55	717.56
78	384.15	485.62	568.25	618.99	790.04
79	421.84	534.91	624.78	679.87	868.32
80	460.98				
81	503.02				
82	547.95				
83	592.89				
84	643.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	56.54	73.93
45-49	44.94	52.19	59.43	63.78	81.18
50-54	50.74	63.78	71.03	76.83	102.92
55	59.43	71.03	79.73	86.98	115.97
56	63.78	75.38	85.53	92.78	123.22
57	66.68	79.73	89.88	98.57	129.02
58	71.03	86.98	97.12	105.82	139.16
59	76.83	94.23	105.82	115.97	150.76
60	84.08	102.92	115.97	124.67	162.36
61	89.88	110.17	126.12	136.26	175.40
62	97.12	118.87	136.26	146.41	189.90
63	104.37	127.57	146.41	156.56	204.40
64	110.17	136.26	155.11	166.71	218.89
65	118.87	144.96	166.71	179.75	234.84
66	127.57	155.11	179.75	192.80	253.68
67	137.71	168.16	194.25	210.19	278.33
68	150.76	184.10	213.09	230.49	302.97
69	163.81	201.50	231.94	252.23	331.96
70	179.75	221.79	253.68	276.88	365.30
71	195.70	243.54	281.23	305.87	402.99
72	215.99	271.08	311.67	339.21	445.03
73	240.64	301.52	347.91	378.35	494.32
74	266.73	334.86	387.05	421.84	547.95
75	295.72	371.10	431.99	469.68	607.39
76	326.16	413.14	479.82	521.86	672.62
77	359.50	455.18	530.56	578.40	742.20
78	395.75	501.57	587.09	639.28	817.58
79	433.44	552.30	646.53	704.51	897.31
80	474.02				
81	516.06				
82	562.45				
83	610.29				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	103.50	130.61	150.33	165.11	216.86
45-49	115.82	145.40	167.58	182.36	241.51
50-54	142.93	177.43	207.01	224.26	308.04
55	162.65	207.01	236.58	258.76	357.33
56	170.04	216.86	251.36	273.54	374.58
57	182.36	231.65	266.15	290.79	396.76
58	194.68	246.43	283.40	310.51	421.40
59	209.47	263.69	305.58	330.22	446.05
60	224.26	280.94	325.29	349.94	475.62
61	236.58	300.65	347.47	377.05	507.66
62	256.29	322.83	372.12	404.15	542.16
63	273.54	342.54	394.30	428.80	579.12
64	290.79	364.72	421.40	458.37	618.55
65	308.04	389.37	448.51	487.94	657.98
66	330.22	414.01	478.08	522.44	704.80
67	354.87	446.05	515.05	561.87	759.02
68	379.51	480.55	556.94	608.69	820.63
69	409.08	515.05	603.77	657.98	884.70
70	441.12	559.41	653.05	712.20	953.70
71	478.08	606.23	707.27	773.81	1035.03
72	519.98	657.98	771.34	842.81	1123.74
73	564.34	719.59	842.81	921.67	1227.24
74	618.55	786.13	921.67	1007.92	1335.68
75	675.23	857.59	1005.45	1101.56	1458.89
76	734.38	938.92	1099.10	1202.60	1589.50
77	798.45	1022.70	1197.67	1313.50	1727.51
78	860.06	1116.35	1301.18	1429.32	1875.37
79	931.52	1212.46	1414.54	1555.00	2035.55
80	1002.99				
81	1074.46				
82	1153.31				
83	1234.64				
84	1318.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	115.82	147.86	170.04	187.29	243.97
45-49	130.61	162.65	192.22	207.01	273.54
50-54	160.18	199.61	234.11	256.29	345.01
55	179.90	229.18	268.61	293.26	394.30
56	187.29	241.51	283.40	308.04	411.55
57	199.61	256.29	298.19	325.29	433.73
58	211.93	268.61	315.44	345.01	460.83
59	226.72	285.86	335.15	364.72	490.41
60	243.97	308.04	357.33	389.37	519.98
61	261.22	327.76	379.51	411.55	554.48
62	278.47	349.94	404.15	441.12	591.44
63	295.72	374.58	428.80	465.76	630.87
64	312.97	396.76	458.37	497.80	670.30
65	332.69	421.40	487.94	529.83	717.13
66	357.33	448.51	522.44	571.73	761.48
67	381.97	483.01	561.87	613.62	823.09
68	411.55	522.44	608.69	667.84	887.16
69	443.58	559.41	655.52	719.59	956.17
70	478.08	608.69	709.73	776.27	1032.56
71	515.05	657.98	771.34	842.81	1118.81
72	561.87	717.13	837.88	919.20	1217.39
73	611.16	783.66	916.74	1002.99	1328.28
74	667.84	852.66	1000.52	1096.63	1446.57
75	726.98	931.52	1089.24	1195.21	1577.18
76	791.06	1015.31	1187.82	1301.18	1712.72
77	855.13	1101.56	1293.78	1417.00	1863.05
78	924.13	1197.67	1407.14	1542.68	2020.76
79	995.60	1298.71	1525.43	1673.29	2190.80
80	1071.99				
81	1148.39				
82	1232.17				
83	1315.96				
84	1402.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120.75	152.79	179.90	197.15	256.29
45-49	135.54	170.04	199.61	216.86	283.40
50-54	167.58	211.93	246.43	266.15	359.79
55	187.29	236.58	280.94	308.04	409.08
56	197.15	248.90	295.72	322.83	428.80
57	209.47	263.69	310.51	340.08	453.44
58	219.33	280.94	327.76	359.79	478.08
59	234.11	298.19	347.47	379.51	507.66
60	251.36	317.90	367.19	404.15	539.69
61	268.61	340.08	391.83	426.33	574.19
62	285.86	362.26	416.47	455.90	611.16
63	305.58	384.44	443.58	483.01	653.05
64	325.29	409.08	473.15	515.05	692.48
65	345.01	433.73	505.19	552.01	739.30
66	367.19	463.30	542.16	591.44	788.59
67	394.30	497.80	581.59	638.27	850.20
68	423.87	539.69	628.41	690.02	916.74
69	458.37	579.12	677.70	744.23	988.20
70	492.87	628.41	734.38	805.84	1067.06
71	532.30	680.16	798.45	872.38	1155.78
72	579.12	741.77	867.45	951.24	1259.28
73	630.87	808.31	946.31	1037.49	1370.18
74	687.55	882.24	1032.56	1133.60	1493.39
75	749.16	958.63	1123.74	1234.64	1626.47
76	815.70	1047.35	1227.24	1345.53	1769.40
77	882.24	1136.06	1333.21	1463.82	1922.19
78	951.24	1232.17	1449.04	1591.97	2084.84
79	1022.70	1335.68	1572.25	1725.04	2257.34
80	1101.56				
81	1180.42				
82	1264.21				
83	1350.46				
84	1441.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	78.86	96.11	113.36	120.75	162.65
45-49	86.25	108.43	125.68	135.54	179.90
50-54	113.36	138.00	160.18	177.43	231.65
55	130.61	160.18	184.83	202.08	276.01
56	135.54	167.58	194.68	211.93	293.26
57	145.40	179.90	209.47	226.72	312.97
58	157.72	194.68	226.72	243.97	335.15
59	167.58	209.47	243.97	263.69	362.26
60	182.36	229.18	263.69	285.86	389.37
61	199.61	246.43	285.86	310.51	421.40
62	214.40	266.15	310.51	335.15	453.44
63	229.18	285.86	332.69	359.79	487.94
64	246.43	308.04	357.33	384.44	522.44
65	261.22	327.76	379.51	411.55	559.41
66	280.94	354.87	409.08	443.58	603.77
67	305.58	381.97	443.58	480.55	655.52
68	330.22	416.47	483.01	524.91	712.20
69	359.79	455.90	527.37	574.19	776.27
70	391.83	495.33	576.66	628.41	850.20
71	428.80	544.62	630.87	690.02	926.59
72	470.69	596.37	694.95	759.02	1017.78
73	515.05	657.98	766.41	837.88	1118.81
74	569.26	722.05	842.81	921.67	1227.24
75	623.48	793.52	926.59	1015.31	1345.53
76	685.09	869.91	1017.78	1116.35	1476.14
77	744.23	953.70	1116.35	1222.32	1611.68
78	808.31	1039.95	1219.85	1340.60	1759.54
79	877.31	1136.06	1330.75	1461.36	1912.33
80	951.24				
81	1025.17				
82	1104.03				
83	1185.35				
84	1271.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88.72	113.36	130.61	138.00	184.83
45-49	101.04	125.68	142.93	157.72	207.01
50-54	125.68	157.72	182.36	199.61	261.22
55	145.40	179.90	209.47	226.72	308.04
56	152.79	192.22	219.33	241.51	325.29
57	162.65	202.08	234.11	256.29	347.47
58	174.97	216.86	251.36	276.01	372.12
59	184.83	231.65	268.61	295.72	396.76
60	199.61	251.36	293.26	317.90	426.33
61	216.86	268.61	315.44	345.01	458.37
62	231.65	290.79	340.08	372.12	490.41
63	248.90	310.51	364.72	396.76	527.37
64	266.15	332.69	389.37	423.87	564.34
65	283.40	357.33	414.01	453.44	603.77
66	308.04	384.44	446.05	487.94	653.05
67	332.69	414.01	483.01	524.91	707.27
68	362.26	453.44	527.37	574.19	771.34
69	391.83	492.87	574.19	625.94	840.34
70	423.87	537.23	625.94	680.16	916.74
71	460.83	588.98	685.09	749.16	1002.99
72	505.19	643.19	754.09	823.09	1099.10
73	554.48	709.73	828.02	906.88	1205.07
74	608.69	778.73	909.34	998.06	1325.82
75	670.30	855.13	1002.99	1099.10	1451.50
76	734.38	936.45	1101.56	1209.99	1591.97
77	800.91	1025.17	1205.07	1320.89	1739.83
78	867.45	1121.28	1318.43	1446.57	1900.01
79	941.38	1222.32	1439.18	1579.65	2067.59
80	1017.78				
81	1099.10				
82	1180.42				
83	1264.21				
84	1357.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	96.11	118.29	135.54	147.86	197.15
45-49	108.43	130.61	150.33	165.11	216.86
50-54	130.61	162.65	192.22	209.47	273.54
55	150.33	187.29	219.33	236.58	322.83
56	160.18	199.61	231.65	251.36	340.08
57	167.58	211.93	246.43	266.15	362.26
58	179.90	226.72	263.69	285.86	384.44
59	194.68	243.97	280.94	308.04	411.55
60	209.47	261.22	305.58	332.69	441.12
61	224.26	280.94	327.76	359.79	473.15
62	241.51	300.65	349.94	384.44	507.66
63	258.76	322.83	377.05	411.55	544.62
64	276.01	345.01	404.15	441.12	581.59
65	295.72	367.19	428.80	470.69	623.48
66	317.90	396.76	463.30	505.19	672.77
67	345.01	428.80	502.73	544.62	729.45
68	374.58	465.76	544.62	593.91	793.52
69	404.15	507.66	593.91	645.66	867.45
70	438.65	554.48	645.66	704.80	946.31
71	475.62	606.23	707.27	773.81	1035.03
72	519.98	662.91	776.27	850.20	1133.60
73	571.73	729.45	855.13	936.45	1244.50
74	625.94	803.38	938.92	1030.10	1367.71
75	690.02	882.24	1035.03	1133.60	1498.32
76	754.09	966.02	1136.06	1246.96	1641.26
77	823.09	1057.20	1244.50	1365.25	1794.04
78	892.09	1155.78	1360.32	1493.39	1956.69
79	968.49	1261.75	1483.54	1631.40	2131.66
80	1047.35				
81	1128.67				
82	1212.46				
83	1298.71				
84	1392.36				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	41.68	45.30	48.92	63.42
45-49	38.05	47.11	50.74	54.36	70.67
50-54	47.11	56.17	63.42	67.04	86.98
55	54.36	65.23	72.48	77.92	103.29
56	57.98	68.86	77.92	83.35	108.72
57	61.61	74.29	83.35	88.79	117.78
58	67.04	79.73	90.60	96.04	126.84
59	72.48	86.98	97.85	105.10	137.71
60	77.92	94.23	106.91	114.16	150.40
61	85.16	101.47	115.97	125.03	163.08
62	92.41	110.53	126.84	135.90	177.58
63	99.66	119.59	135.90	146.77	192.07
64	105.10	126.84	146.77	157.65	204.76
65	112.35	135.90	157.65	168.52	219.25
66	119.59	146.77	170.33	183.01	237.37
67	130.47	159.46	184.83	199.32	259.12
68	143.15	173.95	201.13	219.25	284.49
69	155.83	190.26	221.07	239.19	311.67
70	170.33	208.38	241.00	262.74	342.47
71	186.64	230.13	266.37	289.92	376.90
72	206.57	255.49	295.36	322.54	418.58
73	228.31	284.49	329.79	358.78	465.69
74	253.68	317.10	366.03	400.46	516.43
75	282.68	351.53	407.70	445.76	572.60
76	311.67	389.58	453.01	494.68	634.21
77	344.28	431.26	501.93	547.23	701.25
78	378.71	476.56	554.48	605.21	771.92
79	416.76	523.67	610.65	665.01	848.03
80	456.63				
81	498.31				
82	543.61				
83	590.72				
84	641.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	54.36	56.17	74.29
45-49	45.30	54.36	59.80	63.42	81.54
50-54	52.55	63.42	72.48	77.92	101.47
55	61.61	72.48	81.54	88.79	117.78
56	65.23	76.10	86.98	94.23	123.22
57	68.86	81.54	92.41	99.66	132.28
58	74.29	88.79	99.66	106.91	141.34
59	79.73	96.04	108.72	117.78	152.21
60	85.16	105.10	117.78	126.84	164.89
61	92.41	112.35	128.65	139.53	179.39
62	99.66	121.41	139.53	150.40	193.89
63	106.91	130.47	150.40	161.27	210.19
64	114.16	139.53	159.46	172.14	224.69
65	123.22	148.59	172.14	183.01	241.00
66	130.47	159.46	184.83	197.51	260.93
67	141.34	173.95	199.32	215.63	284.49
68	154.02	188.45	219.25	237.37	311.67
69	168.52	206.57	239.19	259.12	340.66
70	184.83	228.31	260.93	284.49	375.09
71	201.13	250.06	289.92	313.48	413.14
72	222.88	279.05	320.73	349.72	456.63
73	248.25	309.86	356.97	389.58	507.37
74	273.62	344.28	398.64	433.07	561.73
75	304.42	382.34	443.94	482.00	623.33
76	335.22	424.01	492.87	536.36	690.38
77	371.46	467.50	545.42	594.34	762.86
78	407.70	516.43	603.40	657.76	838.97
79	447.57	568.97	663.20	723.00	922.32
80	489.25				
81	534.55				
82	581.66				
83	630.58				
84	683.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	59.80	77.92
45-49	47.11	56.17	63.42	67.04	86.98
50-54	54.36	67.04	76.10	81.54	108.72
55	63.42	76.10	85.16	92.41	123.22
56	67.04	79.73	90.60	97.85	130.47
57	70.67	85.16	96.04	105.10	137.71
58	76.10	92.41	103.29	112.35	148.59
59	81.54	99.66	112.35	123.22	159.46
60	88.79	108.72	123.22	132.28	172.14
61	96.04	117.78	134.09	144.96	186.64
62	103.29	126.84	144.96	155.83	201.13
63	110.53	135.90	155.83	166.71	217.44
64	117.78	144.96	164.89	177.58	231.94
65	126.84	154.02	177.58	190.26	250.06
66	135.90	164.89	190.26	204.76	269.99
67	146.77	179.39	206.57	222.88	295.36
68	159.46	195.70	226.50	244.62	322.54
69	173.95	213.82	246.43	268.18	353.34
70	190.26	235.56	269.99	293.55	387.77
71	208.38	259.12	298.98	324.35	427.64
72	230.13	288.11	331.60	360.59	472.94
73	255.49	320.73	369.65	402.27	525.49
74	282.68	355.16	411.33	447.57	581.66
75	313.48	395.02	458.44	498.31	645.08
76	346.10	438.51	509.18	554.48	713.94
77	382.34	483.81	563.54	614.27	788.23
78	420.39	532.73	623.33	679.51	867.96
79	460.25	587.09	686.76	748.36	953.12
80	503.74				
81	549.04				
82	597.97				
83	648.70				
84	701.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.90	138.62	160.18	175.58	231.03
45-49	123.22	154.02	178.67	194.07	255.68
50-54	150.94	187.91	218.71	237.19	326.53
55	172.50	218.71	252.60	274.16	378.89
56	181.75	231.03	268.00	289.56	397.38
57	194.07	246.43	283.40	308.04	422.02
58	206.39	261.84	301.88	329.61	446.66
59	221.79	280.32	323.45	351.17	474.39
60	237.19	298.80	345.01	372.73	505.19
61	252.60	320.37	369.65	400.46	539.08
62	271.08	341.93	394.30	428.18	576.04
63	289.56	363.49	418.94	455.90	616.09
64	308.04	388.13	446.66	486.71	656.13
65	326.53	412.78	477.47	517.51	699.26
66	351.17	440.50	508.27	554.48	748.55
67	375.81	474.39	548.32	597.60	807.07
68	403.54	511.35	591.44	646.89	871.76
69	434.34	548.32	640.73	699.26	939.53
70	468.23	594.52	693.10	757.79	1013.46
71	508.27	643.81	751.63	822.48	1099.71
72	551.40	699.26	819.40	896.41	1195.21
73	600.68	763.95	896.41	979.58	1303.02
74	656.13	834.80	979.58	1071.99	1420.08
75	717.74	911.81	1068.91	1170.56	1549.46
76	779.35	998.06	1167.48	1278.38	1688.08
77	847.12	1087.39	1272.22	1395.44	1835.94
78	914.89	1185.97	1383.11	1518.65	1993.04
79	988.82	1287.62	1503.25	1651.11	2162.46
80	1065.83				
81	1142.84				
82	1226.01				
83	1312.26				
84	1401.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	123.22	157.10	181.75	200.23	258.76
45-49	138.62	172.50	203.31	218.71	289.56
50-54	169.42	212.55	249.52	271.08	366.57
55	190.99	243.35	286.48	311.12	418.94
56	200.23	255.68	301.88	326.53	437.42
57	212.55	271.08	317.28	345.01	462.07
58	224.87	286.48	335.77	366.57	489.79
59	240.27	304.96	357.33	388.13	520.59
60	258.76	326.53	378.89	412.78	551.40
61	277.24	348.09	403.54	437.42	588.36
62	295.72	372.73	428.18	468.23	628.41
63	314.20	397.38	455.90	495.95	671.53
64	332.69	422.02	486.71	529.83	711.58
65	354.25	446.66	517.51	563.72	760.87
66	378.89	477.47	554.48	606.85	810.15
67	406.62	514.43	597.60	653.05	874.84
68	437.42	554.48	646.89	708.50	942.61
69	471.31	594.52	696.18	763.95	1016.54
70	508.27	646.89	754.71	825.56	1096.63
71	548.32	699.26	819.40	896.41	1189.05
72	597.60	760.87	890.25	976.50	1293.78
73	649.97	831.72	973.42	1065.83	1410.84
74	708.50	905.65	1062.75	1164.40	1537.14
75	773.19	988.82	1158.24	1269.14	1675.76
76	840.96	1078.15	1262.98	1383.11	1820.54
77	908.73	1170.56	1373.87	1506.33	1980.72
78	982.66	1272.22	1494.01	1638.79	2147.06
79	1056.59	1380.03	1620.31	1777.41	2328.81
80	1139.76				
81	1219.85				
82	1309.18				
83	1398.52				
84	1490.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	129.38	163.26	190.99	209.47	271.08
45-49	144.78	181.75	212.55	231.03	301.88
50-54	178.67	224.87	261.84	283.40	381.97
55	200.23	252.60	298.80	326.53	434.34
56	209.47	264.92	314.20	341.93	455.90
57	221.79	280.32	329.61	360.41	480.55
58	234.11	298.80	348.09	381.97	508.27
59	249.52	317.28	369.65	403.54	539.08
60	268.00	338.85	391.22	428.18	572.96
61	286.48	360.41	415.86	452.82	609.93
62	304.96	385.05	443.58	483.63	649.97
63	323.45	409.70	471.31	514.43	693.10
64	345.01	434.34	502.11	548.32	736.22
65	366.57	462.07	536.00	585.28	785.51
66	391.22	492.87	576.04	628.41	837.88
67	418.94	529.83	619.17	677.70	902.57
68	449.74	572.96	668.45	733.14	973.42
69	486.71	616.09	720.82	791.67	1050.43
70	523.67	668.45	779.35	856.36	1133.60
71	566.80	723.90	847.12	927.21	1229.09
72	616.09	788.59	921.05	1010.38	1336.91
73	671.53	859.44	1004.22	1102.80	1457.05
74	730.06	936.45	1096.63	1204.45	1586.42
75	794.75	1019.62	1195.21	1312.26	1728.12
76	865.60	1112.04	1303.02	1429.32	1879.06
77	936.45	1207.53	1417.00	1555.62	2042.33
78	1010.38	1309.18	1540.22	1691.16	2214.83
79	1087.39	1420.08	1669.60	1832.86	2399.66
80	1170.56				
81	1253.74				
82	1343.07				
83	1435.48				
84	1530.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.17	101.65	120.14	129.38	172.50
45-49	92.41	113.98	132.46	144.78	190.99
50-54	120.14	147.86	169.42	187.91	246.43
55	138.62	169.42	197.15	215.63	292.64
56	144.78	178.67	206.39	224.87	311.12
57	154.02	190.99	221.79	240.27	332.69
58	166.34	206.39	240.27	258.76	357.33
59	178.67	221.79	258.76	280.32	385.05
60	194.07	243.35	280.32	304.96	412.78
61	212.55	261.84	304.96	329.61	446.66
62	227.95	283.40	329.61	357.33	480.55
63	243.35	304.96	354.25	381.97	517.51
64	261.84	326.53	378.89	409.70	554.48
65	277.24	348.09	403.54	437.42	594.52
66	298.80	375.81	434.34	471.31	640.73
67	323.45	406.62	471.31	511.35	696.18
68	351.17	443.58	514.43	557.56	757.79
69	381.97	483.63	560.64	609.93	825.56
70	415.86	526.75	613.01	668.45	902.57
71	455.90	579.12	671.53	733.14	985.74
72	499.03	634.57	739.30	807.07	1081.23
73	548.32	699.26	813.23	890.25	1189.05
74	603.77	767.03	896.41	979.58	1303.02
75	662.29	844.04	985.74	1078.15	1429.32
76	726.98	924.13	1081.23	1185.97	1567.94
77	791.67	1013.46	1185.97	1299.94	1712.72
78	859.44	1105.88	1296.86	1423.16	1869.82
79	933.37	1207.53	1413.92	1552.54	2033.09
80	1010.38				
81	1090.47				
82	1173.65				
83	1259.90				
84	1352.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	95.49	120.14	138.62	147.86	197.15
45-49	107.82	132.46	150.94	166.34	218.71
50-54	132.46	166.34	194.07	212.55	277.24
55	154.02	190.99	221.79	240.27	326.53
56	163.26	203.31	234.11	255.68	345.01
57	172.50	215.63	249.52	271.08	369.65
58	184.83	231.03	268.00	292.64	394.30
59	197.15	246.43	286.48	314.20	422.02
60	212.55	268.00	311.12	338.85	452.82
61	231.03	286.48	335.77	366.57	486.71
62	246.43	308.04	360.41	394.30	520.59
63	264.92	329.61	388.13	422.02	560.64
64	283.40	354.25	412.78	449.74	600.68
65	301.88	378.89	440.50	480.55	640.73
66	326.53	409.70	474.39	517.51	693.10
67	354.25	440.50	514.43	557.56	751.63
68	385.05	480.55	560.64	609.93	819.40
69	415.86	523.67	609.93	665.37	893.33
70	449.74	569.88	665.37	723.90	973.42
71	489.79	625.33	726.98	794.75	1065.83
72	536.00	683.86	800.91	874.84	1167.48
73	588.36	754.71	881.00	964.18	1281.46
74	646.89	828.64	967.26	1059.67	1407.76
75	711.58	908.73	1065.83	1167.48	1543.30
76	779.35	994.98	1170.56	1284.54	1691.16
77	850.20	1090.47	1281.46	1404.68	1848.26
78	921.05	1192.13	1401.60	1537.14	2017.68
79	1001.14	1299.94	1527.90	1678.84	2196.35
80	1081.23				
81	1167.48				
82	1253.74				
83	1343.07				
84	1441.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101.65	126.30	144.78	157.10	209.47
45-49	113.98	138.62	160.18	175.58	231.03
50-54	138.62	172.50	203.31	221.79	289.56
55	160.18	200.23	234.11	252.60	341.93
56	169.42	212.55	246.43	268.00	360.41
57	178.67	224.87	261.84	283.40	385.05
58	190.99	240.27	280.32	304.96	409.70
59	206.39	258.76	298.80	326.53	437.42
60	221.79	277.24	323.45	354.25	468.23
61	237.19	298.80	348.09	381.97	502.11
62	255.68	320.37	372.73	409.70	539.08
63	274.16	341.93	400.46	437.42	579.12
64	292.64	366.57	428.18	468.23	619.17
65	314.20	391.22	455.90	499.03	662.29
66	338.85	422.02	492.87	536.00	714.66
67	366.57	455.90	532.92	579.12	776.27
68	397.38	495.95	579.12	631.49	844.04
69	428.18	539.08	631.49	686.94	921.05
70	465.15	588.36	686.94	748.55	1004.22
71	505.19	643.81	751.63	822.48	1099.71
72	551.40	705.42	825.56	902.57	1204.45
73	606.85	776.27	908.73	994.98	1321.51
74	665.37	853.28	998.06	1093.55	1453.96
75	733.14	936.45	1099.71	1204.45	1592.58
76	800.91	1025.78	1207.53	1324.59	1743.53
77	874.84	1124.36	1321.51	1450.88	1906.79
78	948.77	1229.09	1444.72	1586.42	2079.29
79	1028.86	1339.99	1577.18	1734.28	2264.12
80	1112.04				
81	1198.29				
82	1287.62				
83	1380.03				
84	1478.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	52.55	57.98	74.29
45-49	45.30	56.17	59.80	63.42	83.35
50-54	56.17	65.23	74.29	79.73	101.47
55	63.42	76.10	85.16	92.41	121.41
56	68.86	81.54	92.41	97.85	128.65
57	72.48	86.98	97.85	105.10	137.71
58	79.73	94.23	106.91	112.35	148.59
59	85.16	101.47	115.97	123.22	161.27
60	92.41	110.53	125.03	134.09	177.58
61	99.66	119.59	135.90	146.77	192.07
62	108.72	130.47	148.59	159.46	208.38
63	117.78	141.34	159.46	172.14	226.50
64	123.22	148.59	172.14	184.83	241.00
65	132.28	159.46	184.83	197.51	257.31
66	141.34	172.14	201.13	215.63	279.05
67	154.02	188.45	217.44	233.75	304.42
68	168.52	204.76	237.37	257.31	335.22
69	183.01	224.69	260.93	280.86	366.03
70	201.13	244.62	282.68	309.86	402.27
71	219.25	269.99	313.48	340.66	443.94
72	242.81	300.80	347.91	378.71	492.87
73	268.18	335.22	387.77	422.20	547.23
74	298.98	373.28	431.26	471.13	607.03
75	333.41	413.14	480.19	523.67	674.07
76	366.03	458.44	532.73	581.66	746.55
77	405.89	507.37	590.72	643.27	824.47
78	445.76	559.91	652.33	712.12	907.82
79	491.06	616.09	717.56	782.79	998.42
80	536.36				
81	587.09				
82	639.64				
83	695.82				
84	753.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	63.42	65.23	86.98
45-49	52.55	63.42	70.67	74.29	96.04
50-54	61.61	74.29	85.16	92.41	119.59
55	72.48	85.16	96.04	105.10	137.71
56	76.10	88.79	101.47	110.53	144.96
57	81.54	96.04	108.72	117.78	155.83
58	86.98	105.10	117.78	125.03	166.71
59	94.23	112.35	128.65	137.71	179.39
60	99.66	123.22	137.71	148.59	193.89
61	108.72	132.28	152.21	164.89	210.19
62	117.78	143.15	164.89	177.58	228.31
63	125.03	154.02	177.58	190.26	246.43
64	134.09	164.89	188.45	202.95	264.55
65	144.96	173.95	202.95	215.63	282.68
66	154.02	188.45	217.44	231.94	306.23
67	166.71	204.76	233.75	253.68	335.22
68	181.20	221.07	257.31	279.05	366.03
69	197.51	242.81	280.86	304.42	400.46
70	217.44	268.18	306.23	335.22	442.13
71	237.37	293.55	340.66	369.65	485.62
72	262.74	327.98	376.90	411.33	536.36
73	291.74	364.22	420.39	458.44	596.15
74	322.54	405.89	469.31	509.18	661.39
75	358.78	449.38	521.86	567.16	733.87
76	395.02	498.31	579.85	630.58	811.78
77	436.70	550.85	641.46	699.44	896.95
78	480.19	607.03	710.31	773.73	987.55
79	527.30	668.64	780.98	849.84	1085.40
80	576.22				
81	628.77				
82	684.94				
83	741.12				
84	804.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	70.67	92.41
45-49	56.17	65.23	74.29	79.73	101.47
50-54	63.42	79.73	88.79	96.04	128.65
55	74.29	88.79	99.66	108.72	144.96
56	79.73	94.23	106.91	115.97	154.02
57	83.35	99.66	112.35	123.22	161.27
58	88.79	108.72	121.41	132.28	173.95
59	96.04	117.78	132.28	144.96	188.45
60	105.10	128.65	144.96	155.83	202.95
61	112.35	137.71	157.65	170.33	219.25
62	121.41	148.59	170.33	183.01	237.37
63	130.47	159.46	183.01	195.70	255.49
64	137.71	170.33	193.89	208.38	273.62
65	148.59	181.20	208.38	224.69	293.55
66	159.46	193.89	224.69	241.00	317.10
67	172.14	210.19	242.81	262.74	347.91
68	188.45	230.13	266.37	288.11	378.71
69	204.76	251.87	289.92	315.29	414.95
70	224.69	277.24	317.10	346.10	456.63
71	244.62	304.42	351.53	382.34	503.74
72	269.99	338.85	389.58	424.01	556.29
73	300.80	376.90	434.88	472.94	617.90
74	333.41	418.58	483.81	527.30	684.94
75	369.65	463.88	539.98	587.09	759.24
76	407.70	516.43	599.78	652.33	840.78
77	449.38	568.97	663.20	723.00	927.75
78	494.68	626.96	733.87	799.10	1021.98
79	541.79	690.38	808.16	880.64	1121.64
80	592.53				
81	645.08				
82	703.06				
83	762.86				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	129.38	163.26	187.91	206.39	271.08
45-49	144.78	181.75	209.47	227.95	301.88
50-54	178.67	221.79	258.76	280.32	385.05
55	203.31	258.76	295.72	323.45	446.66
56	212.55	271.08	314.20	341.93	468.23
57	227.95	289.56	332.69	363.49	495.95
58	243.35	308.04	354.25	388.13	526.75
59	261.84	329.61	381.97	412.78	557.56
60	280.32	351.17	406.62	437.42	594.52
61	295.72	375.81	434.34	471.31	634.57
62	320.37	403.54	465.15	505.19	677.70
63	341.93	428.18	492.87	536.00	723.90
64	363.49	455.90	526.75	572.96	773.19
65	385.05	486.71	560.64	609.93	822.48
66	412.78	517.51	597.60	653.05	881.00
67	443.58	557.56	643.81	702.34	948.77
68	474.39	600.68	696.18	760.87	1025.78
69	511.35	643.81	754.71	822.48	1105.88
70	551.40	699.26	816.32	890.25	1192.13
71	597.60	757.79	884.08	967.26	1293.78
72	649.97	822.48	964.18	1053.51	1404.68
73	705.42	899.49	1053.51	1152.08	1534.06
74	773.19	982.66	1152.08	1259.90	1669.60
75	844.04	1071.99	1256.82	1376.95	1823.62
76	917.97	1173.65	1373.87	1503.25	1986.88
77	998.06	1278.38	1497.09	1641.87	2159.38
78	1075.07	1395.44	1626.47	1786.65	2344.21
79	1164.40	1515.57	1768.17	1943.75	2544.44
80	1253.74				
81	1343.07				
82	1441.64				
83	1543.30				
84	1648.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	144.78	184.83	212.55	234.11	304.96
45-49	163.26	203.31	240.27	258.76	341.93
50-54	200.23	249.52	292.64	320.37	431.26
55	224.87	286.48	335.77	366.57	492.87
56	234.11	301.88	354.25	385.05	514.43
57	249.52	320.37	372.73	406.62	542.16
58	264.92	335.77	394.30	431.26	576.04
59	283.40	357.33	418.94	455.90	613.01
60	304.96	385.05	446.66	486.71	649.97
61	326.53	409.70	474.39	514.43	693.10
62	348.09	437.42	505.19	551.40	739.30
63	369.65	468.23	536.00	582.20	788.59
64	391.22	495.95	572.96	622.25	837.88
65	415.86	526.75	609.93	662.29	896.41
66	446.66	560.64	653.05	714.66	951.85
67	477.47	603.77	702.34	767.03	1028.86
68	514.43	653.05	760.87	834.80	1108.96
69	554.48	699.26	819.40	899.49	1195.21
70	597.60	760.87	887.16	970.34	1290.70
71	643.81	822.48	964.18	1053.51	1398.52
72	702.34	896.41	1047.35	1149.00	1521.73
73	763.95	979.58	1145.92	1253.74	1660.35
74	834.80	1065.83	1250.66	1370.79	1808.21
75	908.73	1164.40	1361.55	1494.01	1971.48
76	988.82	1269.14	1484.77	1626.47	2140.90
77	1068.91	1376.95	1617.23	1771.25	2328.81
78	1155.16	1497.09	1758.93	1928.35	2525.96
79	1244.50	1623.39	1906.79	2091.61	2738.51
80	1339.99				
81	1435.48				
82	1540.22				
83	1644.95				
84	1752.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	150.94	190.99	224.87	246.43	320.37
45-49	169.42	212.55	249.52	271.08	354.25
50-54	209.47	264.92	308.04	332.69	449.74
55	234.11	295.72	351.17	385.05	511.35
56	246.43	311.12	369.65	403.54	536.00
57	261.84	329.61	388.13	425.10	566.80
58	274.16	351.17	409.70	449.74	597.60
59	292.64	372.73	434.34	474.39	634.57
60	314.20	397.38	458.98	505.19	674.62
61	335.77	425.10	489.79	532.92	717.74
62	357.33	452.82	520.59	569.88	763.95
63	381.97	480.55	554.48	603.77	816.32
64	406.62	511.35	591.44	643.81	865.60
65	431.26	542.16	631.49	690.02	924.13
66	458.98	579.12	677.70	739.30	985.74
67	492.87	622.25	726.98	797.83	1062.75
68	529.83	674.62	785.51	862.52	1145.92
69	572.96	723.90	847.12	930.29	1235.25
70	616.09	785.51	917.97	1007.30	1333.83
71	665.37	850.20	998.06	1090.47	1444.72
72	723.90	927.21	1084.31	1189.05	1574.10
73	788.59	1010.38	1182.89	1296.86	1712.72
74	859.44	1102.80	1290.70	1417.00	1866.74
75	936.45	1198.29	1404.68	1543.30	2033.09
76	1019.62	1309.18	1534.06	1681.92	2211.75
77	1102.80	1420.08	1666.51	1829.78	2402.74
78	1189.05	1540.22	1811.30	1989.96	2606.05
79	1278.38	1669.60	1965.32	2156.30	2821.68
80	1376.95				
81	1475.53				
82	1580.26				
83	1688.08				
84	1802.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	98.57	120.14	141.70	150.94	203.31
45-49	107.82	135.54	157.10	169.42	224.87
50-54	141.70	172.50	200.23	221.79	289.56
55	163.26	200.23	231.03	252.60	345.01
56	169.42	209.47	243.35	264.92	366.57
57	181.75	224.87	261.84	283.40	391.22
58	197.15	243.35	283.40	304.96	418.94
59	209.47	261.84	304.96	329.61	452.82
60	227.95	286.48	329.61	357.33	486.71
61	249.52	308.04	357.33	388.13	526.75
62	268.00	332.69	388.13	418.94	566.80
63	286.48	357.33	415.86	449.74	609.93
64	308.04	385.05	446.66	480.55	653.05
65	326.53	409.70	474.39	514.43	699.26
66	351.17	443.58	511.35	554.48	754.71
67	381.97	477.47	554.48	600.68	819.40
68	412.78	520.59	603.77	656.13	890.25
69	449.74	569.88	659.21	717.74	970.34
70	489.79	619.17	720.82	785.51	1062.75
71	536.00	680.78	788.59	862.52	1158.24
72	588.36	745.47	868.68	948.77	1272.22
73	643.81	822.48	958.01	1047.35	1398.52
74	711.58	902.57	1053.51	1152.08	1534.06
75	779.35	991.90	1158.24	1269.14	1681.92
76	856.36	1087.39	1272.22	1395.44	1845.18
77	930.29	1192.13	1395.44	1527.90	2014.60
78	1010.38	1299.94	1524.81	1675.76	2199.43
79	1096.63	1420.08	1663.43	1826.70	2390.42
80	1189.05				
81	1281.46				
82	1380.03				
83	1481.69				
84	1589.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.90	141.70	163.26	172.50	231.03
45-49	126.30	157.10	178.67	197.15	258.76
50-54	157.10	197.15	227.95	249.52	326.53
55	181.75	224.87	261.84	283.40	385.05
56	190.99	240.27	274.16	301.88	406.62
57	203.31	252.60	292.64	320.37	434.34
58	218.71	271.08	314.20	345.01	465.15
59	231.03	289.56	335.77	369.65	495.95
60	249.52	314.20	366.57	397.38	532.92
61	271.08	335.77	394.30	431.26	572.96
62	289.56	363.49	425.10	465.15	613.01
63	311.12	388.13	455.90	495.95	659.21
64	332.69	415.86	486.71	529.83	705.42
65	354.25	446.66	517.51	566.80	754.71
66	385.05	480.55	557.56	609.93	816.32
67	415.86	517.51	603.77	656.13	884.08
68	452.82	566.80	659.21	717.74	964.18
69	489.79	616.09	717.74	782.43	1050.43
70	529.83	671.53	782.43	850.20	1145.92
71	576.04	736.22	856.36	936.45	1253.74
72	631.49	803.99	942.61	1028.86	1373.87
73	693.10	887.16	1035.03	1133.60	1506.33
74	760.87	973.42	1136.68	1247.58	1657.27
75	837.88	1068.91	1253.74	1373.87	1814.38
76	917.97	1170.56	1376.95	1512.49	1989.96
77	1001.14	1281.46	1506.33	1651.11	2174.79
78	1084.31	1401.60	1648.03	1808.21	2375.01
79	1176.73	1527.90	1798.97	1974.56	2584.48
80	1272.22				
81	1373.87				
82	1475.53				
83	1580.26				
84	1697.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120.14	147.86	169.42	184.83	246.43
45-49	135.54	163.26	187.91	206.39	271.08
50-54	163.26	203.31	240.27	261.84	341.93
55	187.91	234.11	274.16	295.72	403.54
56	200.23	249.52	289.56	314.20	425.10
57	209.47	264.92	308.04	332.69	452.82
58	224.87	283.40	329.61	357.33	480.55
59	243.35	304.96	351.17	385.05	514.43
60	261.84	326.53	381.97	415.86	551.40
61	280.32	351.17	409.70	449.74	591.44
62	301.88	375.81	437.42	480.55	634.57
63	323.45	403.54	471.31	514.43	680.78
64	345.01	431.26	505.19	551.40	726.98
65	369.65	458.98	536.00	588.36	779.35
66	397.38	495.95	579.12	631.49	840.96
67	431.26	536.00	628.41	680.78	911.81
68	468.23	582.20	680.78	742.38	991.90
69	505.19	634.57	742.38	807.07	1084.31
70	548.32	693.10	807.07	881.00	1182.89
71	594.52	757.79	884.08	967.26	1293.78
72	649.97	828.64	970.34	1062.75	1417.00
73	714.66	911.81	1068.91	1170.56	1555.62
74	782.43	1004.22	1173.65	1287.62	1709.64
75	862.52	1102.80	1293.78	1417.00	1872.90
76	942.61	1207.53	1420.08	1558.70	2051.57
77	1028.86	1321.51	1555.62	1706.56	2242.56
78	1115.12	1444.72	1700.40	1866.74	2445.86
79	1210.61	1577.18	1854.42	2039.25	2664.58
80	1309.18				
81	1410.84				
82	1515.57				
83	1623.39				
84	1740.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.44	34.79	40.59	43.49	55.09
45-49	33.34	39.14	44.94	47.84	60.88
50-54	40.59	47.84	55.09	59.43	75.38
55	46.39	55.09	63.78	68.13	89.88
56	49.29	59.43	68.13	72.48	95.67
57	53.64	63.78	72.48	78.28	102.92
58	57.98	69.58	78.28	85.53	111.62
59	63.78	75.38	85.53	92.78	121.77
60	69.58	82.63	94.23	102.92	131.92
61	75.38	91.33	102.92	111.62	143.51
62	81.18	98.57	111.62	121.77	156.56
63	86.98	105.82	120.32	130.47	168.16
64	92.78	113.07	129.02	139.16	181.20
65	98.57	121.77	137.71	149.31	194.25
66	107.27	130.47	149.31	160.91	210.19
67	115.97	142.06	162.36	175.40	229.04
68	126.12	155.11	178.30	192.80	252.23
69	137.71	169.61	195.70	211.64	276.88
70	150.76	185.55	214.54	233.39	304.42
71	166.71	205.85	237.74	259.48	336.31
72	185.55	229.04	265.28	289.92	375.45
73	207.30	256.58	297.17	324.71	420.39
74	230.49	287.02	333.41	363.85	469.68
75	258.03	321.81	374.00	407.34	523.31
76	287.02	359.50	417.49	455.18	582.75
77	318.92	400.09	465.33	505.92	647.98
78	353.71	445.03	517.51	561.00	717.56
79	391.40	491.42	572.60	620.44	792.94
80	430.54				
81	474.02				
82	518.96				
83	566.80				
84	617.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	43.49	49.29	52.19	66.68
45-49	39.14	47.84	53.64	57.98	73.93
50-54	46.39	56.54	65.23	71.03	92.78
55	55.09	65.23	73.93	79.73	105.82
56	57.98	69.58	78.28	84.08	111.62
57	62.33	73.93	84.08	89.88	118.87
58	66.68	79.73	89.88	97.12	127.57
59	72.48	86.98	98.57	105.82	137.71
60	78.28	94.23	107.27	115.97	150.76
61	84.08	102.92	117.42	126.12	162.36
62	91.33	110.17	127.57	137.71	176.85
63	98.57	118.87	136.26	146.41	189.90
64	104.37	127.57	144.96	158.01	204.40
65	111.62	137.71	155.11	168.16	220.34
66	120.32	146.41	168.16	182.65	237.74
67	130.47	160.91	182.65	198.60	259.48
68	142.06	175.40	200.05	218.89	284.12
69	155.11	191.35	220.34	239.19	313.12
70	169.61	210.19	242.09	262.38	343.56
71	185.55	231.94	268.18	291.37	381.25
72	207.30	258.03	298.62	326.16	424.74
73	230.49	288.47	334.86	363.85	474.02
74	256.58	323.26	375.45	408.79	529.11
75	287.02	360.95	420.39	456.63	589.99
76	318.92	401.54	469.68	511.71	658.13
77	355.16	447.93	521.86	568.25	730.61
78	392.85	497.22	579.85	630.58	807.44
79	433.44	550.85	642.18	698.71	892.96
80	476.92				
81	523.31				
82	571.15				
83	623.33				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	52.19	56.54	72.48
45-49	42.04	50.74	57.98	62.33	79.73
50-54	49.29	60.88	69.58	75.38	100.02
55	57.98	69.58	78.28	85.53	111.62
56	60.88	73.93	82.63	89.88	117.42
57	65.23	78.28	88.43	95.67	124.67
58	69.58	84.08	95.67	102.92	134.81
59	75.38	91.33	104.37	111.62	144.96
60	82.63	98.57	113.07	121.77	158.01
61	88.43	107.27	123.22	131.92	171.05
62	95.67	115.97	133.36	143.51	185.55
63	102.92	124.67	143.51	153.66	200.05
64	108.72	133.36	152.21	165.26	214.54
65	117.42	143.51	162.36	176.85	230.49
66	126.12	153.66	175.40	191.35	249.33
67	136.26	168.16	191.35	208.74	272.53
68	147.86	184.10	210.19	229.04	298.62
69	162.36	200.05	230.49	250.78	327.61
70	176.85	220.34	253.68	275.43	360.95
71	194.25	242.09	281.23	305.87	400.09
72	215.99	269.63	313.12	340.66	445.03
73	240.64	301.52	350.81	381.25	497.22
74	268.18	337.76	392.85	427.64	555.20
75	300.07	376.90	439.23	478.37	618.99
76	333.41	420.39	491.42	534.91	690.02
77	369.65	468.23	546.51	595.79	765.40
78	408.79	518.96	605.94	661.02	846.58
79	450.83	575.50	671.17	732.06	935.00
80	495.77				
81	543.61				
82	594.34				
83	647.98				
84	704.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	98.57	120.75	138.00	147.86	202.08
45-49	108.43	133.07	152.79	165.11	224.26
50-54	133.07	165.11	189.75	209.47	285.86
55	155.25	192.22	221.79	241.51	330.22
56	162.65	202.08	234.11	256.29	349.94
57	172.50	214.40	248.90	271.08	369.65
58	184.83	229.18	266.15	288.33	391.83
59	194.68	243.97	283.40	308.04	416.47
60	209.47	261.22	300.65	327.76	443.58
61	224.26	278.47	322.83	349.94	473.15
62	239.04	298.19	345.01	374.58	505.19
63	253.83	317.90	369.65	399.22	539.69
64	271.08	337.62	391.83	426.33	574.19
65	288.33	359.79	418.94	455.90	613.62
66	308.04	386.90	448.51	487.94	660.45
67	332.69	416.47	485.48	527.37	712.20
68	359.79	450.98	524.91	571.73	771.34
69	386.90	487.94	566.80	618.55	832.95
70	418.94	529.83	616.09	672.77	904.42
71	453.44	576.66	670.30	731.91	983.27
72	495.33	630.87	734.38	803.38	1074.46
73	544.62	692.48	808.31	884.70	1177.96
74	598.84	761.48	889.63	973.42	1291.32
75	657.98	835.41	978.35	1069.53	1417.00
76	719.59	916.74	1074.46	1177.96	1552.54
77	786.13	1005.45	1180.42	1291.32	1697.94
78	855.13	1099.10	1293.78	1414.54	1853.19
79	929.06	1200.14	1414.54	1545.15	2020.76
80	1005.45				
81	1084.31				
82	1168.10				
83	1254.35				
84	1345.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	113.36	140.47	162.65	177.43	234.11
45-49	125.68	157.72	179.90	197.15	261.22
50-54	155.25	194.68	224.26	243.97	330.22
55	174.97	221.79	256.29	278.47	379.51
56	182.36	234.11	271.08	293.26	399.22
57	192.22	246.43	285.86	310.51	418.94
58	204.54	261.22	303.11	330.22	443.58
59	219.33	276.01	320.37	352.40	470.69
60	236.58	293.26	342.54	372.12	497.80
61	251.36	312.97	364.72	396.76	532.30
62	268.61	335.15	389.37	423.87	566.80
63	285.86	354.87	416.47	453.44	606.23
64	303.11	379.51	441.12	483.01	645.66
65	322.83	404.15	473.15	515.05	690.02
66	345.01	433.73	505.19	552.01	739.30
67	369.65	468.23	547.09	596.37	798.45
68	399.22	505.19	591.44	645.66	864.99
69	431.26	549.55	638.27	699.87	933.99
70	468.23	596.37	694.95	761.48	1012.85
71	507.66	648.12	756.55	828.02	1101.56
72	554.48	709.73	828.02	906.88	1205.07
73	608.69	776.27	909.34	998.06	1318.43
74	667.84	852.66	998.06	1094.17	1444.11
75	731.91	936.45	1096.63	1200.14	1584.58
76	800.91	1022.70	1202.60	1318.43	1734.90
77	872.38	1121.28	1315.96	1444.11	1895.08
78	948.77	1222.32	1441.64	1577.18	2067.59
79	1027.63	1335.68	1569.79	1720.11	2249.95
80	1111.42				
81	1197.67				
82	1286.39				
83	1382.50				
84	1481.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120.75	150.33	172.50	189.75	248.90
45-49	133.07	167.58	192.22	211.93	276.01
50-54	165.11	207.01	239.04	258.76	349.94
55	184.83	234.11	271.08	295.72	399.22
56	192.22	246.43	285.86	310.51	418.94
57	202.08	258.76	300.65	327.76	441.12
58	214.40	273.54	317.90	347.47	465.76
59	229.18	290.79	337.62	369.65	492.87
60	246.43	308.04	359.79	391.83	522.44
61	263.69	327.76	381.97	416.47	556.94
62	280.94	349.94	409.08	446.05	593.91
63	298.19	372.12	436.19	475.62	633.34
64	317.90	396.76	463.30	507.66	675.23
65	337.62	423.87	495.33	539.69	722.05
66	359.79	453.44	529.83	579.12	773.81
67	386.90	490.41	571.73	625.94	835.41
68	416.47	529.83	618.55	677.70	904.42
69	450.98	574.19	670.30	734.38	978.35
70	487.94	623.48	726.98	798.45	1059.67
71	529.83	677.70	793.52	869.91	1153.31
72	579.12	741.77	867.45	951.24	1259.28
73	635.80	813.23	951.24	1044.88	1380.03
74	697.41	892.09	1044.88	1145.92	1510.64
75	763.95	978.35	1145.92	1256.82	1656.04
76	835.41	1069.53	1256.82	1377.57	1811.30
77	909.34	1170.56	1375.11	1508.18	1978.87
78	988.20	1276.53	1503.25	1646.18	2158.77
79	1069.53	1392.36	1636.33	1796.51	2348.52
80	1155.78				
81	1244.50				
82	1338.14				
83	1436.71				
84	1537.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	71.47	88.72	103.50	113.36	150.33
45-49	78.86	98.57	115.82	125.68	167.58
50-54	105.97	130.61	147.86	160.18	214.40
55	120.75	150.33	170.04	187.29	253.83
56	128.15	157.72	179.90	197.15	271.08
57	135.54	167.58	192.22	211.93	290.79
58	145.40	179.90	207.01	229.18	312.97
59	157.72	194.68	224.26	246.43	337.62
60	170.04	211.93	243.97	266.15	364.72
61	184.83	229.18	266.15	288.33	391.83
62	199.61	248.90	288.33	312.97	423.87
63	214.40	266.15	310.51	337.62	455.90
64	229.18	285.86	332.69	359.79	487.94
65	246.43	305.58	354.87	386.90	524.91
66	266.15	327.76	381.97	416.47	566.80
67	288.33	357.33	416.47	453.44	616.09
68	312.97	389.37	455.90	495.33	672.77
69	340.08	426.33	497.80	542.16	734.38
70	369.65	465.76	544.62	593.91	803.38
71	404.15	512.58	598.84	655.52	879.77
72	446.05	566.80	662.91	724.52	970.95
73	492.87	628.41	734.38	803.38	1071.99
74	547.09	694.95	815.70	892.09	1185.35
75	603.77	771.34	901.95	988.20	1308.57
76	665.37	852.66	995.60	1091.71	1441.64
77	731.91	938.92	1099.10	1205.07	1584.58
78	800.91	1032.56	1209.99	1325.82	1737.36
79	874.84	1133.60	1325.82	1456.43	1902.48
80	951.24				
81	1032.56				
82	1116.35				
83	1205.07				
84	1298.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	86.25	108.43	123.22	135.54	177.43
45-49	96.11	118.29	138.00	150.33	197.15
50-54	120.75	150.33	174.97	189.75	248.90
55	140.47	174.97	199.61	219.33	295.72
56	147.86	184.83	211.93	229.18	315.44
57	155.25	194.68	224.26	243.97	335.15
58	167.58	209.47	241.51	263.69	359.79
59	179.90	226.72	261.22	283.40	384.44
60	194.68	243.97	280.94	305.58	411.55
61	209.47	261.22	303.11	330.22	441.12
62	226.72	283.40	327.76	357.33	475.62
63	241.51	303.11	352.40	381.97	510.12
64	258.76	322.83	377.05	409.08	547.09
65	278.47	347.47	401.69	436.19	586.51
66	298.19	372.12	431.26	470.69	633.34
67	322.83	404.15	470.69	510.12	687.55
68	349.94	438.65	512.58	556.94	751.63
69	379.51	480.55	559.41	608.69	820.63
70	414.01	524.91	613.62	667.84	899.49
71	453.44	576.66	672.77	734.38	985.74
72	497.80	635.80	744.23	813.23	1086.78
73	549.55	702.34	823.09	899.49	1200.14
74	608.69	778.73	911.81	998.06	1325.82
75	672.77	860.06	1007.92	1104.03	1461.36
76	741.77	948.77	1111.42	1219.85	1611.68
77	813.23	1044.88	1224.78	1345.53	1769.40
78	889.63	1145.92	1345.53	1478.61	1939.44
79	968.49	1256.82	1476.14	1621.54	2121.80
80	1052.28				
81	1138.53				
82	1232.17				
83	1328.28				
84	1429.32				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93.65	115.82	133.07	145.40	189.75
45-49	103.50	128.15	147.86	160.18	209.47
50-54	128.15	160.18	184.83	202.08	263.69
55	147.86	184.83	211.93	231.65	312.97
56	155.25	194.68	224.26	243.97	332.69
57	165.11	207.01	239.04	258.76	354.87
58	177.43	221.79	256.29	278.47	379.51
59	189.75	239.04	276.01	298.19	404.15
60	204.54	256.29	298.19	322.83	431.26
61	219.33	276.01	320.37	347.47	463.30
62	236.58	298.19	345.01	374.58	497.80
63	253.83	320.37	369.65	401.69	534.76
64	271.08	340.08	394.30	428.80	571.73
65	290.79	364.72	421.40	458.37	613.62
66	310.51	391.83	453.44	492.87	660.45
67	337.62	423.87	492.87	534.76	719.59
68	367.19	460.83	537.23	584.05	786.13
69	396.76	502.73	586.51	638.27	857.59
70	433.73	549.55	643.19	699.87	938.92
71	473.15	603.77	704.80	768.88	1030.10
72	519.98	665.37	778.73	850.20	1136.06
73	574.19	734.38	862.52	941.38	1254.35
74	635.80	813.23	953.70	1042.42	1384.96
75	702.34	897.02	1052.28	1153.31	1527.90
76	773.81	990.67	1160.71	1274.07	1683.15
77	847.74	1089.24	1279.00	1404.68	1848.26
78	926.59	1195.21	1404.68	1545.15	2025.69
79	1007.92	1311.03	1540.22	1693.01	2215.45
80	1094.17				
81	1185.35				
82	1281.46				
83	1380.03				
84	1483.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	40.59	47.84	50.74	65.23
45-49	39.14	46.39	52.19	56.54	71.03
50-54	47.84	56.54	65.23	69.58	88.43
55	55.09	65.23	75.38	79.73	105.82
56	57.98	69.58	79.73	85.53	113.07
57	63.78	75.38	85.53	92.78	121.77
58	68.13	81.18	92.78	100.02	131.92
59	75.38	88.43	100.02	108.72	143.51
60	81.18	97.12	110.17	121.77	155.11
61	88.43	107.27	121.77	131.92	168.16
62	95.67	115.97	131.92	143.51	184.10
63	102.92	124.67	142.06	153.66	197.15
64	108.72	133.36	152.21	163.81	213.09
65	115.97	143.51	162.36	175.40	229.04
66	126.12	153.66	175.40	189.90	247.88
67	136.26	166.71	191.35	205.85	269.63
68	147.86	182.65	210.19	226.14	297.17
69	162.36	200.05	230.49	249.33	326.16
70	176.85	218.89	252.23	273.98	358.06
71	195.70	242.09	279.78	305.87	395.75
72	218.89	269.63	311.67	340.66	442.13
73	243.54	301.52	349.36	382.70	494.32
74	271.08	337.76	392.85	427.64	552.30
75	302.97	378.35	440.68	479.82	616.09
76	337.76	423.29	491.42	534.91	685.67
77	375.45	471.13	547.95	595.79	762.50
78	416.04	523.31	608.84	659.58	843.68
79	460.98	578.40	674.07	730.61	933.55
80	505.92				
81	558.10				
82	610.29				
83	666.82				
84	726.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	50.74	57.98	60.88	78.28
45-49	46.39	56.54	63.78	68.13	86.98
50-54	55.09	66.68	76.83	84.08	108.72
55	65.23	76.83	86.98	94.23	124.67
56	68.13	81.18	92.78	98.57	131.92
57	73.93	86.98	98.57	105.82	139.16
58	78.28	94.23	105.82	114.52	150.76
59	85.53	102.92	115.97	124.67	162.36
60	92.78	110.17	126.12	136.26	176.85
61	98.57	121.77	137.71	147.86	191.35
62	107.27	129.02	150.76	162.36	208.74
63	115.97	139.16	160.91	172.50	223.24
64	123.22	150.76	171.05	185.55	240.64
65	131.92	162.36	182.65	197.15	259.48
66	142.06	172.50	197.15	214.54	279.78
67	153.66	189.90	214.54	233.39	305.87
68	166.71	205.85	234.84	258.03	334.86
69	182.65	224.69	259.48	281.23	368.20
70	200.05	247.88	284.12	308.77	404.44
71	218.89	272.53	316.02	342.11	447.93
72	243.54	302.97	350.81	384.15	500.12
73	271.08	339.21	394.30	427.64	558.10
74	301.52	379.80	442.13	481.27	621.89
75	337.76	424.74	494.32	537.81	694.37
76	375.45	472.57	552.30	601.59	774.09
77	417.49	527.66	614.64	668.27	859.62
78	462.43	585.64	682.77	742.20	949.50
79	510.26	647.98	755.25	821.93	1050.97
80	561.00				
81	616.09				
82	672.62				
83	733.51				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	55.09	60.88	66.68	85.53
45-49	49.29	59.43	68.13	73.93	94.23
50-54	57.98	71.03	81.18	88.43	117.42
55	68.13	81.18	92.78	100.02	131.92
56	71.03	86.98	97.12	105.82	137.71
57	76.83	92.78	104.37	113.07	146.41
58	81.18	98.57	113.07	121.77	158.01
59	88.43	107.27	123.22	131.92	171.05
60	97.12	115.97	133.36	143.51	185.55
61	104.37	126.12	144.96	155.11	201.50
62	113.07	136.26	156.56	168.16	218.89
63	121.77	146.41	168.16	181.20	234.84
64	127.57	156.56	179.75	194.25	252.23
65	137.71	168.16	191.35	208.74	271.08
66	147.86	181.20	205.85	224.69	292.82
67	160.91	197.15	224.69	244.99	320.37
68	173.95	215.99	247.88	269.63	350.81
69	191.35	234.84	271.08	295.72	385.60
70	208.74	259.48	298.62	324.71	424.74
71	229.04	284.12	330.51	359.50	471.13
72	253.68	317.47	368.20	400.09	523.31
73	282.68	355.16	413.14	447.93	585.64
74	316.02	397.19	462.43	503.02	653.78
75	353.71	443.58	516.06	562.45	727.71
76	392.85	494.32	578.40	629.13	811.78
77	434.88	550.85	643.63	701.61	900.21
78	481.27	610.29	713.21	776.99	995.89
79	530.56	676.97	790.04	861.07	1100.26
80	582.75				
81	639.28				
82	698.71				
83	762.50				
84	829.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	115.82	142.93	162.65	174.97	236.58
45-49	128.15	157.72	179.90	194.68	263.69
50-54	157.72	194.68	224.26	246.43	335.15
55	182.36	226.72	261.22	283.40	389.37
56	192.22	236.58	276.01	300.65	411.55
57	202.08	251.36	293.26	317.90	433.73
58	216.86	268.61	312.97	340.08	460.83
59	229.18	285.86	332.69	362.26	490.41
60	246.43	308.04	354.87	384.44	522.44
61	263.69	327.76	379.51	411.55	556.94
62	280.94	349.94	406.62	441.12	593.91
63	298.19	374.58	433.73	470.69	635.80
64	317.90	396.76	460.83	502.73	675.23
65	340.08	423.87	492.87	537.23	722.05
66	362.26	455.90	527.37	574.19	776.27
67	391.83	490.41	571.73	621.02	837.88
68	423.87	529.83	618.55	672.77	906.88
69	455.90	574.19	667.84	726.98	980.81
70	492.87	623.48	724.52	791.06	1064.60
71	532.30	677.70	788.59	860.06	1155.78
72	581.59	741.77	864.99	946.31	1264.21
73	640.73	815.70	951.24	1039.95	1384.96
74	704.80	897.02	1047.35	1145.92	1518.04
75	773.81	983.27	1150.85	1259.28	1665.90
76	847.74	1079.38	1264.21	1384.96	1826.08
77	924.13	1182.89	1389.89	1518.04	1998.59
78	1005.45	1293.78	1522.97	1663.43	2180.95
79	1094.17	1412.07	1663.43	1818.69	2378.10
80	1182.89				
81	1276.53				
82	1375.11				
83	1476.14				
84	1582.11				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	133.07	165.11	192.22	209.47	276.01
45-49	147.86	184.83	211.93	231.65	308.04
50-54	182.36	229.18	263.69	285.86	389.37
55	207.01	261.22	300.65	327.76	446.05
56	214.40	276.01	317.90	345.01	470.69
57	226.72	290.79	335.15	364.72	492.87
58	241.51	308.04	357.33	389.37	522.44
59	258.76	325.29	377.05	414.01	554.48
60	278.47	345.01	404.15	438.65	586.51
61	295.72	367.19	428.80	465.76	625.94
62	315.44	394.30	458.37	497.80	667.84
63	335.15	416.47	490.41	532.30	712.20
64	357.33	446.05	519.98	569.26	759.02
65	379.51	475.62	556.94	606.23	810.77
66	406.62	510.12	593.91	650.59	869.91
67	433.73	552.01	643.19	702.34	938.92
68	470.69	593.91	694.95	759.02	1017.78
69	507.66	645.66	751.63	823.09	1099.10
70	552.01	702.34	818.16	897.02	1192.74
71	596.37	761.48	889.63	973.42	1296.25
72	653.05	835.41	973.42	1067.06	1417.00
73	717.13	914.27	1069.53	1173.03	1550.07
74	786.13	1002.99	1173.03	1286.39	1697.94
75	860.06	1101.56	1291.32	1412.07	1863.05
76	941.38	1202.60	1414.54	1550.07	2040.48
77	1025.17	1318.43	1547.61	1697.94	2230.23
78	1116.35	1439.18	1695.47	1855.65	2432.31
79	1209.99	1572.25	1845.80	2023.23	2646.71
80	1308.57				
81	1409.61				
82	1513.11				
83	1626.47				
84	1742.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	142.93	177.43	202.08	224.26	293.26
45-49	157.72	197.15	226.72	248.90	325.29
50-54	194.68	243.97	280.94	305.58	411.55
55	216.86	276.01	317.90	347.47	470.69
56	226.72	290.79	335.15	364.72	492.87
57	236.58	305.58	354.87	384.44	519.98
58	251.36	322.83	374.58	409.08	547.09
59	268.61	342.54	396.76	433.73	579.12
60	290.79	362.26	423.87	460.83	613.62
61	310.51	384.44	448.51	490.41	655.52
62	330.22	411.55	480.55	524.91	699.87
63	349.94	438.65	512.58	559.41	744.23
64	374.58	465.76	544.62	596.37	793.52
65	396.76	497.80	581.59	635.80	850.20
66	423.87	532.30	623.48	680.16	909.34
67	455.90	576.66	672.77	736.84	983.27
68	490.41	623.48	726.98	798.45	1064.60
69	529.83	675.23	788.59	864.99	1150.85
70	574.19	734.38	855.13	938.92	1246.96
71	623.48	798.45	933.99	1022.70	1357.86
72	680.16	872.38	1020.24	1118.81	1481.07
73	749.16	956.17	1118.81	1229.71	1624.00
74	820.63	1049.81	1229.71	1348.00	1776.79
75	899.49	1150.85	1348.00	1478.61	1949.30
76	983.27	1259.28	1478.61	1621.54	2131.66
77	1069.53	1377.57	1616.61	1774.33	2328.81
78	1163.17	1500.79	1769.40	1936.98	2540.74
79	1259.28	1638.79	1924.66	2114.41	2762.53
80	1360.32				
81	1463.82				
82	1574.72				
83	1690.54				
84	1808.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	83.79	103.50	120.75	133.07	177.43
45-49	93.65	115.82	135.54	147.86	197.15
50-54	125.68	152.79	174.97	187.29	251.36
55	142.93	177.43	199.61	219.33	298.19
56	150.33	184.83	211.93	231.65	317.90
57	160.18	197.15	226.72	248.90	342.54
58	170.04	211.93	243.97	268.61	367.19
59	184.83	229.18	263.69	290.79	396.76
60	199.61	248.90	285.86	312.97	428.80
61	216.86	268.61	312.97	340.08	460.83
62	234.11	293.26	340.08	367.19	497.80
63	251.36	312.97	364.72	396.76	537.23
64	268.61	335.15	391.83	423.87	574.19
65	290.79	359.79	416.47	455.90	618.55
66	312.97	384.44	448.51	490.41	667.84
67	340.08	421.40	490.41	532.30	724.52
68	367.19	458.37	537.23	581.59	791.06
69	399.22	502.73	586.51	638.27	864.99
70	433.73	547.09	640.73	699.87	946.31
71	475.62	603.77	704.80	771.34	1035.03
72	524.91	667.84	778.73	852.66	1143.46
73	579.12	739.30	864.99	946.31	1261.75
74	643.19	818.16	958.63	1049.81	1394.82
75	709.73	906.88	1062.13	1163.17	1540.22
76	783.66	1002.99	1170.56	1283.92	1695.47
77	860.06	1104.03	1293.78	1417.00	1863.05
78	941.38	1214.92	1424.39	1559.93	2042.94
79	1030.10	1333.21	1559.93	1712.72	2237.63
80	1118.81				
81	1214.92				
82	1313.50				
83	1417.00				
84	1527.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101.04	128.15	145.40	160.18	209.47
45-49	113.36	138.00	162.65	177.43	231.65
50-54	142.93	177.43	207.01	224.26	293.26
55	165.11	207.01	234.11	258.76	347.47
56	174.97	216.86	248.90	268.61	372.12
57	182.36	229.18	263.69	285.86	394.30
58	197.15	246.43	283.40	310.51	423.87
59	211.93	266.15	308.04	332.69	453.44
60	229.18	285.86	330.22	359.79	483.01
61	246.43	308.04	357.33	389.37	519.98
62	266.15	332.69	384.44	421.40	559.41
63	283.40	357.33	414.01	448.51	601.30
64	305.58	379.51	443.58	480.55	643.19
65	327.76	409.08	473.15	512.58	690.02
66	349.94	438.65	507.66	554.48	744.23
67	379.51	475.62	554.48	601.30	808.31
68	411.55	515.05	603.77	655.52	884.70
69	446.05	564.34	657.98	717.13	966.02
70	487.94	618.55	722.05	786.13	1057.20
71	532.30	677.70	791.06	864.99	1160.71
72	586.51	749.16	874.84	956.17	1279.00
73	645.66	825.56	968.49	1057.20	1412.07
74	717.13	916.74	1071.99	1173.03	1559.93
75	791.06	1012.85	1185.35	1298.71	1720.11
76	872.38	1116.35	1308.57	1434.25	1895.08
77	956.17	1229.71	1441.64	1582.11	2082.37
78	1047.35	1348.00	1582.11	1739.83	2281.99
79	1138.53	1478.61	1737.36	1907.40	2496.38
80	1237.10				
81	1340.60				
82	1449.04				
83	1562.40				
84	1680.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	110.90	135.54	157.72	170.04	224.26
45-49	120.75	150.33	174.97	187.29	246.43
50-54	150.33	187.29	216.86	236.58	310.51
55	174.97	216.86	248.90	273.54	367.19
56	182.36	229.18	263.69	285.86	391.83
57	194.68	243.97	280.94	305.58	416.47
58	209.47	261.22	300.65	327.76	446.05
59	224.26	280.94	325.29	349.94	475.62
60	241.51	300.65	349.94	379.51	507.66
61	258.76	325.29	377.05	409.08	544.62
62	278.47	349.94	406.62	441.12	586.51
63	298.19	377.05	433.73	473.15	628.41
64	317.90	399.22	463.30	505.19	672.77
65	342.54	428.80	495.33	539.69	722.05
66	364.72	460.83	532.30	579.12	776.27
67	396.76	497.80	579.12	628.41	847.74
68	431.26	542.16	630.87	687.55	924.13
69	465.76	591.44	690.02	751.63	1007.92
70	510.12	645.66	756.55	823.09	1104.03
71	556.94	709.73	828.02	904.42	1212.46
72	611.16	783.66	916.74	1000.52	1335.68
73	675.23	864.99	1015.31	1106.49	1476.14
74	749.16	956.17	1121.28	1227.24	1628.93
75	825.56	1054.74	1237.10	1357.86	1796.51
76	909.34	1165.64	1365.25	1498.32	1981.34
77	998.06	1281.46	1505.72	1653.58	2173.55
78	1089.24	1407.14	1653.58	1818.69	2383.02
79	1185.35	1542.68	1811.30	1991.19	2607.28
80	1286.39				
81	1394.82				
82	1508.18				
83	1624.00				
84	1744.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	43.49	50.74	54.36	68.86
45-49	41.68	48.92	56.17	59.80	76.10
50-54	50.74	59.80	68.86	74.29	94.23
55	57.98	68.86	79.73	85.16	112.35
56	61.61	74.29	85.16	90.60	119.59
57	67.04	79.73	90.60	97.85	128.65
58	72.48	86.98	97.85	106.91	139.53
59	79.73	94.23	106.91	115.97	152.21
60	86.98	103.29	117.78	128.65	164.89
61	94.23	114.16	128.65	139.53	179.39
62	101.47	123.22	139.53	152.21	195.70
63	108.72	132.28	150.40	163.08	210.19
64	115.97	141.34	161.27	173.95	226.50
65	123.22	152.21	172.14	186.64	242.81
66	134.09	163.08	186.64	201.13	262.74
67	144.96	177.58	202.95	219.25	286.30
68	157.65	193.89	222.88	241.00	315.29
69	172.14	212.01	244.62	264.55	346.10
70	188.45	231.94	268.18	291.74	380.52
71	208.38	257.31	297.17	324.35	420.39
72	231.94	286.30	331.60	362.40	469.31
73	259.12	320.73	371.46	405.89	525.49
74	288.11	358.78	416.76	454.82	587.09
75	322.54	402.27	467.50	509.18	654.14
76	358.78	449.38	521.86	568.97	728.43
77	398.64	500.12	581.66	632.39	809.97
78	442.13	556.29	646.89	701.25	896.95
79	489.25	614.27	715.75	775.54	991.17
80	538.17				
81	592.53				
82	648.70				
83	708.50				
84	771.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	54.36	61.61	65.23	83.35
45-49	48.92	59.80	67.04	72.48	92.41
50-54	57.98	70.67	81.54	88.79	115.97
55	68.86	81.54	92.41	99.66	132.28
56	72.48	86.98	97.85	105.10	139.53
57	77.92	92.41	105.10	112.35	148.59
58	83.35	99.66	112.35	121.41	159.46
59	90.60	108.72	123.22	132.28	172.14
60	97.85	117.78	134.09	144.96	188.45
61	105.10	128.65	146.77	157.65	202.95
62	114.16	137.71	159.46	172.14	221.07
63	123.22	148.59	170.33	183.01	237.37
64	130.47	159.46	181.20	197.51	255.49
65	139.53	172.14	193.89	210.19	275.43
66	150.40	183.01	210.19	228.31	297.17
67	163.08	201.13	228.31	248.25	324.35
68	177.58	219.25	250.06	273.62	355.16
69	193.89	239.19	275.43	298.98	391.40
70	212.01	262.74	302.61	327.98	429.45
71	231.94	289.92	335.22	364.22	476.56
72	259.12	322.54	373.28	407.70	530.92
73	288.11	360.59	418.58	454.82	592.53
74	320.73	404.08	469.31	510.99	661.39
75	358.78	451.19	525.49	570.79	737.49
76	398.64	501.93	587.09	639.64	822.66
77	443.94	559.91	652.33	710.31	913.26
78	491.06	621.52	724.81	788.23	1009.30
79	541.79	688.57	802.72	873.39	1116.20
80	596.15				
81	654.14				
82	713.94				
83	779.17				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	65.23	70.67	90.60
45-49	52.55	63.42	72.48	77.92	99.66
50-54	61.61	76.10	86.98	94.23	125.03
55	72.48	86.98	97.85	106.91	139.53
56	76.10	92.41	103.29	112.35	146.77
57	81.54	97.85	110.53	119.59	155.83
58	86.98	105.10	119.59	128.65	168.52
59	94.23	114.16	130.47	139.53	181.20
60	103.29	123.22	141.34	152.21	197.51
61	110.53	134.09	154.02	164.89	213.82
62	119.59	144.96	166.71	179.39	231.94
63	128.65	155.83	179.39	192.07	250.06
64	135.90	166.71	190.26	206.57	268.18
65	146.77	179.39	202.95	221.07	288.11
66	157.65	192.07	219.25	239.19	311.67
67	170.33	210.19	239.19	260.93	340.66
68	184.83	230.13	262.74	286.30	373.28
69	202.95	250.06	288.11	313.48	409.52
70	221.07	275.43	317.10	344.28	451.19
71	242.81	302.61	351.53	382.34	500.12
72	269.99	337.04	391.40	425.82	556.29
73	300.80	376.90	438.51	476.56	621.52
74	335.22	422.20	491.06	534.55	694.00
75	375.09	471.13	549.04	597.97	773.73
76	416.76	525.49	614.27	668.64	862.52
77	462.07	585.28	683.13	744.74	956.75
78	510.99	648.70	757.42	826.28	1058.22
79	563.54	719.37	838.97	915.07	1168.75
80	619.71				
81	679.51				
82	742.93				
83	809.97				
84	880.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	123.22	150.94	172.50	184.83	252.60
45-49	135.54	166.34	190.99	206.39	280.32
50-54	166.34	206.39	237.19	261.84	357.33
55	194.07	240.27	277.24	301.88	412.78
56	203.31	252.60	292.64	320.37	437.42
57	215.63	268.00	311.12	338.85	462.07
58	231.03	286.48	332.69	360.41	489.79
59	243.35	304.96	354.25	385.05	520.59
60	261.84	326.53	375.81	409.70	554.48
61	280.32	348.09	403.54	437.42	591.44
62	298.80	372.73	431.26	468.23	631.49
63	317.28	397.38	462.07	499.03	674.62
64	338.85	422.02	489.79	532.92	717.74
65	360.41	449.74	523.67	569.88	767.03
66	385.05	483.63	560.64	609.93	825.56
67	415.86	520.59	606.85	659.21	890.25
68	449.74	563.72	656.13	714.66	964.18
69	483.63	609.93	708.50	773.19	1041.19
70	523.67	662.29	770.11	840.96	1130.52
71	566.80	720.82	837.88	914.89	1229.09
72	619.17	788.59	917.97	1004.22	1343.07
73	680.78	865.60	1010.38	1105.88	1472.45
74	748.55	951.85	1112.04	1216.77	1614.15
75	822.48	1044.27	1222.93	1336.91	1771.25
76	899.49	1145.92	1343.07	1472.45	1940.67
77	982.66	1256.82	1475.53	1614.15	2122.42
78	1068.91	1373.87	1617.23	1768.17	2316.49
79	1161.32	1500.17	1768.17	1931.43	2525.96
80	1256.82				
81	1355.39				
82	1460.13				
83	1567.94				
84	1681.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	141.70	175.58	203.31	221.79	292.64
45-49	157.10	197.15	224.87	246.43	326.53
50-54	194.07	243.35	280.32	304.96	412.78
55	218.71	277.24	320.37	348.09	474.39
56	227.95	292.64	338.85	366.57	499.03
57	240.27	308.04	357.33	388.13	523.67
58	255.68	326.53	378.89	412.78	554.48
59	274.16	345.01	400.46	440.50	588.36
60	295.72	366.57	428.18	465.15	622.25
61	314.20	391.22	455.90	495.95	665.37
62	335.77	418.94	486.71	529.83	708.50
63	357.33	443.58	520.59	566.80	757.79
64	378.89	474.39	551.40	603.77	807.07
65	403.54	505.19	591.44	643.81	862.52
66	431.26	542.16	631.49	690.02	924.13
67	462.07	585.28	683.86	745.47	998.06
68	499.03	631.49	739.30	807.07	1081.23
69	539.08	686.94	797.83	874.84	1167.48
70	585.28	745.47	868.68	951.85	1266.06
71	634.57	810.15	945.69	1035.03	1376.95
72	693.10	887.16	1035.03	1133.60	1506.33
73	760.87	970.34	1136.68	1247.58	1648.03
74	834.80	1065.83	1247.58	1367.71	1805.13
75	914.89	1170.56	1370.79	1500.17	1980.72
76	1001.14	1278.38	1503.25	1648.03	2168.63
77	1090.47	1401.60	1644.95	1805.13	2368.85
78	1185.97	1527.90	1802.05	1971.48	2584.48
79	1284.54	1669.60	1962.24	2150.14	2812.44
80	1389.28				
81	1497.09				
82	1607.99				
83	1728.12				
84	1851.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	150.94	187.91	215.63	237.19	311.12
45-49	166.34	209.47	240.27	264.92	345.01
50-54	206.39	258.76	298.80	323.45	437.42
55	231.03	292.64	338.85	369.65	499.03
56	240.27	308.04	357.33	388.13	523.67
57	252.60	323.45	375.81	409.70	551.40
58	268.00	341.93	397.38	434.34	582.20
59	286.48	363.49	422.02	462.07	616.09
60	308.04	385.05	449.74	489.79	653.05
61	329.61	409.70	477.47	520.59	696.18
62	351.17	437.42	511.35	557.56	742.38
63	372.73	465.15	545.24	594.52	791.67
64	397.38	495.95	579.12	634.57	844.04
65	422.02	529.83	619.17	674.62	902.57
66	449.74	566.80	662.29	723.90	967.26
67	483.63	613.01	714.66	782.43	1044.27
68	520.59	662.29	773.19	847.12	1130.52
69	563.72	717.74	837.88	917.97	1222.93
70	609.93	779.35	908.73	998.06	1324.59
71	662.29	847.12	991.90	1087.39	1441.64
72	723.90	927.21	1084.31	1189.05	1574.10
73	794.75	1016.54	1189.05	1306.10	1725.04
74	871.76	1115.12	1306.10	1432.40	1888.31
75	954.93	1222.93	1432.40	1571.02	2070.05
76	1044.27	1336.91	1571.02	1721.96	2264.12
77	1136.68	1463.21	1718.88	1885.23	2473.59
78	1235.25	1595.66	1879.06	2057.73	2698.46
79	1336.91	1740.45	2045.41	2245.64	2935.65
80	1444.72				
81	1555.62				
82	1672.68				
83	1795.89				
84	1922.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	89.33	110.90	129.38	141.70	187.91
45-49	98.57	123.22	144.78	157.10	209.47
50-54	132.46	163.26	184.83	200.23	268.00
55	150.94	187.91	212.55	234.11	317.28
56	160.18	197.15	224.87	246.43	338.85
57	169.42	209.47	240.27	264.92	363.49
58	181.75	224.87	258.76	286.48	391.22
59	197.15	243.35	280.32	308.04	422.02
60	212.55	264.92	304.96	332.69	455.90
61	231.03	286.48	332.69	360.41	489.79
62	249.52	311.12	360.41	391.22	529.83
63	268.00	332.69	388.13	422.02	569.88
64	286.48	357.33	415.86	449.74	609.93
65	308.04	381.97	443.58	483.63	656.13
66	332.69	409.70	477.47	520.59	708.50
67	360.41	446.66	520.59	566.80	770.11
68	391.22	486.71	569.88	619.17	840.96
69	425.10	532.92	622.25	677.70	917.97
70	462.07	582.20	680.78	742.38	1004.22
71	505.19	640.73	748.55	819.40	1099.71
72	557.56	708.50	828.64	905.65	1213.69
73	616.09	785.51	917.97	1004.22	1339.99
74	683.86	868.68	1019.62	1115.12	1481.69
75	754.71	964.18	1127.44	1235.25	1635.71
76	831.72	1065.83	1244.50	1364.63	1802.05
77	914.89	1173.65	1373.87	1506.33	1980.72
78	1001.14	1290.70	1512.49	1657.27	2171.71
79	1093.55	1417.00	1657.27	1820.54	2378.10
80	1189.05				
81	1290.70				
82	1395.44				
83	1506.33				
84	1623.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	107.82	135.54	154.02	169.42	221.79
45-49	120.14	147.86	172.50	187.91	246.43
50-54	150.94	187.91	218.71	237.19	311.12
55	175.58	218.71	249.52	274.16	369.65
56	184.83	231.03	264.92	286.48	394.30
57	194.07	243.35	280.32	304.96	418.94
58	209.47	261.84	301.88	329.61	449.74
59	224.87	283.40	326.53	354.25	480.55
60	243.35	304.96	351.17	381.97	514.43
61	261.84	326.53	378.89	412.78	551.40
62	283.40	354.25	409.70	446.66	594.52
63	301.88	378.89	440.50	477.47	637.65
64	323.45	403.54	471.31	511.35	683.86
65	348.09	434.34	502.11	545.24	733.14
66	372.73	465.15	539.08	588.36	791.67
67	403.54	505.19	588.36	637.65	859.44
68	437.42	548.32	640.73	696.18	939.53
69	474.39	600.68	699.26	760.87	1025.78
70	517.51	656.13	767.03	834.80	1124.36
71	566.80	720.82	840.96	917.97	1232.17
72	622.25	794.75	930.29	1016.54	1358.47
73	686.94	877.92	1028.86	1124.36	1500.17
74	760.87	973.42	1139.76	1247.58	1657.27
75	840.96	1075.07	1259.90	1380.03	1826.70
76	927.21	1185.97	1389.28	1524.81	2014.60
77	1016.54	1306.10	1530.98	1681.92	2211.75
78	1112.04	1432.40	1681.92	1848.26	2424.30
79	1210.61	1571.02	1845.18	2026.93	2652.25
80	1315.35				
81	1423.16				
82	1540.22				
83	1660.35				
84	1786.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	117.06	144.78	166.34	181.75	237.19
45-49	129.38	160.18	184.83	200.23	261.84
50-54	160.18	200.23	231.03	252.60	329.61
55	184.83	231.03	264.92	289.56	391.22
56	194.07	243.35	280.32	304.96	415.86
57	206.39	258.76	298.80	323.45	443.58
58	221.79	277.24	320.37	348.09	474.39
59	237.19	298.80	345.01	372.73	505.19
60	255.68	320.37	372.73	403.54	539.08
61	274.16	345.01	400.46	434.34	579.12
62	295.72	372.73	431.26	468.23	622.25
63	317.28	400.46	462.07	502.11	668.45
64	338.85	425.10	492.87	536.00	714.66
65	363.49	455.90	526.75	572.96	767.03
66	388.13	489.79	566.80	616.09	825.56
67	422.02	529.83	616.09	668.45	899.49
68	458.98	576.04	671.53	730.06	982.66
69	495.95	628.41	733.14	797.83	1071.99
70	542.16	686.94	803.99	874.84	1173.65
71	591.44	754.71	881.00	961.10	1287.62
72	649.97	831.72	973.42	1062.75	1420.08
73	717.74	917.97	1078.15	1176.73	1567.94
74	794.75	1016.54	1192.13	1303.02	1731.20
75	877.92	1121.28	1315.35	1441.64	1909.87
76	967.26	1238.33	1450.88	1592.58	2103.94
77	1059.67	1361.55	1598.75	1755.85	2310.33
78	1158.24	1494.01	1755.85	1931.43	2532.12
79	1259.90	1638.79	1925.27	2116.26	2769.31
80	1367.71				
81	1481.69				
82	1601.83				
83	1725.04				
84	1854.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	50.74	59.80	63.42	81.54
45-49	48.92	57.98	65.23	70.67	88.79
50-54	59.80	70.67	81.54	86.98	110.53
55	68.86	81.54	94.23	99.66	132.28
56	72.48	86.98	99.66	106.91	141.34
57	79.73	94.23	106.91	115.97	152.21
58	85.16	101.47	115.97	125.03	164.89
59	94.23	110.53	125.03	135.90	179.39
60	101.47	121.41	137.71	152.21	193.89
61	110.53	134.09	152.21	164.89	210.19
62	119.59	144.96	164.89	179.39	230.13
63	128.65	155.83	177.58	192.07	246.43
64	135.90	166.71	190.26	204.76	266.37
65	144.96	179.39	202.95	219.25	286.30
66	157.65	192.07	219.25	237.37	309.86
67	170.33	208.38	239.19	257.31	337.04
68	184.83	228.31	262.74	282.68	371.46
69	202.95	250.06	288.11	311.67	407.70
70	221.07	273.62	315.29	342.47	447.57
71	244.62	302.61	349.72	382.34	494.68
72	273.62	337.04	389.58	425.82	552.67
73	304.42	376.90	436.70	478.37	617.90
74	338.85	422.20	491.06	534.55	690.38
75	378.71	472.94	550.85	599.78	770.11
76	422.20	529.11	614.27	668.64	857.09
77	469.31	588.91	684.94	744.74	953.12
78	520.05	654.14	761.05	824.47	1054.60
79	576.22	723.00	842.59	913.26	1166.94
80	632.39				
81	697.63				
82	762.86				
83	833.53				
84	907.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	63.42	72.48	76.10	97.85
45-49	57.98	70.67	79.73	85.16	108.72
50-54	68.86	83.35	96.04	105.10	135.90
55	81.54	96.04	108.72	117.78	155.83
56	85.16	101.47	115.97	123.22	164.89
57	92.41	108.72	123.22	132.28	173.95
58	97.85	117.78	132.28	143.15	188.45
59	106.91	128.65	144.96	155.83	202.95
60	115.97	137.71	157.65	170.33	221.07
61	123.22	152.21	172.14	184.83	239.19
62	134.09	161.27	188.45	202.95	260.93
63	144.96	173.95	201.13	215.63	279.05
64	154.02	188.45	213.82	231.94	300.80
65	164.89	202.95	228.31	246.43	324.35
66	177.58	215.63	246.43	268.18	349.72
67	192.07	237.37	268.18	291.74	382.34
68	208.38	257.31	293.55	322.54	418.58
69	228.31	280.86	324.35	351.53	460.25
70	250.06	309.86	355.16	385.96	505.55
71	273.62	340.66	395.02	427.64	559.91
72	304.42	378.71	438.51	480.19	625.15
73	338.85	424.01	492.87	534.55	697.63
74	376.90	474.75	552.67	601.59	777.36
75	422.20	530.92	617.90	672.26	867.96
76	469.31	590.72	690.38	751.99	967.62
77	521.86	659.58	768.30	835.34	1074.53
78	578.03	732.06	853.46	927.75	1186.87
79	637.83	809.97	944.06	1027.42	1313.71
80	701.25				
81	770.11				
82	840.78				
83	916.88				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	68.86	76.10	83.35	106.91
45-49	61.61	74.29	85.16	92.41	117.78
50-54	72.48	88.79	101.47	110.53	146.77
55	85.16	101.47	115.97	125.03	164.89
56	88.79	108.72	121.41	132.28	172.14
57	96.04	115.97	130.47	141.34	183.01
58	101.47	123.22	141.34	152.21	197.51
59	110.53	134.09	154.02	164.89	213.82
60	121.41	144.96	166.71	179.39	231.94
61	130.47	157.65	181.20	193.89	251.87
62	141.34	170.33	195.70	210.19	273.62
63	152.21	183.01	210.19	226.50	293.55
64	159.46	195.70	224.69	242.81	315.29
65	172.14	210.19	239.19	260.93	338.85
66	184.83	226.50	257.31	280.86	366.03
67	201.13	246.43	280.86	306.23	400.46
68	217.44	269.99	309.86	337.04	438.51
69	239.19	293.55	338.85	369.65	482.00
70	260.93	324.35	373.28	405.89	530.92
71	286.30	355.16	413.14	449.38	588.91
72	317.10	396.83	460.25	500.12	654.14
73	353.34	443.94	516.43	559.91	732.06
74	395.02	496.49	578.03	628.77	817.22
75	442.13	554.48	645.08	703.06	909.63
76	491.06	617.90	723.00	786.42	1014.73
77	543.61	688.57	804.54	877.02	1125.26
78	601.59	762.86	891.51	971.24	1244.86
79	663.20	846.21	987.55	1076.34	1375.32
80	728.43				
81	799.10				
82	873.39				
83	953.12				
84	1036.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	144.78	178.67	203.31	218.71	295.72
45-49	160.18	197.15	224.87	243.35	329.61
50-54	197.15	243.35	280.32	308.04	418.94
55	227.95	283.40	326.53	354.25	486.71
56	240.27	295.72	345.01	375.81	514.43
57	252.60	314.20	366.57	397.38	542.16
58	271.08	335.77	391.22	425.10	576.04
59	286.48	357.33	415.86	452.82	613.01
60	308.04	385.05	443.58	480.55	653.05
61	329.61	409.70	474.39	514.43	696.18
62	351.17	437.42	508.27	551.40	742.38
63	372.73	468.23	542.16	588.36	794.75
64	397.38	495.95	576.04	628.41	844.04
65	425.10	529.83	616.09	671.53	902.57
66	452.82	569.88	659.21	717.74	970.34
67	489.79	613.01	714.66	776.27	1047.35
68	529.83	662.29	773.19	840.96	1133.60
69	569.88	717.74	834.80	908.73	1226.01
70	616.09	779.35	905.65	988.82	1330.75
71	665.37	847.12	985.74	1075.07	1444.72
72	726.98	927.21	1081.23	1182.89	1580.26
73	800.91	1019.62	1189.05	1299.94	1731.20
74	881.00	1121.28	1309.18	1432.40	1897.55
75	967.26	1229.09	1438.56	1574.10	2082.37
76	1059.67	1349.23	1580.26	1731.20	2282.60
77	1155.16	1478.61	1737.36	1897.55	2498.23
78	1256.82	1617.23	1903.71	2079.29	2726.18
79	1367.71	1765.09	2079.29	2273.36	2972.62
80	1478.61				
81	1595.66				
82	1718.88				
83	1845.18				
84	1977.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	166.34	206.39	240.27	261.84	345.01
45-49	184.83	231.03	264.92	289.56	385.05
50-54	227.95	286.48	329.61	357.33	486.71
55	258.76	326.53	375.81	409.70	557.56
56	268.00	345.01	397.38	431.26	588.36
57	283.40	363.49	418.94	455.90	616.09
58	301.88	385.05	446.66	486.71	653.05
59	323.45	406.62	471.31	517.51	693.10
60	348.09	431.26	505.19	548.32	733.14
61	369.65	458.98	536.00	582.20	782.43
62	394.30	492.87	572.96	622.25	834.80
63	418.94	520.59	613.01	665.37	890.25
64	446.66	557.56	649.97	711.58	948.77
65	474.39	594.52	696.18	757.79	1013.46
66	508.27	637.65	742.38	813.23	1087.39
67	542.16	690.02	803.99	877.92	1173.65
68	588.36	742.38	868.68	948.77	1272.22
69	634.57	807.07	939.53	1028.86	1373.87
70	690.02	877.92	1022.70	1121.28	1490.93
71	745.47	951.85	1112.04	1216.77	1620.31
72	816.32	1044.27	1216.77	1333.83	1771.25
73	896.41	1142.84	1336.91	1466.29	1937.59
74	982.66	1253.74	1466.29	1607.99	2122.42
75	1075.07	1376.95	1614.15	1765.09	2328.81
76	1176.73	1503.25	1768.17	1937.59	2550.60
77	1281.46	1648.03	1934.51	2122.42	2787.79
78	1395.44	1798.97	2119.34	2319.57	3040.39
79	1512.49	1965.32	2307.25	2529.04	3308.39
80	1635.71				
81	1762.01				
82	1891.39				
83	2033.09				
84	2177.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	178.67	221.79	252.60	280.32	366.57
45-49	197.15	246.43	283.40	311.12	406.62
50-54	243.35	304.96	351.17	381.97	514.43
55	271.08	345.01	397.38	434.34	588.36
56	283.40	363.49	418.94	455.90	616.09
57	295.72	381.97	443.58	480.55	649.97
58	314.20	403.54	468.23	511.35	683.86
59	335.77	428.18	495.95	542.16	723.90
60	363.49	452.82	529.83	576.04	767.03
61	388.13	480.55	560.64	613.01	819.40
62	412.78	514.43	600.68	656.13	874.84
63	437.42	548.32	640.73	699.26	930.29
64	468.23	582.20	680.78	745.47	991.90
65	495.95	622.25	726.98	794.75	1062.75
66	529.83	665.37	779.35	850.20	1136.68
67	569.88	720.82	840.96	921.05	1229.09
68	613.01	779.35	908.73	998.06	1330.75
69	662.29	844.04	985.74	1081.23	1438.56
70	717.74	917.97	1068.91	1173.65	1558.70
71	779.35	998.06	1167.48	1278.38	1697.32
72	850.20	1090.47	1275.30	1398.52	1851.34
73	936.45	1195.21	1398.52	1537.14	2030.01
74	1025.78	1312.26	1537.14	1685.00	2220.99
75	1124.36	1438.56	1685.00	1848.26	2436.62
76	1229.09	1574.10	1848.26	2026.93	2664.58
77	1336.91	1721.96	2020.76	2217.91	2911.01
78	1453.96	1875.98	2211.75	2421.22	3175.93
79	1574.10	2048.49	2405.82	2643.01	3453.17
80	1700.40				
81	1829.78				
82	1968.40				
83	2113.18				
84	2261.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	104.73	129.38	150.94	166.34	221.79
45-49	117.06	144.78	169.42	184.83	246.43
50-54	157.10	190.99	218.71	234.11	314.20
55	178.67	221.79	249.52	274.16	372.73
56	187.91	231.03	264.92	289.56	397.38
57	200.23	246.43	283.40	311.12	428.18
58	212.55	264.92	304.96	335.77	458.98
59	231.03	286.48	329.61	363.49	495.95
60	249.52	311.12	357.33	391.22	536.00
61	271.08	335.77	391.22	425.10	576.04
62	292.64	366.57	425.10	458.98	622.25
63	314.20	391.22	455.90	495.95	671.53
64	335.77	418.94	489.79	529.83	717.74
65	363.49	449.74	520.59	569.88	773.19
66	391.22	480.55	560.64	613.01	834.80
67	425.10	526.75	613.01	665.37	905.65
68	458.98	572.96	671.53	726.98	988.82
69	499.03	628.41	733.14	797.83	1081.23
70	542.16	683.86	800.91	874.84	1182.89
71	594.52	754.71	881.00	964.18	1293.78
72	656.13	834.80	973.42	1065.83	1429.32
73	723.90	924.13	1081.23	1182.89	1577.18
74	803.99	1022.70	1198.29	1312.26	1743.53
75	887.16	1133.60	1327.67	1453.96	1925.27
76	979.58	1253.74	1463.21	1604.91	2119.34
77	1075.07	1380.03	1617.23	1771.25	2328.81
78	1176.73	1518.65	1780.49	1949.91	2553.68
79	1287.62	1666.51	1949.91	2140.90	2797.03
80	1398.52				
81	1518.65				
82	1641.87				
83	1771.25				
84	1909.87				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	126.30	160.18	181.75	200.23	261.84
45-49	141.70	172.50	203.31	221.79	289.56
50-54	178.67	221.79	258.76	280.32	366.57
55	206.39	258.76	292.64	323.45	434.34
56	218.71	271.08	311.12	335.77	465.15
57	227.95	286.48	329.61	357.33	492.87
58	246.43	308.04	354.25	388.13	529.83
59	264.92	332.69	385.05	415.86	566.80
60	286.48	357.33	412.78	449.74	603.77
61	308.04	385.05	446.66	486.71	649.97
62	332.69	415.86	480.55	526.75	699.26
63	354.25	446.66	517.51	560.64	751.63
64	381.97	474.39	554.48	600.68	803.99
65	409.70	511.35	591.44	640.73	862.52
66	437.42	548.32	634.57	693.10	930.29
67	474.39	594.52	693.10	751.63	1010.38
68	514.43	643.81	754.71	819.40	1105.88
69	557.56	705.42	822.48	896.41	1207.53
70	609.93	773.19	902.57	982.66	1321.51
71	665.37	847.12	988.82	1081.23	1450.88
72	733.14	936.45	1093.55	1195.21	1598.75
73	807.07	1031.95	1210.61	1321.51	1765.09
74	896.41	1145.92	1339.99	1466.29	1949.91
75	988.82	1266.06	1481.69	1623.39	2150.14
76	1090.47	1395.44	1635.71	1792.81	2368.85
77	1195.21	1537.14	1802.05	1977.64	2602.97
78	1309.18	1685.00	1977.64	2174.79	2852.48
79	1423.16	1848.26	2171.71	2384.26	3120.48
80	1546.38				
81	1675.76				
82	1811.30				
83	1953.00				
84	2100.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	138.62	169.42	197.15	212.55	280.32
45-49	150.94	187.91	218.71	234.11	308.04
50-54	187.91	234.11	271.08	295.72	388.13
55	218.71	271.08	311.12	341.93	458.98
56	227.95	286.48	329.61	357.33	489.79
57	243.35	304.96	351.17	381.97	520.59
58	261.84	326.53	375.81	409.70	557.56
59	280.32	351.17	406.62	437.42	594.52
60	301.88	375.81	437.42	474.39	634.57
61	323.45	406.62	471.31	511.35	680.78
62	348.09	437.42	508.27	551.40	733.14
63	372.73	471.31	542.16	591.44	785.51
64	397.38	499.03	579.12	631.49	840.96
65	428.18	536.00	619.17	674.62	902.57
66	455.90	576.04	665.37	723.90	970.34
67	495.95	622.25	723.90	785.51	1059.67
68	539.08	677.70	788.59	859.44	1155.16
69	582.20	739.30	862.52	939.53	1259.90
70	637.65	807.07	945.69	1028.86	1380.03
71	696.18	887.16	1035.03	1130.52	1515.57
72	763.95	979.58	1145.92	1250.66	1669.60
73	844.04	1081.23	1269.14	1383.11	1845.18
74	936.45	1195.21	1401.60	1534.06	2036.17
75	1031.95	1318.43	1546.38	1697.32	2245.64
76	1136.68	1457.05	1706.56	1872.90	2476.67
77	1247.58	1601.83	1882.15	2066.97	2716.94
78	1361.55	1758.93	2066.97	2273.36	2978.78
79	1481.69	1928.35	2264.12	2488.99	3259.10
80	1607.99				
81	1743.53				
82	1885.23				
83	2030.01				
84	2180.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.14	28.09	32.53	34.01	35.49
45-49	28.09	31.05	35.49	36.97	39.92
50-54	34.01	38.44	42.88	45.84	51.75
55	38.44	44.36	50.27	54.71	65.06
56	41.40	47.32	54.71	59.14	70.97
57	44.36	51.75	59.14	63.58	78.37
58	48.79	56.19	65.06	69.49	85.76
59	53.23	62.10	70.97	75.41	94.63
60	59.14	69.49	78.37	82.80	103.50
61	63.58	75.41	85.76	90.20	112.37
62	69.49	82.80	93.15	99.07	122.72
63	73.93	88.72	100.55	106.46	131.60
64	78.37	94.63	107.94	115.33	140.47
65	84.28	100.55	115.33	124.20	150.82
66	90.20	109.42	124.20	134.55	162.65
67	97.59	118.29	136.03	146.38	177.43
68	106.46	130.12	149.34	161.17	195.18
69	116.81	141.95	164.13	175.95	212.92
70	127.16	155.25	180.39	193.70	235.10
71	140.47	171.52	198.13	214.40	260.24
72	155.25	190.74	220.31	238.06	288.33
73	173.00	212.92	245.45	264.67	320.86
74	192.22	236.58	273.54	295.72	357.82
75	214.40	263.19	303.11	328.25	397.75
76	238.06	292.76	337.12	363.74	440.63
77	263.19	323.82	372.61	402.18	487.94
78	289.81	357.82	411.05	443.58	538.21
79	319.38	393.31	452.45	487.94	592.92
80	348.95				
81	381.48				
82	415.49				
83	450.98				
84	489.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120.49	146.85	169.44	184.51	222.16
45-49	131.79	161.91	188.27	203.33	248.52
50-54	161.91	199.57	233.46	252.28	316.30
55	195.80	237.22	274.88	293.70	376.54
56	207.10	252.28	289.94	312.53	402.90
57	222.16	271.11	308.76	331.36	429.26
58	237.22	289.94	331.36	353.95	459.38
59	252.28	308.76	353.95	380.31	489.51
60	267.35	331.36	380.31	410.43	523.39
61	286.17	353.95	406.67	440.55	557.28
62	305.00	376.54	436.79	474.44	598.70
63	323.83	402.90	466.91	504.57	640.12
64	346.42	425.49	497.04	538.46	685.31
65	369.01	455.62	527.16	572.34	734.26
66	395.37	485.74	564.81	610.00	786.97
67	425.49	523.39	606.23	655.18	847.22
68	459.38	564.81	655.18	707.90	915.00
69	493.27	610.00	704.13	764.38	986.54
70	534.69	662.71	764.38	828.39	1061.85
71	579.88	719.20	828.39	899.94	1152.22
72	628.83	783.21	903.70	982.78	1253.89
73	685.31	854.75	990.31	1076.91	1366.85
74	749.32	937.59	1084.44	1182.34	1494.87
75	817.10	1024.20	1189.87	1295.31	1630.43
76	888.64	1118.33	1302.84	1419.56	1781.05
77	963.95	1220.00	1423.33	1555.12	1939.19
78	1043.02	1329.19	1555.12	1698.21	2108.64
79	1125.86	1445.92	1694.44	1852.59	2293.14
80	1216.23				
81	1306.60				
82	1404.50				
83	1506.17				
84	1611.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	86.60	105.43	120.49	131.79	158.15
45-49	94.14	116.73	135.56	146.85	176.97
50-54	131.79	158.15	184.51	199.57	240.99
55	150.62	184.51	210.86	225.93	289.94
56	158.15	195.80	222.16	240.99	308.76
57	169.44	210.86	237.22	256.05	331.36
58	184.51	229.69	256.05	278.64	357.72
59	199.57	248.52	278.64	301.23	391.60
60	218.39	271.11	305.00	331.36	425.49
61	237.22	293.70	335.12	361.48	463.15
62	256.05	316.30	361.48	391.60	500.80
63	274.88	338.89	387.84	421.73	538.46
64	293.70	361.48	414.20	451.85	579.88
65	312.53	387.84	444.32	481.97	621.29
66	338.89	417.96	478.21	519.63	674.01
67	365.25	451.85	519.63	564.81	730.49
68	395.37	493.27	568.58	617.53	794.50
69	433.02	538.46	621.29	674.01	866.05
70	470.68	587.41	677.78	738.02	948.89
71	515.86	643.89	745.55	809.57	1035.49
72	564.81	707.90	820.86	892.41	1137.16
73	621.29	779.44	903.70	986.54	1250.12
74	685.31	858.52	997.84	1088.21	1374.38
75	753.08	945.12	1099.50	1197.40	1506.17
76	824.63	1039.26	1208.70	1317.90	1653.02
77	899.94	1137.16	1325.43	1445.92	1807.40
78	979.01	1242.59	1449.69	1585.24	1973.08
79	1061.85	1355.55	1585.24	1732.10	2150.06
80	1152.22				
81	1242.59				
82	1340.49				
83	1442.16				
84	1547.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.57	32.53	38.44	39.92	41.40
45-49	32.53	36.97	41.40	42.88	47.32
50-54	39.92	45.84	50.27	53.23	60.62
55	45.84	51.75	59.14	65.06	76.89
56	48.79	56.19	65.06	69.49	82.80
57	51.75	60.62	69.49	75.41	91.67
58	57.67	66.54	76.89	81.32	100.55
59	62.10	72.45	82.80	88.72	110.90
60	69.49	81.32	91.67	97.59	121.25
61	75.41	88.72	100.55	106.46	131.60
62	81.32	97.59	109.42	116.81	144.90
63	87.24	104.98	118.29	125.68	155.25
64	91.67	110.90	127.16	136.03	165.60
65	99.07	118.29	136.03	146.38	177.43
66	106.46	128.64	146.38	158.21	190.74
67	115.33	138.99	159.69	171.52	208.48
68	125.68	153.78	175.95	189.26	229.18
69	137.51	167.08	193.70	207.01	249.88
70	149.34	183.35	212.92	227.71	276.50
71	165.60	201.09	233.62	252.84	306.07
72	183.35	224.75	258.76	279.46	338.60
73	204.05	249.88	288.33	311.99	377.05
74	226.23	277.98	322.34	347.47	421.40
75	252.84	309.03	356.34	385.92	467.24
76	279.46	344.52	396.27	427.32	518.99
77	309.03	381.48	437.67	473.15	573.70
78	341.56	421.40	483.50	521.95	632.84
79	375.57	462.80	532.30	573.70	697.90
80	411.05				
81	449.50				
82	489.42				
83	530.82				
84	575.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	143.09	173.21	199.57	218.39	259.81
45-49	154.38	192.04	222.16	240.99	293.70
50-54	192.04	233.46	274.88	297.47	372.78
55	229.69	278.64	323.83	346.42	444.32
56	244.75	297.47	342.65	369.01	474.44
57	259.81	320.06	361.48	391.60	504.57
58	278.64	342.65	391.60	417.96	542.22
59	297.47	361.48	417.96	448.09	576.11
60	316.30	391.60	448.09	481.97	617.53
61	335.12	417.96	478.21	519.63	655.18
62	357.72	444.32	512.10	557.28	704.13
63	380.31	474.44	549.75	594.94	753.08
64	406.67	500.80	583.64	632.59	805.80
65	433.02	534.69	621.29	674.01	862.28
66	466.91	572.34	662.71	719.20	926.29
67	500.80	617.53	711.67	771.91	997.84
68	542.22	662.71	771.91	832.16	1076.91
69	579.88	719.20	828.39	899.94	1159.75
70	628.83	779.44	899.94	975.24	1250.12
71	681.54	847.22	975.24	1058.08	1355.55
72	738.02	922.53	1061.85	1155.99	1476.05
73	805.80	1005.37	1163.52	1265.18	1607.84
74	881.11	1103.27	1276.48	1389.44	1758.45
75	960.18	1204.94	1400.74	1525.00	1916.60
76	1046.79	1314.13	1532.53	1671.85	2093.58
77	1133.39	1434.63	1675.61	1830.00	2281.85
78	1227.53	1562.65	1830.00	1999.44	2481.41
79	1325.43	1701.97	1991.91	2180.18	2696.04
80	1430.86				
81	1536.29				
82	1653.02				
83	1773.51				
84	1897.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101.67	124.26	143.09	154.38	184.51
45-49	109.20	135.56	158.15	173.21	207.10
50-54	154.38	184.51	218.39	233.46	282.41
55	176.97	218.39	248.52	267.35	342.65
56	184.51	229.69	259.81	282.41	361.48
57	199.57	248.52	278.64	301.23	391.60
58	218.39	271.11	301.23	327.59	421.73
59	233.46	293.70	327.59	353.95	459.38
60	256.05	320.06	357.72	391.60	500.80
61	278.64	346.42	395.37	425.49	545.99
62	301.23	372.78	425.49	459.38	587.41
63	323.83	399.13	455.62	497.04	632.59
64	346.42	425.49	485.74	530.92	681.54
65	369.01	455.62	523.39	568.58	730.49
66	399.13	493.27	561.05	610.00	794.50
67	429.26	530.92	610.00	662.71	858.52
68	466.91	579.88	670.25	726.73	933.83
69	508.33	632.59	730.49	794.50	1020.43
70	553.52	692.84	798.27	869.81	1114.57
71	606.23	756.85	877.34	952.65	1220.00
72	662.71	832.16	963.95	1050.55	1336.73
73	730.49	918.76	1061.85	1159.75	1472.28
74	805.80	1009.13	1174.81	1280.24	1615.37
75	884.87	1110.80	1295.31	1408.27	1773.51
76	971.48	1223.76	1423.33	1551.35	1942.96
77	1058.08	1336.73	1558.89	1701.97	2127.46
78	1152.22	1460.98	1705.74	1863.88	2319.50
79	1250.12	1596.54	1863.88	2037.09	2530.36
80	1355.55				
81	1460.98				
82	1577.71				
83	1698.21				
84	1822.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.42	35.12	40.66	42.51	44.36
45-49	35.12	38.81	44.36	46.21	49.90
50-54	42.51	48.05	53.60	57.30	64.69
55	48.05	55.45	62.84	68.39	81.32
56	51.75	59.14	68.39	73.93	88.72
57	55.45	64.69	73.93	79.48	97.96
58	60.99	70.23	81.32	86.87	107.20
59	66.54	77.63	88.72	94.26	118.29
60	73.93	86.87	97.96	103.50	129.38
61	79.48	94.26	107.20	112.74	140.47
62	86.87	103.50	116.44	123.83	153.41
63	92.41	110.90	125.68	133.07	164.50
64	97.96	118.29	134.92	144.16	175.58
65	105.35	125.68	144.16	155.25	188.52
66	112.74	136.77	155.25	168.19	203.31
67	121.99	147.86	170.04	182.98	221.79
68	133.07	162.65	186.67	201.46	243.97
69	146.01	177.43	205.16	219.94	266.15
70	158.95	194.07	225.49	242.12	293.87
71	175.58	214.40	247.67	268.00	325.29
72	194.07	238.43	275.39	297.57	360.41
73	216.25	266.15	306.81	330.84	401.07
74	240.27	295.72	341.93	369.65	447.28
75	268.00	328.99	378.89	410.31	497.18
76	297.57	365.96	421.40	454.67	550.78
77	328.99	404.77	465.76	502.73	609.93
78	362.26	447.28	513.82	554.48	672.77
79	399.22	491.64	565.57	609.93	741.15
80	436.19				
81	476.85				
82	519.36				
83	563.72				
84	611.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	150.62	183.56	211.81	230.63	277.70
45-49	164.74	202.39	235.34	254.17	310.65
50-54	202.39	249.46	291.82	315.35	395.37
55	244.75	296.53	343.59	367.13	470.68
56	258.87	315.35	362.42	390.66	503.63
57	277.70	338.89	385.96	414.20	536.57
58	296.53	362.42	414.20	442.44	574.23
59	315.35	385.96	442.44	475.38	611.88
60	334.18	414.20	475.38	513.04	654.24
61	357.72	442.44	508.33	550.69	696.60
62	381.25	470.68	545.99	593.05	748.38
63	404.78	503.63	583.64	630.71	800.15
64	433.02	531.87	621.29	673.07	856.63
65	461.26	569.52	658.95	715.43	917.82
66	494.21	607.17	706.02	762.50	983.72
67	531.87	654.24	757.79	818.98	1059.03
68	574.23	706.02	818.98	884.87	1143.75
69	616.59	762.50	880.17	955.48	1233.18
70	668.36	828.39	955.48	1035.49	1327.31
71	724.84	898.99	1035.49	1124.92	1440.27
72	786.03	979.01	1129.63	1228.47	1567.36
73	856.63	1068.44	1237.88	1346.14	1708.56
74	936.65	1171.99	1355.55	1477.93	1868.59
75	1021.37	1280.24	1487.34	1619.13	2038.04
76	1110.80	1397.91	1628.55	1774.46	2226.31
77	1204.94	1525.00	1779.16	1943.90	2423.99
78	1303.78	1661.49	1943.90	2122.76	2635.80
79	1407.33	1807.40	2118.05	2315.74	2866.43
80	1520.29				
81	1633.25				
82	1755.63				
83	1882.71				
84	2014.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	108.26	131.79	150.62	164.74	197.68
45-49	117.67	145.91	169.44	183.56	221.22
50-54	164.74	197.68	230.63	249.46	301.23
55	188.27	230.63	263.58	282.41	362.42
56	197.68	244.75	277.70	301.23	385.96
57	211.81	263.58	296.53	320.06	414.20
58	230.63	287.11	320.06	348.30	447.14
59	249.46	310.65	348.30	376.54	489.51
60	272.99	338.89	381.25	414.20	531.87
61	296.53	367.13	418.90	451.85	578.93
62	320.06	395.37	451.85	489.51	626.00
63	343.59	423.61	484.80	527.16	673.07
64	367.13	451.85	517.75	564.81	724.84
65	390.66	484.80	555.40	602.47	776.62
66	423.61	522.45	597.76	649.54	842.51
67	456.56	564.81	649.54	706.02	913.12
68	494.21	616.59	710.72	771.91	993.13
69	541.28	673.07	776.62	842.51	1082.56
70	588.35	734.26	847.22	922.53	1186.11
71	644.83	804.86	931.94	1011.96	1294.36
72	706.02	884.87	1026.08	1115.51	1421.45
73	776.62	974.30	1129.63	1233.18	1562.65
74	856.63	1073.15	1247.30	1360.26	1717.97
75	941.36	1181.40	1374.38	1496.76	1882.71
76	1030.78	1299.07	1510.88	1647.37	2066.28
77	1124.92	1421.45	1656.79	1807.40	2259.25
78	1223.76	1553.24	1812.11	1981.55	2466.35
79	1327.31	1694.44	1981.55	2165.12	2687.57
80	1440.27				
81	1553.24				
82	1675.61				
83	1802.70				
84	1934.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.97	40.66	48.05	49.90	51.75
45-49	40.66	46.21	51.75	53.60	59.14
50-54	49.90	57.30	62.84	66.54	75.78
55	57.30	64.69	73.93	81.32	96.11
56	60.99	70.23	81.32	86.87	103.50
57	64.69	75.78	86.87	94.26	114.59
58	72.08	83.17	96.11	101.65	125.68
59	77.63	90.56	103.50	110.90	138.62
60	86.87	101.65	114.59	121.99	151.56
61	94.26	110.90	125.68	133.07	164.50
62	101.65	121.99	136.77	146.01	181.13
63	109.05	131.23	147.86	157.10	194.07
64	114.59	138.62	158.95	170.04	207.01
65	123.83	147.86	170.04	182.98	221.79
66	133.07	160.80	182.98	197.76	238.43
67	144.16	173.74	199.61	214.40	260.60
68	157.10	192.22	219.94	236.58	286.48
69	171.89	208.85	242.12	258.76	312.36
70	186.67	229.18	266.15	284.63	345.62
71	207.01	251.36	292.03	316.05	382.59
72	229.18	280.94	323.45	349.32	423.25
73	255.06	312.36	360.41	389.98	471.31
74	282.78	347.47	402.92	434.34	526.75
75	316.05	386.29	445.43	482.40	584.05
76	349.32	430.64	495.33	534.15	648.74
77	386.29	476.85	547.09	591.44	717.13
78	426.95	526.75	604.38	652.44	791.06
79	469.46	578.51	665.37	717.13	872.38
80	513.82				
81	561.87				
82	611.77				
83	663.53				
84	718.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	178.86	216.51	249.46	272.99	324.77
45-49	192.98	240.05	277.70	301.23	367.13
50-54	240.05	291.82	343.59	371.84	465.97
55	287.11	348.30	404.78	433.02	555.40
56	305.94	371.84	428.32	461.26	593.05
57	324.77	400.08	451.85	489.51	630.71
58	348.30	428.32	489.51	522.45	677.78
59	371.84	451.85	522.45	560.11	720.14
60	395.37	489.51	560.11	602.47	771.91
61	418.90	522.45	597.76	649.54	818.98
62	447.14	555.40	640.12	696.60	880.17
63	475.38	593.05	687.19	743.67	941.36
64	508.33	626.00	729.55	790.74	1007.25
65	541.28	668.36	776.62	842.51	1077.85
66	583.64	715.43	828.39	898.99	1157.87
67	626.00	771.91	889.58	964.89	1247.30
68	677.78	828.39	964.89	1040.20	1346.14
69	724.84	898.99	1035.49	1124.92	1449.69
70	786.03	974.30	1124.92	1219.06	1562.65
71	851.93	1059.03	1219.06	1322.61	1694.44
72	922.53	1153.16	1327.31	1444.98	1845.06
73	1007.25	1256.71	1454.39	1581.48	2009.80
74	1101.39	1379.09	1595.60	1736.80	2198.07
75	1200.23	1506.17	1750.92	1906.25	2395.75
76	1308.48	1642.67	1915.66	2089.81	2616.97
77	1416.74	1793.28	2094.52	2287.50	2852.31
78	1534.41	1953.31	2287.50	2499.30	3101.77
79	1656.79	2127.46	2489.89	2725.23	3370.05
80	1788.58				
81	1920.37				
82	2066.28				
83	2216.89				
84	2372.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	127.08	155.32	178.86	192.98	230.63
45-49	136.50	169.44	197.68	216.51	258.87
50-54	192.98	230.63	272.99	291.82	353.01
55	221.22	272.99	310.65	334.18	428.32
56	230.63	287.11	324.77	353.01	451.85
57	249.46	310.65	348.30	376.54	489.51
58	272.99	338.89	376.54	409.49	527.16
59	291.82	367.13	409.49	442.44	574.23
60	320.06	400.08	447.14	489.51	626.00
61	348.30	433.02	494.21	531.87	682.48
62	376.54	465.97	531.87	574.23	734.26
63	404.78	498.92	569.52	621.29	790.74
64	433.02	531.87	607.17	663.66	851.93
65	461.26	569.52	654.24	710.72	913.12
66	498.92	616.59	701.31	762.50	993.13
67	536.57	663.66	762.50	828.39	1073.15
68	583.64	724.84	837.81	908.41	1167.28
69	635.42	790.74	913.12	993.13	1275.54
70	691.90	866.05	997.84	1087.27	1393.21
71	757.79	946.06	1096.68	1190.82	1525.00
72	828.39	1040.20	1204.94	1313.19	1670.91
73	913.12	1148.45	1327.31	1449.69	1840.35
74	1007.25	1261.42	1468.52	1600.31	2019.21
75	1106.09	1388.50	1619.13	1760.34	2216.89
76	1214.35	1529.70	1779.16	1939.19	2428.70
77	1322.61	1670.91	1948.61	2127.46	2659.33
78	1440.27	1826.23	2132.17	2329.86	2899.38
79	1562.65	1995.67	2329.86	2546.37	3162.96
80	1694.44				
81	1826.23				
82	1972.14				
83	2122.76				
84	2278.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.92	35.01	38.05	41.10	53.27
45-49	31.96	39.57	42.62	45.66	59.36
50-54	39.57	47.19	53.27	56.32	73.06
55	45.66	54.80	60.88	65.45	86.76
56	48.71	57.84	65.45	70.02	91.33
57	51.75	62.41	70.02	74.58	98.94
58	56.32	66.97	76.10	80.67	106.55
59	60.88	73.06	82.19	88.28	115.68
60	65.45	79.15	89.80	95.89	126.33
61	71.54	85.24	97.41	105.02	136.99
62	77.63	92.85	106.55	114.16	149.17
63	83.72	100.46	114.16	123.29	161.34
64	88.28	106.55	123.29	132.42	172.00
65	94.37	114.16	132.42	141.56	184.17
66	100.46	123.29	143.08	153.73	199.39
67	109.59	133.94	155.25	167.43	217.66
68	120.25	146.12	168.95	184.17	238.97
69	130.90	159.82	185.70	200.92	261.80
70	143.08	175.04	202.44	220.70	287.68
71	156.78	193.31	223.75	243.54	316.60
72	173.52	214.62	248.10	270.93	351.60
73	191.78	238.97	277.02	301.38	391.18
74	213.09	266.37	307.46	336.38	433.80
75	237.45	295.29	342.47	374.44	480.98
76	261.80	327.25	380.52	415.53	532.73
77	289.20	362.26	421.62	459.67	589.05
78	318.12	400.31	465.76	508.38	648.41
79	350.08	439.89	512.95	558.61	712.34
80	383.57				
81	418.58				
82	456.63				
83	496.20				
84	538.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	45.66	47.19	62.41
45-49	38.05	45.66	50.23	53.27	68.49
50-54	44.14	53.27	60.88	65.45	85.24
55	51.75	60.88	68.49	74.58	98.94
56	54.80	63.93	73.06	79.15	103.50
57	57.84	68.49	77.63	83.72	111.11
58	62.41	74.58	83.72	89.80	118.72
59	66.97	80.67	91.33	98.94	127.86
60	71.54	88.28	98.94	106.55	138.51
61	77.63	94.37	108.07	117.20	150.69
62	83.72	101.98	117.20	126.33	162.86
63	89.80	109.59	126.33	135.47	176.56
64	95.89	117.20	133.94	144.60	188.74
65	103.50	124.81	144.60	153.73	202.44
66	109.59	133.94	155.25	165.91	219.18
67	118.72	146.12	167.43	181.13	238.97
68	129.38	158.30	184.17	199.39	261.80
69	141.56	173.52	200.92	217.66	286.15
70	155.25	191.78	219.18	238.97	315.07
71	168.95	210.05	243.54	263.32	347.04
72	187.22	234.40	269.41	293.76	383.57
73	208.53	260.28	299.85	327.25	426.19
74	229.84	289.20	334.86	363.78	471.85
75	255.71	321.16	372.91	404.88	523.60
76	281.59	356.17	414.01	450.54	579.92
77	312.03	392.70	458.15	499.25	640.80
78	342.47	433.80	506.86	552.52	704.73
79	375.96	477.94	557.09	607.32	774.75
80	410.97				
81	449.02				
82	488.59				
83	529.69				
84	573.83				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.01	42.62	48.71	50.23	65.45
45-49	39.57	47.19	53.27	56.32	73.06
50-54	45.66	56.32	63.93	68.49	91.33
55	53.27	63.93	71.54	77.63	103.50
56	56.32	66.97	76.10	82.19	109.59
57	59.36	71.54	80.67	88.28	115.68
58	63.93	77.63	86.76	94.37	124.81
59	68.49	83.72	94.37	103.50	133.94
60	74.58	91.33	103.50	111.11	144.60
61	80.67	98.94	112.64	121.77	156.78
62	86.76	106.55	121.77	130.90	168.95
63	92.85	114.16	130.90	140.03	182.65
64	98.94	121.77	138.51	149.17	194.83
65	106.55	129.38	149.17	159.82	210.05
66	114.16	138.51	159.82	172.00	226.79
67	123.29	150.69	173.52	187.22	248.10
68	133.94	164.39	190.26	205.48	270.93
69	146.12	179.61	207.01	225.27	296.81
70	159.82	197.87	226.79	246.58	325.73
71	175.04	217.66	251.15	272.46	359.21
72	193.31	242.01	278.54	302.90	397.27
73	214.62	269.41	310.51	337.91	441.41
74	237.45	298.33	345.52	375.96	488.59
75	263.32	331.82	385.09	418.58	541.87
76	290.72	368.35	427.71	465.76	599.71
77	321.16	406.40	473.37	515.99	662.11
78	353.13	447.50	523.60	570.79	729.08
79	386.61	493.16	576.87	628.63	800.62
80	423.14				
81	461.20				
82	502.29				
83	544.91				
84	589.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	139.54	174.43	201.56	220.94	290.71
45-49	155.05	193.81	224.82	244.20	321.72
50-54	189.93	236.45	275.21	298.47	410.87
55	217.07	275.21	317.85	344.98	476.77
56	228.69	290.71	337.23	364.36	500.03
57	244.20	310.09	356.61	387.62	531.04
58	259.70	329.47	379.86	414.75	562.04
59	279.08	352.73	407.00	441.88	596.93
60	298.47	375.99	434.13	469.02	635.69
61	317.85	403.12	465.14	503.90	678.33
62	341.10	430.26	496.15	538.79	724.84
63	364.36	457.39	527.16	573.67	775.23
64	387.62	488.40	562.04	612.44	825.62
65	410.87	519.41	600.81	651.20	879.89
66	441.88	554.29	639.57	697.71	941.91
67	472.89	596.93	689.96	751.98	1015.56
68	507.78	643.44	744.22	814.00	1096.96
69	546.54	689.96	806.24	879.89	1182.23
70	589.18	748.10	872.14	953.54	1275.26
71	639.57	810.12	945.79	1034.94	1383.79
72	693.83	879.89	1031.06	1127.97	1503.95
73	755.85	961.29	1127.97	1232.62	1639.62
74	825.62	1050.44	1232.62	1348.91	1786.92
75	903.15	1147.35	1345.03	1472.95	1949.71
76	980.67	1255.88	1469.07	1608.61	2124.14
77	1065.95	1368.29	1600.86	1755.91	2310.20
78	1151.22	1492.33	1740.40	1910.95	2507.88
79	1244.25	1620.24	1891.57	2077.63	2721.07
80	1341.16				
81	1438.06				
82	1542.72				
83	1651.25				
84	1763.66				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	155.05	197.68	228.69	251.95	325.60
45-49	174.43	217.07	255.83	275.21	364.36
50-54	213.19	267.46	313.97	341.10	461.26
55	240.32	306.22	360.48	391.49	527.16
56	251.95	321.72	379.86	410.87	550.42
57	267.46	341.10	399.25	434.13	581.43
58	282.96	360.48	422.50	461.26	616.31
59	302.34	383.74	449.64	488.40	655.07
60	325.60	410.87	476.77	519.41	693.83
61	348.86	438.01	507.78	550.42	740.35
62	372.11	469.02	538.79	589.18	790.74
63	395.37	500.03	573.67	624.06	845.01
64	418.63	531.04	612.44	666.70	895.40
65	445.76	562.04	651.20	709.34	957.41
66	476.77	600.81	697.71	763.61	1019.43
67	511.65	647.32	751.98	821.75	1100.83
68	550.42	697.71	814.00	891.52	1186.11
69	593.05	748.10	876.01	961.29	1279.14
70	639.57	814.00	949.66	1038.81	1379.92
71	689.96	879.89	1031.06	1127.97	1496.20
72	751.98	957.41	1120.21	1228.75	1627.99
73	817.87	1046.57	1224.87	1341.16	1775.29
74	891.52	1139.59	1337.28	1465.19	1934.21
75	972.92	1244.25	1457.44	1596.98	2108.64
76	1058.19	1356.66	1589.23	1740.40	2290.82
77	1143.47	1472.95	1728.77	1895.45	2492.38
78	1236.50	1600.86	1879.94	2062.12	2701.69
79	1329.53	1736.52	2038.87	2236.55	2930.39
80	1434.18				
81	1534.96				
82	1647.37				
83	1759.78				
84	1876.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	162.80	205.44	240.32	263.58	341.10
45-49	182.18	228.69	267.46	290.71	379.86
50-54	224.82	282.96	329.47	356.61	480.65
55	251.95	317.85	375.99	410.87	546.54
56	263.58	333.35	395.37	430.26	573.67
57	279.08	352.73	414.75	453.51	604.68
58	294.59	375.99	438.01	480.65	639.57
59	313.97	399.25	465.14	507.78	678.33
60	337.23	426.38	492.27	538.79	720.97
61	360.48	453.51	523.28	569.80	767.48
62	383.74	484.52	558.17	608.56	817.87
63	407.00	515.53	593.05	647.32	872.14
64	434.13	546.54	631.82	689.96	926.41
65	461.26	581.43	674.45	736.47	988.42
66	492.27	620.19	724.84	790.74	1054.32
67	527.16	666.70	779.11	852.76	1135.72
68	565.92	720.97	841.13	922.53	1224.87
69	612.44	775.23	907.02	996.18	1321.77
70	658.95	841.13	980.67	1077.58	1426.43
71	713.22	910.90	1065.95	1166.73	1546.59
72	775.23	992.30	1158.98	1271.38	1682.26
73	845.01	1081.45	1263.63	1387.67	1833.43
74	918.65	1178.36	1379.92	1515.58	1996.23
75	1000.05	1283.01	1503.95	1651.25	2174.53
76	1089.20	1399.30	1639.62	1798.54	2364.46
77	1178.36	1519.46	1783.04	1957.47	2569.90
78	1271.38	1647.37	1938.09	2128.02	2786.97
79	1368.29	1786.92	2100.89	2306.32	3019.54
80	1472.95				
81	1577.60				
82	1690.01				
83	1806.30				
84	1926.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	104.66	127.91	151.17	162.80	217.07
45-49	116.29	143.42	166.68	182.18	240.32
50-54	151.17	186.06	213.19	236.45	310.09
55	174.43	213.19	248.07	271.33	368.24
56	182.18	224.82	259.70	282.96	391.49
57	193.81	240.32	279.08	302.34	418.63
58	209.31	259.70	302.34	325.60	449.64
59	224.82	279.08	325.60	352.73	484.52
60	244.20	306.22	352.73	383.74	519.41
61	267.46	329.47	383.74	414.75	562.04
62	286.84	356.61	414.75	449.64	604.68
63	306.22	383.74	445.76	480.65	651.20
64	329.47	410.87	476.77	515.53	697.71
65	348.86	438.01	507.78	550.42	748.10
66	375.99	472.89	546.54	593.05	806.24
67	407.00	511.65	593.05	643.44	876.01
68	441.88	558.17	647.32	701.59	953.54
69	480.65	608.56	705.46	767.48	1038.81
70	523.28	662.83	771.36	841.13	1135.72
71	573.67	728.72	845.01	922.53	1240.37
72	627.94	798.49	930.28	1015.56	1360.54
73	689.96	879.89	1023.31	1120.21	1496.20
74	759.73	965.17	1127.97	1232.62	1639.62
75	833.38	1062.07	1240.37	1356.66	1798.54
76	914.78	1162.85	1360.54	1492.33	1972.97
77	996.18	1275.26	1492.33	1635.74	2155.15
78	1081.45	1391.55	1631.87	1790.79	2352.84
79	1174.48	1519.46	1779.16	1953.59	2558.27
80	1271.38				
81	1372.16				
82	1476.82				
83	1585.35				
84	1701.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120.16	151.17	174.43	186.06	248.07
45-49	135.67	166.68	189.93	209.31	275.21
50-54	166.68	209.31	244.20	267.46	348.86
55	193.81	240.32	279.08	302.34	410.87
56	205.44	255.83	294.59	321.72	434.13
57	217.07	271.33	313.97	341.10	465.14
58	232.57	290.71	337.23	368.24	496.15
59	248.07	310.09	360.48	395.37	531.04
60	267.46	337.23	391.49	426.38	569.80
61	290.71	360.48	422.50	461.26	612.44
62	310.09	387.62	453.51	496.15	655.07
63	333.35	414.75	488.40	531.04	705.46
64	356.61	445.76	519.41	565.92	755.85
65	379.86	476.77	554.29	604.68	806.24
66	410.87	515.53	596.93	651.20	872.14
67	445.76	554.29	647.32	701.59	945.79
68	484.52	604.68	705.46	767.48	1031.06
69	523.28	658.95	767.48	837.25	1124.09
70	565.92	717.09	837.25	910.90	1224.87
71	616.31	786.86	914.78	1000.05	1341.16
72	674.45	860.51	1007.80	1100.83	1469.07
73	740.35	949.66	1108.59	1213.24	1612.49
74	814.00	1042.69	1217.12	1333.40	1771.41
75	895.40	1143.47	1341.16	1469.07	1941.96
76	980.67	1252.00	1472.95	1616.36	2128.02
77	1069.82	1372.16	1612.49	1767.53	2325.70
78	1158.98	1500.08	1763.66	1934.21	2538.89
79	1259.76	1635.74	1922.58	2112.51	2763.71
80	1360.54				
81	1469.07				
82	1577.60				
83	1690.01				
84	1814.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	127.91	158.92	182.18	197.68	263.58
45-49	143.42	174.43	201.56	220.94	290.71
50-54	174.43	217.07	255.83	279.08	364.36
55	201.56	251.95	294.59	317.85	430.26
56	213.19	267.46	310.09	337.23	453.51
57	224.82	282.96	329.47	356.61	484.52
58	240.32	302.34	352.73	383.74	515.53
59	259.70	325.60	375.99	410.87	550.42
60	279.08	348.86	407.00	445.76	589.18
61	298.47	375.99	438.01	480.65	631.82
62	321.72	403.12	469.02	515.53	678.33
63	344.98	430.26	503.90	550.42	728.72
64	368.24	461.26	538.79	589.18	779.11
65	395.37	492.27	573.67	627.94	833.38
66	426.38	531.04	620.19	674.45	899.27
67	461.26	573.67	670.58	728.72	976.80
68	500.03	624.06	728.72	794.62	1062.07
69	538.79	678.33	794.62	864.39	1158.98
70	585.30	740.35	864.39	941.91	1263.63
71	635.69	810.12	945.79	1034.94	1383.79
72	693.83	887.64	1038.81	1135.72	1515.58
73	763.61	976.80	1143.47	1252.00	1662.88
74	837.25	1073.70	1255.88	1376.04	1829.55
75	922.53	1178.36	1383.79	1515.58	2003.98
76	1007.80	1290.77	1519.46	1666.75	2193.91
77	1100.83	1414.80	1662.88	1825.68	2399.35
78	1193.86	1546.59	1817.92	1996.23	2616.42
79	1294.64	1686.13	1984.60	2182.28	2848.99
80	1399.30				
81	1507.83				
82	1620.24				
83	1736.52				
84	1860.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.49	41.10	44.14	48.71	62.41
45-49	38.05	47.19	50.23	53.27	70.02
50-54	47.19	54.80	62.41	66.97	85.24
55	53.27	63.93	71.54	77.63	101.98
56	57.84	68.49	77.63	82.19	108.07
57	60.88	73.06	82.19	88.28	115.68
58	66.97	79.15	89.80	94.37	124.81
59	71.54	85.24	97.41	103.50	135.47
60	77.63	92.85	105.02	112.64	149.17
61	83.72	100.46	114.16	123.29	161.34
62	91.33	109.59	124.81	133.94	175.04
63	98.94	118.72	133.94	144.60	190.26
64	103.50	124.81	144.60	155.25	202.44
65	111.11	133.94	155.25	165.91	216.14
66	118.72	144.60	168.95	181.13	234.40
67	129.38	158.30	182.65	196.35	255.71
68	141.56	172.00	199.39	216.14	281.59
69	153.73	188.74	219.18	235.93	307.46
70	168.95	205.48	237.45	260.28	337.91
71	184.17	226.79	263.32	286.15	372.91
72	203.96	252.67	292.24	318.12	414.01
73	225.27	281.59	325.73	354.65	459.67
74	251.15	313.55	362.26	395.75	509.90
75	280.07	347.04	403.36	439.89	566.22
76	307.46	385.09	447.50	488.59	627.10
77	340.95	426.19	496.20	540.34	692.55
78	374.44	470.33	547.95	598.18	762.57
79	412.49	517.51	602.75	657.55	838.68
80	450.54				
81	493.16				
82	537.30				
83	584.49				
84	633.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	53.27	54.80	73.06
45-49	44.14	53.27	59.36	62.41	80.67
50-54	51.75	62.41	71.54	77.63	100.46
55	60.88	71.54	80.67	88.28	115.68
56	63.93	74.58	85.24	92.85	121.77
57	68.49	80.67	91.33	98.94	130.90
58	73.06	88.28	98.94	105.02	140.03
59	79.15	94.37	108.07	115.68	150.69
60	83.72	103.50	115.68	124.81	162.86
61	91.33	111.11	127.86	138.51	176.56
62	98.94	120.25	138.51	149.17	191.78
63	105.02	129.38	149.17	159.82	207.01
64	112.64	138.51	158.30	170.47	222.23
65	121.77	146.12	170.47	181.13	237.45
66	129.38	158.30	182.65	194.83	257.23
67	140.03	172.00	196.35	213.09	281.59
68	152.21	185.70	216.14	234.40	307.46
69	165.91	203.96	235.93	255.71	336.38
70	182.65	225.27	257.23	281.59	371.39
71	199.39	246.58	286.15	310.51	407.92
72	220.70	275.50	316.60	345.52	450.54
73	245.06	305.94	353.13	385.09	500.77
74	270.93	340.95	394.22	427.71	555.57
75	301.38	377.48	438.36	476.42	616.45
76	331.82	418.58	487.07	529.69	681.90
77	366.83	462.72	538.82	587.53	753.44
78	403.36	509.90	596.66	649.94	829.54
79	442.93	561.65	656.02	713.86	911.74
80	484.03				
81	528.17				
82	575.35				
83	622.54				
84	675.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.10	50.23	57.84	59.36	77.63
45-49	47.19	54.80	62.41	66.97	85.24
50-54	53.27	66.97	74.58	80.67	108.07
55	62.41	74.58	83.72	91.33	121.77
56	66.97	79.15	89.80	97.41	129.38
57	70.02	83.72	94.37	103.50	135.47
58	74.58	91.33	101.98	111.11	146.12
59	80.67	98.94	111.11	121.77	158.30
60	88.28	108.07	121.77	130.90	170.47
61	94.37	115.68	132.42	143.08	184.17
62	101.98	124.81	143.08	153.73	199.39
63	109.59	133.94	153.73	164.39	214.62
64	115.68	143.08	162.86	175.04	229.84
65	124.81	152.21	175.04	188.74	246.58
66	133.94	162.86	188.74	202.44	266.37
67	144.60	176.56	203.96	220.70	292.24
68	158.30	193.31	223.75	242.01	318.12
69	172.00	211.57	243.54	264.84	348.56
70	188.74	232.88	266.37	290.72	383.57
71	205.48	255.71	295.29	321.16	423.14
72	226.79	284.63	327.25	356.17	467.28
73	252.67	316.60	365.30	397.27	519.04
74	280.07	351.60	406.40	442.93	575.35
75	310.51	389.66	453.58	493.16	637.76
76	342.47	433.80	503.81	547.95	706.25
77	377.48	477.94	557.09	607.32	779.31
78	415.53	526.65	616.45	671.24	858.46
79	455.11	579.92	678.86	739.74	942.18
80	497.73				
81	541.87				
82	590.57				
83	640.80				
84	692.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	162.80	205.44	236.45	259.70	341.10
45-49	182.18	228.69	263.58	286.84	379.86
50-54	224.82	279.08	325.60	352.73	484.52
55	255.83	325.60	372.11	407.00	562.04
56	267.46	341.10	395.37	430.26	589.18
57	286.84	364.36	418.63	457.39	624.06
58	306.22	387.62	445.76	488.40	662.83
59	329.47	414.75	480.65	519.41	701.59
60	352.73	441.88	511.65	550.42	748.10
61	372.11	472.89	546.54	593.05	798.49
62	403.12	507.78	585.30	635.69	852.76
63	430.26	538.79	620.19	674.45	910.90
64	457.39	573.67	662.83	720.97	972.92
65	484.52	612.44	705.46	767.48	1034.94
66	519.41	651.20	751.98	821.75	1108.59
67	558.17	701.59	810.12	883.77	1193.86
68	596.93	755.85	876.01	957.41	1290.77
69	643.44	810.12	949.66	1034.94	1391.55
70	693.83	879.89	1027.19	1120.21	1500.08
71	751.98	953.54	1112.46	1217.12	1627.99
72	817.87	1034.94	1213.24	1325.65	1767.53
73	887.64	1131.84	1325.65	1449.69	1930.33
74	972.92	1236.50	1449.69	1585.35	2100.89
75	1062.07	1348.91	1581.48	1732.65	2294.69
76	1155.10	1476.82	1728.77	1891.57	2500.13
77	1255.88	1608.61	1883.82	2066.00	2717.20
78	1352.78	1755.91	2046.62	2248.18	2949.77
79	1465.19	1907.08	2224.92	2445.86	3201.72
80	1577.60				
81	1690.01				
82	1814.05				
83	1941.96				
84	2073.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	182.18	232.57	267.46	294.59	383.74
45-49	205.44	255.83	302.34	325.60	430.26
50-54	251.95	313.97	368.24	403.12	542.66
55	282.96	360.48	422.50	461.26	620.19
56	294.59	379.86	445.76	484.52	647.32
57	313.97	403.12	469.02	511.65	682.21
58	333.35	422.50	496.15	542.66	724.84
59	356.61	449.64	527.16	573.67	771.36
60	383.74	484.52	562.04	612.44	817.87
61	410.87	515.53	596.93	647.32	872.14
62	438.01	550.42	635.69	693.83	930.28
63	465.14	589.18	674.45	732.60	992.30
64	492.27	624.06	720.97	782.99	1054.32
65	523.28	662.83	767.48	833.38	1127.97
66	562.04	705.46	821.75	899.27	1197.74
67	600.81	759.73	883.77	965.17	1294.64
68	647.32	821.75	957.41	1050.44	1395.42
69	697.71	879.89	1031.06	1131.84	1503.95
70	751.98	957.41	1116.34	1220.99	1624.12
71	810.12	1034.94	1213.24	1325.65	1759.78
72	883.77	1127.97	1317.90	1445.81	1914.83
73	961.29	1232.62	1441.94	1577.60	2089.26
74	1050.44	1341.16	1573.73	1724.90	2275.31
75	1143.47	1465.19	1713.27	1879.94	2480.75
76	1244.25	1596.98	1868.31	2046.62	2693.94
77	1345.03	1732.65	2034.99	2228.80	2930.39
78	1453.56	1883.82	2213.29	2426.48	3178.46
79	1565.97	2042.74	2399.35	2631.92	3445.92
80	1686.13				
81	1806.30				
82	1938.09				
83	2069.88				
84	2205.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	189.93	240.32	282.96	310.09	403.12
45-49	213.19	267.46	313.97	341.10	445.76
50-54	263.58	333.35	387.62	418.63	565.92
55	294.59	372.11	441.88	484.52	643.44
56	310.09	391.49	465.14	507.78	674.45
57	329.47	414.75	488.40	534.91	713.22
58	344.98	441.88	515.53	565.92	751.98
59	368.24	469.02	546.54	596.93	798.49
60	395.37	500.03	577.55	635.69	848.88
61	422.50	534.91	616.31	670.58	903.15
62	449.64	569.80	655.07	717.09	961.29
63	480.65	604.68	697.71	759.73	1027.19
64	511.65	643.44	744.22	810.12	1089.20
65	542.66	682.21	794.62	868.26	1162.85
66	577.55	728.72	852.76	930.28	1240.37
67	620.19	782.99	914.78	1003.93	1337.28
68	666.70	848.88	988.42	1085.33	1441.94
69	720.97	910.90	1065.95	1170.60	1554.34
70	775.23	988.42	1155.10	1267.51	1678.38
71	837.25	1069.82	1255.88	1372.16	1817.92
72	910.90	1166.73	1364.41	1496.20	1980.72
73	992.30	1271.38	1488.45	1631.87	2155.15
74	1081.45	1387.67	1624.12	1783.04	2348.96
75	1178.36	1507.83	1767.53	1941.96	2558.27
76	1283.01	1647.37	1930.33	2116.39	2783.09
77	1387.67	1786.92	2097.01	2302.45	3023.41
78	1496.20	1938.09	2279.19	2504.01	3279.24
79	1608.61	2100.89	2473.00	2713.32	3550.57
80	1732.65				
81	1856.69				
82	1988.48				
83	2124.14				
84	2267.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	124.04	151.17	178.30	189.93	255.83
45-49	135.67	170.55	197.68	213.19	282.96
50-54	178.30	217.07	251.95	279.08	364.36
55	205.44	251.95	290.71	317.85	434.13
56	213.19	263.58	306.22	333.35	461.26
57	228.69	282.96	329.47	356.61	492.27
58	248.07	306.22	356.61	383.74	527.16
59	263.58	329.47	383.74	414.75	569.80
60	286.84	360.48	414.75	449.64	612.44
61	313.97	387.62	449.64	488.40	662.83
62	337.23	418.63	488.40	527.16	713.22
63	360.48	449.64	523.28	565.92	767.48
64	387.62	484.52	562.04	604.68	821.75
65	410.87	515.53	596.93	647.32	879.89
66	441.88	558.17	643.44	697.71	949.66
67	480.65	600.81	697.71	755.85	1031.06
68	519.41	655.07	759.73	825.62	1120.21
69	565.92	717.09	829.50	903.15	1220.99
70	616.31	779.11	907.02	988.42	1337.28
71	674.45	856.63	992.30	1085.33	1457.44
72	740.35	938.03	1093.08	1193.86	1600.86
73	810.12	1034.94	1205.49	1317.90	1759.78
74	895.40	1135.72	1325.65	1449.69	1930.33
75	980.67	1248.13	1457.44	1596.98	2116.39
76	1077.58	1368.29	1600.86	1755.91	2321.83
77	1170.60	1500.08	1755.91	1922.58	2535.02
78	1271.38	1635.74	1918.70	2108.64	2767.59
79	1379.92	1786.92	2093.13	2298.57	3007.91
80	1496.20				
81	1612.49				
82	1736.52				
83	1864.44				
84	2000.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	139.54	178.30	205.44	217.07	290.71
45-49	158.92	197.68	224.82	248.07	325.60
50-54	197.68	248.07	286.84	313.97	410.87
55	228.69	282.96	329.47	356.61	484.52
56	240.32	302.34	344.98	379.86	511.65
57	255.83	317.85	368.24	403.12	546.54
58	275.21	341.10	395.37	434.13	585.30
59	290.71	364.36	422.50	465.14	624.06
60	313.97	395.37	461.26	500.03	670.58
61	341.10	422.50	496.15	542.66	720.97
62	364.36	457.39	534.91	585.30	771.36
63	391.49	488.40	573.67	624.06	829.50
64	418.63	523.28	612.44	666.70	887.64
65	445.76	562.04	651.20	713.22	949.66
66	484.52	604.68	701.59	767.48	1027.19
67	523.28	651.20	759.73	825.62	1112.46
68	569.80	713.22	829.50	903.15	1213.24
69	616.31	775.23	903.15	984.55	1321.77
70	666.70	845.01	984.55	1069.82	1441.94
71	724.84	926.41	1077.58	1178.36	1577.60
72	794.62	1011.68	1186.11	1294.64	1728.77
73	872.14	1116.34	1302.39	1426.43	1895.45
74	957.41	1224.87	1430.31	1569.85	2085.38
75	1054.32	1345.03	1577.60	1728.77	2283.07
76	1155.10	1472.95	1732.65	1903.20	2504.01
77	1259.76	1612.49	1895.45	2077.63	2736.58
78	1364.41	1763.66	2073.75	2275.31	2988.53
79	1480.70	1922.58	2263.68	2484.63	3252.11
80	1600.86				
81	1728.77				
82	1856.69				
83	1988.48				
84	2135.77				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	151.17	186.06	213.19	232.57	310.09
45-49	170.55	205.44	236.45	259.70	341.10
50-54	205.44	255.83	302.34	329.47	430.26
55	236.45	294.59	344.98	372.11	507.78
56	251.95	313.97	364.36	395.37	534.91
57	263.58	333.35	387.62	418.63	569.80
58	282.96	356.61	414.75	449.64	604.68
59	306.22	383.74	441.88	484.52	647.32
60	329.47	410.87	480.65	523.28	693.83
61	352.73	441.88	515.53	565.92	744.22
62	379.86	472.89	550.42	604.68	798.49
63	407.00	507.78	593.05	647.32	856.63
64	434.13	542.66	635.69	693.83	914.78
65	465.14	577.55	674.45	740.35	980.67
66	500.03	624.06	728.72	794.62	1058.19
67	542.66	674.45	790.74	856.63	1147.35
68	589.18	732.60	856.63	934.16	1248.13
69	635.69	798.49	934.16	1015.56	1364.41
70	689.96	872.14	1015.56	1108.59	1488.45
71	748.10	953.54	1112.46	1217.12	1627.99
72	817.87	1042.69	1220.99	1337.28	1783.04
73	899.27	1147.35	1345.03	1472.95	1957.47
74	984.55	1263.63	1476.82	1620.24	2151.28
75	1085.33	1387.67	1627.99	1783.04	2356.71
76	1186.11	1519.46	1786.92	1961.34	2581.53
77	1294.64	1662.88	1957.47	2147.40	2821.85
78	1403.17	1817.92	2139.65	2348.96	3077.68
79	1523.34	1984.60	2333.46	2566.03	3352.89
80	1647.37				
81	1775.29				
82	1907.08				
83	2042.74				
84	2190.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.15	43.76	47.57	51.37	66.59
45-49	39.96	49.47	53.27	57.08	74.20
50-54	49.47	58.98	66.59	70.40	91.33
55	57.08	68.49	76.10	81.81	108.45
56	60.88	72.30	81.81	87.52	114.16
57	64.69	78.01	87.52	93.23	123.67
58	70.40	83.72	95.13	100.84	133.18
59	76.10	91.33	102.74	110.35	144.60
60	81.81	98.94	112.25	119.87	157.92
61	89.42	106.55	121.77	131.28	171.24
62	97.03	116.06	133.18	142.70	186.46
63	104.64	125.57	142.70	154.11	201.68
64	110.35	133.18	154.11	165.53	215.00
65	117.96	142.70	165.53	176.94	230.22
66	125.57	154.11	178.85	192.16	249.24
67	136.99	167.43	194.07	209.29	272.07
68	150.31	182.65	211.19	230.22	298.71
69	163.63	199.78	232.12	251.15	327.25
70	178.85	218.80	253.05	275.88	359.60
71	195.97	241.63	279.69	304.42	395.75
72	216.90	268.27	310.13	338.67	439.51
73	239.73	298.71	346.28	376.72	488.97
74	266.37	332.96	384.33	420.48	542.25
75	296.81	369.11	428.09	468.04	601.23
76	327.25	409.06	475.66	519.42	665.92
77	361.50	452.82	527.03	574.59	736.31
78	397.65	500.39	582.20	635.48	810.52
79	437.60	549.86	641.18	698.26	890.43
80	479.46				
81	523.22				
82	570.79				
83	620.25				
84	673.53				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	57.08	58.98	78.01
45-49	47.57	57.08	62.79	66.59	85.62
50-54	55.18	66.59	76.10	81.81	106.55
55	64.69	76.10	85.62	93.23	123.67
56	68.49	79.91	91.33	98.94	129.38
57	72.30	85.62	97.03	104.64	138.89
58	78.01	93.23	104.64	112.25	148.40
59	83.72	100.84	114.16	123.67	159.82
60	89.42	110.35	123.67	133.18	173.14
61	97.03	117.96	135.09	146.50	188.36
62	104.64	127.48	146.50	157.92	203.58
63	112.25	136.99	157.92	169.33	220.70
64	119.87	146.50	167.43	180.75	235.93
65	129.38	156.01	180.75	192.16	253.05
66	136.99	167.43	194.07	207.39	273.98
67	148.40	182.65	209.29	226.41	298.71
68	161.72	197.87	230.22	249.24	327.25
69	176.94	216.90	251.15	272.07	357.69
70	194.07	239.73	273.98	298.71	393.84
71	211.19	262.56	304.42	329.15	433.80
72	234.02	293.00	336.76	367.21	479.46
73	260.66	325.35	374.82	409.06	532.73
74	287.30	361.50	418.58	454.73	589.81
75	319.64	401.45	466.14	506.10	654.50
76	351.98	445.21	517.51	563.18	724.90
77	390.04	490.88	572.69	624.06	801.00
78	428.09	542.25	633.57	690.65	880.91
79	469.95	597.42	696.36	759.15	968.43
80	513.71				
81	561.27				
82	610.74				
83	662.11				
84	717.29				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.76	53.27	60.88	62.79	81.81
45-49	49.47	58.98	66.59	70.40	91.33
50-54	57.08	70.40	79.91	85.62	114.16
55	66.59	79.91	89.42	97.03	129.38
56	70.40	83.72	95.13	102.74	136.99
57	74.20	89.42	100.84	110.35	144.60
58	79.91	97.03	108.45	117.96	156.01
59	85.62	104.64	117.96	129.38	167.43
60	93.23	114.16	129.38	138.89	180.75
61	100.84	123.67	140.79	152.21	195.97
62	108.45	133.18	152.21	163.63	211.19
63	116.06	142.70	163.63	175.04	228.31
64	123.67	152.21	173.14	186.46	243.54
65	133.18	161.72	186.46	199.78	262.56
66	142.70	173.14	199.78	215.00	283.49
67	154.11	188.36	216.90	234.02	310.13
68	167.43	205.48	237.83	256.85	338.67
69	182.65	224.51	258.76	281.59	371.01
70	199.78	247.34	283.49	308.22	407.16
71	218.80	272.07	313.93	340.57	449.02
72	241.63	302.52	348.18	378.62	496.58
73	268.27	336.76	388.13	422.38	551.76
74	296.81	372.91	431.89	469.95	610.74
75	329.15	414.77	481.36	523.22	677.33
76	363.40	460.43	534.64	582.20	749.63
77	401.45	508.00	591.72	644.99	827.64
78	441.41	559.37	654.50	713.48	911.36
79	483.27	616.45	721.09	785.78	1000.78
80	528.93				
81	576.49				
82	627.86				
83	681.14				
84	736.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	174.43	218.03	251.95	276.18	363.39
45-49	193.81	242.26	281.02	305.25	402.15
50-54	237.42	295.56	344.01	373.08	513.59
55	271.33	344.01	397.31	431.22	595.96
56	285.87	363.39	421.53	455.45	625.03
57	305.25	387.62	445.76	484.52	663.79
58	324.63	411.84	474.83	518.44	702.56
59	348.86	440.91	508.75	552.35	746.16
60	373.08	469.99	542.66	586.27	794.62
61	397.31	503.90	581.43	629.88	847.91
62	426.38	537.82	620.19	673.48	906.06
63	455.45	571.74	658.95	717.09	969.04
64	484.52	610.50	702.56	765.54	1032.03
65	513.59	649.26	751.01	814.00	1099.86
66	552.35	692.87	799.46	872.14	1177.39
67	591.12	746.16	862.45	939.97	1269.45
68	634.72	804.31	930.28	1017.50	1371.20
69	683.18	862.45	1007.80	1099.86	1477.79
70	736.47	935.13	1090.17	1191.92	1594.08
71	799.46	1012.65	1182.23	1293.67	1729.74
72	867.29	1099.86	1288.83	1409.96	1879.94
73	944.82	1201.61	1409.96	1540.78	2049.53
74	1032.03	1313.05	1540.78	1686.13	2233.64
75	1128.94	1434.18	1681.29	1841.18	2437.14
76	1225.84	1569.85	1836.34	2010.76	2655.18
77	1332.43	1710.36	2001.07	2194.88	2887.75
78	1439.03	1865.41	2175.50	2388.69	3134.85
79	1555.31	2025.30	2364.46	2597.04	3401.34
80	1676.44				
81	1797.57				
82	1928.40				
83	2064.06				
84	2204.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	193.81	247.11	285.87	314.94	407.00
45-49	218.03	271.33	319.78	344.01	455.45
50-54	266.49	334.32	392.46	426.38	576.58
55	300.40	382.77	450.60	489.37	658.95
56	314.94	402.15	474.83	513.59	688.02
57	334.32	426.38	499.06	542.66	726.78
58	353.70	450.60	528.13	576.58	770.39
59	377.93	479.68	562.04	610.50	818.84
60	407.00	513.59	595.96	649.26	867.29
61	436.07	547.51	634.72	688.02	925.44
62	465.14	586.27	673.48	736.47	988.42
63	494.21	625.03	717.09	780.08	1056.26
64	523.28	663.79	765.54	833.38	1119.24
65	557.20	702.56	814.00	886.67	1196.77
66	595.96	751.01	872.14	954.51	1274.29
67	639.57	809.15	939.97	1027.19	1376.04
68	688.02	872.14	1017.50	1114.40	1482.64
69	741.32	935.13	1095.02	1201.61	1598.92
70	799.46	1017.50	1187.08	1298.52	1724.90
71	862.45	1099.86	1288.83	1409.96	1870.25
72	939.97	1196.77	1400.27	1535.93	2034.99
73	1022.34	1308.21	1531.09	1676.44	2219.11
74	1114.40	1424.49	1671.60	1831.49	2417.76
75	1216.15	1555.31	1821.80	1996.23	2635.80
76	1322.74	1695.83	1986.54	2175.50	2863.52
77	1429.34	1841.18	2160.97	2369.31	3115.47
78	1545.62	2001.07	2349.93	2577.65	3377.11
79	1661.91	2170.66	2548.58	2795.69	3662.98
80	1792.73				
81	1918.70				
82	2059.22				
83	2199.73				
84	2345.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	203.50	256.80	300.40	329.47	426.38
45-49	227.73	285.87	334.32	363.39	474.83
50-54	281.02	353.70	411.84	445.76	600.81
55	314.94	397.31	469.99	513.59	683.18
56	329.47	416.69	494.21	537.82	717.09
57	348.86	440.91	518.44	566.89	755.85
58	368.24	469.99	547.51	600.81	799.46
59	392.46	499.06	581.43	634.72	847.91
60	421.53	532.97	615.34	673.48	901.21
61	450.60	566.89	654.10	712.25	959.35
62	479.68	605.65	697.71	760.70	1022.34
63	508.75	644.41	741.32	809.15	1090.17
64	542.66	683.18	789.77	862.45	1158.01
65	576.58	726.78	843.07	920.59	1235.53
66	615.34	775.23	906.06	988.42	1317.90
67	658.95	833.38	973.89	1065.95	1419.65
68	707.40	901.21	1051.41	1153.16	1531.09
69	765.54	969.04	1133.78	1245.22	1652.22
70	823.69	1051.41	1225.84	1346.97	1783.04
71	891.52	1138.63	1332.43	1458.41	1933.24
72	969.04	1240.37	1448.72	1589.23	2102.82
73	1056.26	1351.81	1579.54	1734.59	2291.79
74	1148.32	1472.95	1724.90	1894.48	2495.29
75	1250.07	1603.77	1879.94	2064.06	2718.17
76	1361.51	1749.12	2049.53	2248.18	2955.58
77	1472.95	1899.32	2228.80	2446.83	3212.38
78	1589.23	2059.22	2422.61	2660.02	3483.71
79	1710.36	2233.64	2626.11	2882.90	3774.42
80	1841.18				
81	1972.00				
82	2112.51				
83	2257.87				
84	2408.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	130.82	159.89	188.96	203.50	271.33
45-49	145.36	179.27	208.34	227.73	300.40
50-54	188.96	232.57	266.49	295.56	387.62
55	218.03	266.49	310.09	339.17	460.30
56	227.73	281.02	324.63	353.70	489.37
57	242.26	300.40	348.86	377.93	523.28
58	261.64	324.63	377.93	407.00	562.04
59	281.02	348.86	407.00	440.91	605.65
60	305.25	382.77	440.91	479.68	649.26
61	334.32	411.84	479.68	518.44	702.56
62	358.55	445.76	518.44	562.04	755.85
63	382.77	479.68	557.20	600.81	814.00
64	411.84	513.59	595.96	644.41	872.14
65	436.07	547.51	634.72	688.02	935.13
66	469.99	591.12	683.18	741.32	1007.80
67	508.75	639.57	741.32	804.31	1095.02
68	552.35	697.71	809.15	876.98	1191.92
69	600.81	760.70	881.83	959.35	1298.52
70	654.10	828.53	964.20	1051.41	1419.65
71	717.09	910.90	1056.26	1153.16	1550.47
72	784.92	998.11	1162.85	1269.45	1700.67
73	862.45	1099.86	1279.14	1400.27	1870.25
74	949.66	1206.46	1409.96	1540.78	2049.53
75	1041.72	1327.59	1550.47	1695.83	2248.18
76	1143.47	1453.56	1700.67	1865.41	2466.21
77	1245.22	1594.08	1865.41	2044.68	2693.94
78	1351.81	1739.43	2039.84	2238.49	2941.05
79	1468.10	1899.32	2223.95	2441.99	3197.84
80	1589.23				
81	1715.21				
82	1846.03				
83	1981.69				
84	2127.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	150.20	188.96	218.03	232.57	310.09
45-49	169.58	208.34	237.42	261.64	344.01
50-54	208.34	261.64	305.25	334.32	436.07
55	242.26	300.40	348.86	377.93	513.59
56	256.80	319.78	368.24	402.15	542.66
57	271.33	339.17	392.46	426.38	581.43
58	290.71	363.39	421.53	460.30	620.19
59	310.09	387.62	450.60	494.21	663.79
60	334.32	421.53	489.37	532.97	712.25
61	363.39	450.60	528.13	576.58	765.54
62	387.62	484.52	566.89	620.19	818.84
63	416.69	518.44	610.50	663.79	881.83
64	445.76	557.20	649.26	707.40	944.82
65	474.83	595.96	692.87	755.85	1007.80
66	513.59	644.41	746.16	814.00	1090.17
67	557.20	692.87	809.15	876.98	1182.23
68	605.65	755.85	881.83	959.35	1288.83
69	654.10	823.69	959.35	1046.57	1405.11
70	707.40	896.36	1046.57	1138.63	1531.09
71	770.39	983.58	1143.47	1250.07	1676.44
72	843.07	1075.64	1259.76	1376.04	1836.34
73	925.44	1187.08	1385.73	1516.55	2015.61
74	1017.50	1303.36	1521.40	1666.75	2214.26
75	1119.24	1429.34	1676.44	1836.34	2427.45
76	1225.84	1565.00	1841.18	2020.45	2660.02
77	1337.28	1715.21	2015.61	2209.42	2907.13
78	1448.72	1875.10	2204.57	2417.76	3173.62
79	1574.69	2044.68	2403.23	2640.64	3454.64
80	1700.67				
81	1836.34				
82	1972.00				
83	2112.51				
84	2267.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	159.89	198.65	227.73	247.11	329.47
45-49	179.27	218.03	251.95	276.18	363.39
50-54	218.03	271.33	319.78	348.86	455.45
55	251.95	314.94	368.24	397.31	537.82
56	266.49	334.32	387.62	421.53	566.89
57	281.02	353.70	411.84	445.76	605.65
58	300.40	377.93	440.91	479.68	644.41
59	324.63	407.00	469.99	513.59	688.02
60	348.86	436.07	508.75	557.20	736.47
61	373.08	469.99	547.51	600.81	789.77
62	402.15	503.90	586.27	644.41	847.91
63	431.22	537.82	629.88	688.02	910.90
64	460.30	576.58	673.48	736.47	973.89
65	494.21	615.34	717.09	784.92	1041.72
66	532.97	663.79	775.23	843.07	1124.09
67	576.58	717.09	838.22	910.90	1220.99
68	625.03	780.08	910.90	993.27	1327.59
69	673.48	847.91	993.27	1080.48	1448.72
70	731.63	925.44	1080.48	1177.39	1579.54
71	794.62	1012.65	1182.23	1293.67	1729.74
72	867.29	1109.55	1298.52	1419.65	1894.48
73	954.51	1220.99	1429.34	1565.00	2078.60
74	1046.57	1342.12	1569.85	1720.05	2286.94
75	1153.16	1472.95	1729.74	1894.48	2504.98
76	1259.76	1613.46	1899.32	2083.44	2742.39
77	1376.04	1768.50	2078.60	2282.10	2999.19
78	1492.33	1933.24	2272.41	2495.29	3270.52
79	1618.30	2107.67	2480.75	2727.86	3561.23
80	1749.12				
81	1884.79				
82	2025.30				
83	2170.66				
84	2325.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.86	51.37	55.18	60.88	78.01
45-49	47.57	58.98	62.79	66.59	87.52
50-54	58.98	68.49	78.01	83.72	106.55
55	66.59	79.91	89.42	97.03	127.48
56	72.30	85.62	97.03	102.74	135.09
57	76.10	91.33	102.74	110.35	144.60
58	83.72	98.94	112.25	117.96	156.01
59	89.42	106.55	121.77	129.38	169.33
60	97.03	116.06	131.28	140.79	186.46
61	104.64	125.57	142.70	154.11	201.68
62	114.16	136.99	156.01	167.43	218.80
63	123.67	148.40	167.43	180.75	237.83
64	129.38	156.01	180.75	194.07	253.05
65	138.89	167.43	194.07	207.39	270.17
66	148.40	180.75	211.19	226.41	293.00
67	161.72	197.87	228.31	245.44	319.64
68	176.94	215.00	249.24	270.17	351.98
69	192.16	235.93	273.98	294.91	384.33
70	211.19	256.85	296.81	325.35	422.38
71	230.22	283.49	329.15	357.69	466.14
72	254.95	315.84	365.30	397.65	517.51
73	281.59	351.98	407.16	443.31	574.59
74	313.93	391.94	452.82	494.68	637.38
75	350.08	433.80	504.19	549.86	707.78
76	384.33	481.36	559.37	610.74	783.88
77	426.19	532.73	620.25	675.43	865.69
78	468.04	587.91	684.94	747.73	953.21
79	515.61	646.89	753.44	821.93	1048.34
80	563.18				
81	616.45				
82	671.63				
83	730.61				
84	791.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	66.59	68.49	91.33
45-49	55.18	66.59	74.20	78.01	100.84
50-54	64.69	78.01	89.42	97.03	125.57
55	76.10	89.42	100.84	110.35	144.60
56	79.91	93.23	106.55	116.06	152.21
57	85.62	100.84	114.16	123.67	163.63
58	91.33	110.35	123.67	131.28	175.04
59	98.94	117.96	135.09	144.60	188.36
60	104.64	129.38	144.60	156.01	203.58
61	114.16	138.89	159.82	173.14	220.70
62	123.67	150.31	173.14	186.46	239.73
63	131.28	161.72	186.46	199.78	258.76
64	140.79	173.14	197.87	213.09	277.78
65	152.21	182.65	213.09	226.41	296.81
66	161.72	197.87	228.31	243.54	321.54
67	175.04	215.00	245.44	266.37	351.98
68	190.26	232.12	270.17	293.00	384.33
69	207.39	254.95	294.91	319.64	420.48
70	228.31	281.59	321.54	351.98	464.24
71	249.24	308.22	357.69	388.13	509.90
72	275.88	344.37	395.75	431.89	563.18
73	306.32	382.43	441.41	481.36	625.96
74	338.67	426.19	492.78	534.64	694.46
75	376.72	471.85	547.95	595.52	770.56
76	414.77	523.22	608.84	662.11	852.37
77	458.53	578.40	673.53	734.41	941.80
78	504.19	637.38	745.83	812.42	1036.93
79	553.66	702.07	820.03	892.33	1139.67
80	605.03				
81	660.21				
82	719.19				
83	778.17				
84	844.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.37	62.79	72.30	74.20	97.03
45-49	58.98	68.49	78.01	83.72	106.55
50-54	66.59	83.72	93.23	100.84	135.09
55	78.01	93.23	104.64	114.16	152.21
56	83.72	98.94	112.25	121.77	161.72
57	87.52	104.64	117.96	129.38	169.33
58	93.23	114.16	127.48	138.89	182.65
59	100.84	123.67	138.89	152.21	197.87
60	110.35	135.09	152.21	163.63	213.09
61	117.96	144.60	165.53	178.85	230.22
62	127.48	156.01	178.85	192.16	249.24
63	136.99	167.43	192.16	205.48	268.27
64	144.60	178.85	203.58	218.80	287.30
65	156.01	190.26	218.80	235.93	308.22
66	167.43	203.58	235.93	253.05	332.96
67	180.75	220.70	254.95	275.88	365.30
68	197.87	241.63	279.69	302.52	397.65
69	215.00	264.46	304.42	331.06	435.70
70	235.93	291.10	332.96	363.40	479.46
71	256.85	319.64	369.11	401.45	528.93
72	283.49	355.79	409.06	445.21	584.10
73	315.84	395.75	456.63	496.58	648.79
74	350.08	439.51	508.00	553.66	719.19
75	388.13	487.07	566.98	616.45	797.20
76	428.09	542.25	629.77	684.94	882.82
77	471.85	597.42	696.36	759.15	974.14
78	519.42	658.31	770.56	839.06	1073.08
79	568.88	724.90	848.57	924.67	1177.72
80	622.16				
81	677.33				
82	738.22				
83	801.00				
84	865.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	203.50	256.80	295.56	324.63	426.38
45-49	227.73	285.87	329.47	358.55	474.83
50-54	281.02	348.86	407.00	440.91	605.65
55	319.78	407.00	465.14	508.75	702.56
56	334.32	426.38	494.21	537.82	736.47
57	358.55	455.45	523.28	571.74	780.08
58	382.77	484.52	557.20	610.50	828.53
59	411.84	518.44	600.81	649.26	876.98
60	440.91	552.35	639.57	688.02	935.13
61	465.14	591.12	683.18	741.32	998.11
62	503.90	634.72	731.63	794.62	1065.95
63	537.82	673.48	775.23	843.07	1138.63
64	571.74	717.09	828.53	901.21	1216.15
65	605.65	765.54	881.83	959.35	1293.67
66	649.26	814.00	939.97	1027.19	1385.73
67	697.71	876.98	1012.65	1104.71	1492.33
68	746.16	944.82	1095.02	1196.77	1613.46
69	804.31	1012.65	1187.08	1293.67	1739.43
70	867.29	1099.86	1283.98	1400.27	1875.10
71	939.97	1191.92	1390.58	1521.40	2034.99
72	1022.34	1293.67	1516.55	1657.06	2209.42
73	1109.55	1414.80	1657.06	1812.11	2412.92
74	1216.15	1545.62	1812.11	1981.69	2626.11
75	1327.59	1686.13	1976.85	2165.81	2868.37
76	1443.87	1846.03	2160.97	2364.46	3125.16
77	1569.85	2010.76	2354.77	2582.50	3396.50
78	1690.98	2194.88	2558.27	2810.22	3687.21
79	1831.49	2383.85	2781.15	3057.33	4002.15
80	1972.00				
81	2112.51				
82	2267.56				
83	2427.45				
84	2592.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	227.73	290.71	334.32	368.24	479.68
45-49	256.80	319.78	377.93	407.00	537.82
50-54	314.94	392.46	460.30	503.90	678.33
55	353.70	450.60	528.13	576.58	775.23
56	368.24	474.83	557.20	605.65	809.15
57	392.46	503.90	586.27	639.57	852.76
58	416.69	528.13	620.19	678.33	906.06
59	445.76	562.04	658.95	717.09	964.20
60	479.68	605.65	702.56	765.54	1022.34
61	513.59	644.41	746.16	809.15	1090.17
62	547.51	688.02	794.62	867.29	1162.85
63	581.43	736.47	843.07	915.75	1240.37
64	615.34	780.08	901.21	978.73	1317.90
65	654.10	828.53	959.35	1041.72	1409.96
66	702.56	881.83	1027.19	1124.09	1497.17
67	751.01	949.66	1104.71	1206.46	1618.30
68	809.15	1027.19	1196.77	1313.05	1744.28
69	872.14	1099.86	1288.83	1414.80	1879.94
70	939.97	1196.77	1395.42	1526.24	2030.14
71	1012.65	1293.67	1516.55	1657.06	2199.73
72	1104.71	1409.96	1647.37	1807.27	2393.54
73	1201.61	1540.78	1802.42	1972.00	2611.57
74	1313.05	1676.44	1967.16	2156.12	2844.14
75	1429.34	1831.49	2141.58	2349.93	3100.94
76	1555.31	1996.23	2335.39	2558.27	3367.42
77	1681.29	2165.81	2543.74	2786.00	3662.98
78	1816.96	2354.77	2766.62	3033.10	3973.08
79	1957.47	2553.43	2999.19	3289.90	4307.40
80	2107.67				
81	2257.87				
82	2422.61				
83	2587.34				
84	2756.93				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	237.42	300.40	353.70	387.62	503.90
45-49	266.49	334.32	392.46	426.38	557.20
50-54	329.47	416.69	484.52	523.28	707.40
55	368.24	465.14	552.35	605.65	804.31
56	387.62	489.37	581.43	634.72	843.07
57	411.84	518.44	610.50	668.64	891.52
58	431.22	552.35	644.41	707.40	939.97
59	460.30	586.27	683.18	746.16	998.11
60	494.21	625.03	721.94	794.62	1061.10
61	528.13	668.64	770.39	838.22	1128.94
62	562.04	712.25	818.84	896.36	1201.61
63	600.81	755.85	872.14	949.66	1283.98
64	639.57	804.31	930.28	1012.65	1361.51
65	678.33	852.76	993.27	1085.33	1453.56
66	721.94	910.90	1065.95	1162.85	1550.47
67	775.23	978.73	1143.47	1254.91	1671.60
68	833.38	1061.10	1235.53	1356.66	1802.42
69	901.21	1138.63	1332.43	1463.25	1942.93
70	969.04	1235.53	1443.87	1584.39	2097.98
71	1046.57	1337.28	1569.85	1715.21	2272.41
72	1138.63	1458.41	1705.52	1870.25	2475.90
73	1240.37	1589.23	1860.56	2039.84	2693.94
74	1351.81	1734.59	2030.14	2228.80	2936.20
75	1472.95	1884.79	2209.42	2427.45	3197.84
76	1603.77	2059.22	2412.92	2645.49	3478.86
77	1734.59	2233.64	2621.26	2878.06	3779.27
78	1870.25	2422.61	2848.99	3130.01	4099.05
79	2010.76	2626.11	3091.25	3391.65	4438.22
80	2165.81				
81	2320.86				
82	2485.60				
83	2655.18				
84	2834.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	155.05	188.96	222.88	237.42	319.78
45-49	169.58	213.19	247.11	266.49	353.70
50-54	222.88	271.33	314.94	348.86	455.45
55	256.80	314.94	363.39	397.31	542.66
56	266.49	329.47	382.77	416.69	576.58
57	285.87	353.70	411.84	445.76	615.34
58	310.09	382.77	445.76	479.68	658.95
59	329.47	411.84	479.68	518.44	712.25
60	358.55	450.60	518.44	562.04	765.54
61	392.46	484.52	562.04	610.50	828.53
62	421.53	523.28	610.50	658.95	891.52
63	450.60	562.04	654.10	707.40	959.35
64	484.52	605.65	702.56	755.85	1027.19
65	513.59	644.41	746.16	809.15	1099.86
66	552.35	697.71	804.31	872.14	1187.08
67	600.81	751.01	872.14	944.82	1288.83
68	649.26	818.84	949.66	1032.03	1400.27
69	707.40	896.36	1036.88	1128.94	1526.24
70	770.39	973.89	1133.78	1235.53	1671.60
71	843.07	1070.79	1240.37	1356.66	1821.80
72	925.44	1172.54	1366.35	1492.33	2001.07
73	1012.65	1293.67	1506.86	1647.37	2199.73
74	1119.24	1419.65	1657.06	1812.11	2412.92
75	1225.84	1560.16	1821.80	1996.23	2645.49
76	1346.97	1710.36	2001.07	2194.88	2902.28
77	1463.25	1875.10	2194.88	2403.23	3168.77
78	1589.23	2044.68	2398.38	2635.80	3459.48
79	1724.90	2233.64	2616.42	2873.21	3759.89
80	1870.25				
81	2015.61				
82	2170.66				
83	2330.55				
84	2500.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	174.43	222.88	256.80	271.33	363.39
45-49	198.65	247.11	281.02	310.09	407.00
50-54	247.11	310.09	358.55	392.46	513.59
55	285.87	353.70	411.84	445.76	605.65
56	300.40	377.93	431.22	474.83	639.57
57	319.78	397.31	460.30	503.90	683.18
58	344.01	426.38	494.21	542.66	731.63
59	363.39	455.45	528.13	581.43	780.08
60	392.46	494.21	576.58	625.03	838.22
61	426.38	528.13	620.19	678.33	901.21
62	455.45	571.74	668.64	731.63	964.20
63	489.37	610.50	717.09	780.08	1036.88
64	523.28	654.10	765.54	833.38	1109.55
65	557.20	702.56	814.00	891.52	1187.08
66	605.65	755.85	876.98	959.35	1283.98
67	654.10	814.00	949.66	1032.03	1390.58
68	712.25	891.52	1036.88	1128.94	1516.55
69	770.39	969.04	1128.94	1230.68	1652.22
70	833.38	1056.26	1230.68	1337.28	1802.42
71	906.06	1158.01	1346.97	1472.95	1972.00
72	993.27	1264.60	1482.64	1618.30	2160.97
73	1090.17	1395.42	1627.99	1783.04	2369.31
74	1196.77	1531.09	1787.88	1962.31	2606.73
75	1317.90	1681.29	1972.00	2160.97	2853.83
76	1443.87	1841.18	2165.81	2379.00	3130.01
77	1574.69	2015.61	2369.31	2597.04	3420.72
78	1705.52	2204.57	2592.19	2844.14	3735.66
79	1850.87	2403.23	2829.61	3105.78	4065.14
80	2001.07				
81	2160.97				
82	2320.86				
83	2485.60				
84	2669.71				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	188.96	232.57	266.49	290.71	387.62
45-49	213.19	256.80	295.56	324.63	426.38
50-54	256.80	319.78	377.93	411.84	537.82
55	295.56	368.24	431.22	465.14	634.72
56	314.94	392.46	455.45	494.21	668.64
57	329.47	416.69	484.52	523.28	712.25
58	353.70	445.76	518.44	562.04	755.85
59	382.77	479.68	552.35	605.65	809.15
60	411.84	513.59	600.81	654.10	867.29
61	440.91	552.35	644.41	707.40	930.28
62	474.83	591.12	688.02	755.85	998.11
63	508.75	634.72	741.32	809.15	1070.79
64	542.66	678.33	794.62	867.29	1143.47
65	581.43	721.94	843.07	925.44	1225.84
66	625.03	780.08	910.90	993.27	1322.74
67	678.33	843.07	988.42	1070.79	1434.18
68	736.47	915.75	1070.79	1167.70	1560.16
69	794.62	998.11	1167.70	1269.45	1705.52
70	862.45	1090.17	1269.45	1385.73	1860.56
71	935.13	1191.92	1390.58	1521.40	2034.99
72	1022.34	1303.36	1526.24	1671.60	2228.80
73	1124.09	1434.18	1681.29	1841.18	2446.83
74	1230.68	1579.54	1846.03	2025.30	2689.09
75	1356.66	1734.59	2034.99	2228.80	2945.89
76	1482.64	1899.32	2233.64	2451.68	3226.91
77	1618.30	2078.60	2446.83	2684.25	3527.32
78	1753.97	2272.41	2674.56	2936.20	3847.10
79	1904.17	2480.75	2916.82	3207.53	4191.11
80	2059.22				
81	2219.11				
82	2383.85				
83	2553.43				
84	2737.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.96	36.53	42.62	45.66	57.84
45-49	35.01	41.10	47.19	50.23	63.93
50-54	42.62	50.23	57.84	62.41	79.15
55	48.71	57.84	66.97	71.54	94.37
56	51.75	62.41	71.54	76.10	100.46
57	56.32	66.97	76.10	82.19	108.07
58	60.88	73.06	82.19	89.80	117.20
59	66.97	79.15	89.80	97.41	127.86
60	73.06	86.76	98.94	108.07	138.51
61	79.15	95.89	108.07	117.20	150.69
62	85.24	103.50	117.20	127.86	164.39
63	91.33	111.11	126.33	136.99	176.56
64	97.41	118.72	135.47	146.12	190.26
65	103.50	127.86	144.60	156.78	203.96
66	112.64	136.99	156.78	168.95	220.70
67	121.77	149.17	170.47	184.17	240.49
68	132.42	162.86	187.22	202.44	264.84
69	144.60	178.09	205.48	222.23	290.72
70	158.30	194.83	225.27	245.06	319.64
71	175.04	216.14	249.62	272.46	353.13
72	194.83	240.49	278.54	304.42	394.22
73	217.66	269.41	312.03	340.95	441.41
74	242.01	301.38	350.08	382.05	493.16
75	270.93	337.91	392.70	427.71	549.48
76	301.38	377.48	438.36	477.94	611.88
77	334.86	420.10	488.59	531.21	680.38
78	371.39	467.28	543.39	589.05	753.44
79	410.97	515.99	601.23	651.46	832.59
80	452.06				
81	497.73				
82	544.91				
83	595.14				
84	648.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	45.66	51.75	54.80	70.02
45-49	41.10	50.23	56.32	60.88	77.63
50-54	48.71	59.36	68.49	74.58	97.41
55	57.84	68.49	77.63	83.72	111.11
56	60.88	73.06	82.19	88.28	117.20
57	65.45	77.63	88.28	94.37	124.81
58	70.02	83.72	94.37	101.98	133.94
59	76.10	91.33	103.50	111.11	144.60
60	82.19	98.94	112.64	121.77	158.30
61	88.28	108.07	123.29	132.42	170.47
62	95.89	115.68	133.94	144.60	185.70
63	103.50	124.81	143.08	153.73	199.39
64	109.59	133.94	152.21	165.91	214.62
65	117.20	144.60	162.86	176.56	231.36
66	126.33	153.73	176.56	191.78	249.62
67	136.99	168.95	191.78	208.53	272.46
68	149.17	184.17	210.05	229.84	298.33
69	162.86	200.92	231.36	251.15	328.77
70	178.09	220.70	254.19	275.50	360.74
71	194.83	243.54	281.59	305.94	400.31
72	217.66	270.93	313.55	342.47	445.97
73	242.01	302.90	351.60	382.05	497.73
74	269.41	339.43	394.22	429.23	555.57
75	301.38	379.00	441.41	479.46	619.49
76	334.86	421.62	493.16	537.30	691.03
77	372.91	470.33	547.95	596.66	767.14
78	412.49	522.08	608.84	662.11	847.81
79	455.11	578.40	674.29	733.65	937.61
80	500.77				
81	549.48				
82	599.71				
83	654.50				
84	712.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.57	48.71	54.80	59.36	76.10
45-49	44.14	53.27	60.88	65.45	83.72
50-54	51.75	63.93	73.06	79.15	105.02
55	60.88	73.06	82.19	89.80	117.20
56	63.93	77.63	86.76	94.37	123.29
57	68.49	82.19	92.85	100.46	130.90
58	73.06	88.28	100.46	108.07	141.56
59	79.15	95.89	109.59	117.20	152.21
60	86.76	103.50	118.72	127.86	165.91
61	92.85	112.64	129.38	138.51	179.61
62	100.46	121.77	140.03	150.69	194.83
63	108.07	130.90	150.69	161.34	210.05
64	114.16	140.03	159.82	173.52	225.27
65	123.29	150.69	170.47	185.70	242.01
66	132.42	161.34	184.17	200.92	261.80
67	143.08	176.56	200.92	219.18	286.15
68	155.25	193.31	220.70	240.49	313.55
69	170.47	210.05	242.01	263.32	343.99
70	185.70	231.36	266.37	289.20	379.00
71	203.96	254.19	295.29	321.16	420.10
72	226.79	283.11	328.77	357.69	467.28
73	252.67	316.60	368.35	400.31	522.08
74	281.59	354.65	412.49	449.02	582.96
75	315.07	395.75	461.20	502.29	649.94
76	350.08	441.41	515.99	561.65	724.52
77	388.13	491.64	573.83	625.58	803.67
78	429.23	544.91	636.24	694.08	888.90
79	473.37	604.27	704.73	768.66	981.75
80	520.56				
81	570.79				
82	624.06				
83	680.38				
84	739.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	155.05	189.93	217.07	232.57	317.85
45-49	170.55	209.31	240.32	259.70	352.73
50-54	209.31	259.70	298.47	329.47	449.64
55	244.20	302.34	348.86	379.86	519.41
56	255.83	317.85	368.24	403.12	550.42
57	271.33	337.23	391.49	426.38	581.43
58	290.71	360.48	418.63	453.51	616.31
59	306.22	383.74	445.76	484.52	655.07
60	329.47	410.87	472.89	515.53	697.71
61	352.73	438.01	507.78	550.42	744.22
62	375.99	469.02	542.66	589.18	794.62
63	399.25	500.03	581.43	627.94	848.88
64	426.38	531.04	616.31	670.58	903.15
65	453.51	565.92	658.95	717.09	965.17
66	484.52	608.56	705.46	767.48	1038.81
67	523.28	655.07	763.61	829.50	1120.21
68	565.92	709.34	825.62	899.27	1213.24
69	608.56	767.48	891.52	972.92	1310.15
70	658.95	833.38	969.04	1058.19	1422.56
71	713.22	907.02	1054.32	1151.22	1546.59
72	779.11	992.30	1155.10	1263.63	1690.01
73	856.63	1089.20	1271.38	1391.55	1852.81
74	941.91	1197.74	1399.30	1531.09	2031.11
75	1034.94	1314.02	1538.84	1682.26	2228.80
76	1131.84	1441.94	1690.01	1852.81	2441.99
77	1236.50	1581.48	1856.69	2031.11	2670.68
78	1345.03	1728.77	2034.99	2224.92	2914.88
79	1461.32	1887.70	2224.92	2430.36	3178.46
80	1581.48				
81	1705.52				
82	1837.31				
83	1972.97				
84	2116.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	178.30	220.94	255.83	279.08	368.24
45-49	197.68	248.07	282.96	310.09	410.87
50-54	244.20	306.22	352.73	383.74	519.41
55	275.21	348.86	403.12	438.01	596.93
56	286.84	368.24	426.38	461.26	627.94
57	302.34	387.62	449.64	488.40	658.95
58	321.72	410.87	476.77	519.41	697.71
59	344.98	434.13	503.90	554.29	740.35
60	372.11	461.26	538.79	585.30	782.99
61	395.37	492.27	573.67	624.06	837.25
62	422.50	527.16	612.44	666.70	891.52
63	449.64	558.17	655.07	713.22	953.54
64	476.77	596.93	693.83	759.73	1015.56
65	507.78	635.69	744.22	810.12	1085.33
66	542.66	682.21	794.62	868.26	1162.85
67	581.43	736.47	860.51	938.03	1255.88
68	627.94	794.62	930.28	1015.56	1360.54
69	678.33	864.39	1003.93	1100.83	1469.07
70	736.47	938.03	1093.08	1197.74	1593.11
71	798.49	1019.43	1189.98	1302.39	1732.65
72	872.14	1116.34	1302.39	1426.43	1895.45
73	957.41	1220.99	1430.31	1569.85	2073.75
74	1050.44	1341.16	1569.85	1721.02	2271.44
75	1151.22	1472.95	1724.90	1887.70	2492.38
76	1259.76	1608.61	1891.57	2073.75	2728.82
77	1372.16	1763.66	2069.88	2271.44	2980.78
78	1492.33	1922.58	2267.56	2480.75	3252.11
79	1616.36	2100.89	2469.12	2705.57	3538.94
80	1748.15				
81	1883.82				
82	2023.36				
83	2174.53				
84	2329.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	189.93	236.45	271.33	298.47	391.49
45-49	209.31	263.58	302.34	333.35	434.13
50-54	259.70	325.60	375.99	407.00	550.42
55	290.71	368.24	426.38	465.14	627.94
56	302.34	387.62	449.64	488.40	658.95
57	317.85	407.00	472.89	515.53	693.83
58	337.23	430.26	500.03	546.54	732.60
59	360.48	457.39	531.04	581.43	775.23
60	387.62	484.52	565.92	616.31	821.75
61	414.75	515.53	600.81	655.07	876.01
62	441.88	550.42	643.44	701.59	934.16
63	469.02	585.30	686.08	748.10	996.18
64	500.03	624.06	728.72	798.49	1062.07
65	531.04	666.70	779.11	848.88	1135.72
66	565.92	713.22	833.38	910.90	1217.12
67	608.56	771.36	899.27	984.55	1314.02
68	655.07	833.38	972.92	1065.95	1422.56
69	709.34	903.15	1054.32	1155.10	1538.84
70	767.48	980.67	1143.47	1255.88	1666.75
71	833.38	1065.95	1248.13	1368.29	1814.05
72	910.90	1166.73	1364.41	1496.20	1980.72
73	1000.05	1279.14	1496.20	1643.50	2170.66
74	1096.96	1403.17	1643.50	1802.42	2376.09
75	1201.61	1538.84	1802.42	1976.85	2604.79
76	1314.02	1682.26	1976.85	2166.78	2848.99
77	1430.31	1841.18	2162.90	2372.22	3112.57
78	1554.34	2007.86	2364.46	2589.28	3395.53
79	1682.26	2190.04	2573.78	2825.73	3693.99
80	1817.92				
81	1957.47				
82	2104.76				
83	2259.81				
84	2418.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	112.41	139.54	162.80	178.30	236.45
45-49	124.04	155.05	182.18	197.68	263.58
50-54	166.68	205.44	232.57	251.95	337.23
55	189.93	236.45	267.46	294.59	399.25
56	201.56	248.07	282.96	310.09	426.38
57	213.19	263.58	302.34	333.35	457.39
58	228.69	282.96	325.60	360.48	492.27
59	248.07	306.22	352.73	387.62	531.04
60	267.46	333.35	383.74	418.63	573.67
61	290.71	360.48	418.63	453.51	616.31
62	313.97	391.49	453.51	492.27	666.70
63	337.23	418.63	488.40	531.04	717.09
64	360.48	449.64	523.28	565.92	767.48
65	387.62	480.65	558.17	608.56	825.62
66	418.63	515.53	600.81	655.07	891.52
67	453.51	562.04	655.07	713.22	969.04
68	492.27	612.44	717.09	779.11	1058.19
69	534.91	670.58	782.99	852.76	1155.10
70	581.43	732.60	856.63	934.16	1263.63
71	635.69	806.24	941.91	1031.06	1383.79
72	701.59	891.52	1042.69	1139.59	1527.21
73	775.23	988.42	1155.10	1263.63	1686.13
74	860.51	1093.08	1283.01	1403.17	1864.44
75	949.66	1213.24	1418.68	1554.34	2058.25
76	1046.57	1341.16	1565.97	1717.14	2267.56
77	1151.22	1476.82	1728.77	1895.45	2492.38
78	1259.76	1624.12	1903.20	2085.38	2732.70
79	1376.04	1783.04	2085.38	2290.82	2992.40
80	1496.20				
81	1624.12				
82	1755.91				
83	1895.45				
84	2042.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	135.67	170.55	193.81	213.19	279.08
45-49	151.17	186.06	217.07	236.45	310.09
50-54	189.93	236.45	275.21	298.47	391.49
55	220.94	275.21	313.97	344.98	465.14
56	232.57	290.71	333.35	360.48	496.15
57	244.20	306.22	352.73	383.74	527.16
58	263.58	329.47	379.86	414.75	565.92
59	282.96	356.61	410.87	445.76	604.68
60	306.22	383.74	441.88	480.65	647.32
61	329.47	410.87	476.77	519.41	693.83
62	356.61	445.76	515.53	562.04	748.10
63	379.86	476.77	554.29	600.81	802.37
64	407.00	507.78	593.05	643.44	860.51
65	438.01	546.54	631.82	686.08	922.53
66	469.02	585.30	678.33	740.35	996.18
67	507.78	635.69	740.35	802.37	1081.45
68	550.42	689.96	806.24	876.01	1182.23
69	596.93	755.85	879.89	957.41	1290.77
70	651.20	825.62	965.17	1050.44	1414.80
71	713.22	907.02	1058.19	1155.10	1550.47
72	782.99	1000.05	1170.60	1279.14	1709.39
73	864.39	1104.71	1294.64	1414.80	1887.70
74	957.41	1224.87	1434.18	1569.85	2085.38
75	1058.19	1352.78	1585.35	1736.52	2298.57
76	1166.73	1492.33	1748.15	1918.70	2535.02
77	1279.14	1643.50	1926.46	2116.39	2783.09
78	1399.30	1802.42	2116.39	2325.70	3050.55
79	1523.34	1976.85	2321.83	2550.52	3337.38
80	1655.13				
81	1790.79				
82	1938.09				
83	2089.26				
84	2248.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	147.29	182.18	209.31	228.69	298.47
45-49	162.80	201.56	232.57	251.95	329.47
50-54	201.56	251.95	290.71	317.85	414.75
55	232.57	290.71	333.35	364.36	492.27
56	244.20	306.22	352.73	383.74	523.28
57	259.70	325.60	375.99	407.00	558.17
58	279.08	348.86	403.12	438.01	596.93
59	298.47	375.99	434.13	469.02	635.69
60	321.72	403.12	469.02	507.78	678.33
61	344.98	434.13	503.90	546.54	728.72
62	372.11	469.02	542.66	589.18	782.99
63	399.25	503.90	581.43	631.82	841.13
64	426.38	534.91	620.19	674.45	899.27
65	457.39	573.67	662.83	720.97	965.17
66	488.40	616.31	713.22	775.23	1038.81
67	531.04	666.70	775.23	841.13	1131.84
68	577.55	724.84	845.01	918.65	1236.50
69	624.06	790.74	922.53	1003.93	1348.91
70	682.21	864.39	1011.68	1100.83	1476.82
71	744.22	949.66	1108.59	1209.37	1620.24
72	817.87	1046.57	1224.87	1337.28	1786.92
73	903.15	1155.10	1356.66	1480.70	1972.97
74	1000.05	1279.14	1500.08	1639.62	2178.41
75	1104.71	1410.93	1655.13	1814.05	2403.23
76	1217.12	1558.22	1825.68	2003.98	2647.43
77	1333.40	1713.27	2011.73	2209.42	2907.13
78	1457.44	1879.94	2209.42	2430.36	3186.21
79	1585.35	2062.12	2422.61	2662.93	3484.68
80	1721.02				
81	1864.44				
82	2015.61				
83	2170.66				
84	2333.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	42.62	50.23	53.27	68.49
45-49	41.10	48.71	54.80	59.36	74.58
50-54	50.23	59.36	68.49	73.06	92.85
55	57.84	68.49	79.15	83.72	111.11
56	60.88	73.06	83.72	89.80	118.72
57	66.97	79.15	89.80	97.41	127.86
58	71.54	85.24	97.41	105.02	138.51
59	79.15	92.85	105.02	114.16	150.69
60	85.24	101.98	115.68	127.86	162.86
61	92.85	112.64	127.86	138.51	176.56
62	100.46	121.77	138.51	150.69	193.31
63	108.07	130.90	149.17	161.34	207.01
64	114.16	140.03	159.82	172.00	223.75
65	121.77	150.69	170.47	184.17	240.49
66	132.42	161.34	184.17	199.39	260.28
67	143.08	175.04	200.92	216.14	283.11
68	155.25	191.78	220.70	237.45	312.03
69	170.47	210.05	242.01	261.80	342.47
70	185.70	229.84	264.84	287.68	375.96
71	205.48	254.19	293.76	321.16	415.53
72	229.84	283.11	327.25	357.69	464.24
73	255.71	316.60	366.83	401.83	519.04
74	284.63	354.65	412.49	449.02	579.92
75	318.12	397.27	462.72	503.81	646.89
76	354.65	444.45	515.99	561.65	719.95
77	394.22	494.68	575.35	625.58	800.62
78	436.84	549.48	639.28	692.55	885.86
79	484.03	607.32	707.78	767.14	980.23
80	531.21				
81	586.01				
82	640.80				
83	700.16				
84	762.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.14	53.27	60.88	63.93	82.19
45-49	48.71	59.36	66.97	71.54	91.33
50-54	57.84	70.02	80.67	88.28	114.16
55	68.49	80.67	91.33	98.94	130.90
56	71.54	85.24	97.41	103.50	138.51
57	77.63	91.33	103.50	111.11	146.12
58	82.19	98.94	111.11	120.25	158.30
59	89.80	108.07	121.77	130.90	170.47
60	97.41	115.68	132.42	143.08	185.70
61	103.50	127.86	144.60	155.25	200.92
62	112.64	135.47	158.30	170.47	219.18
63	121.77	146.12	168.95	181.13	234.40
64	129.38	158.30	179.61	194.83	252.67
65	138.51	170.47	191.78	207.01	272.46
66	149.17	181.13	207.01	225.27	293.76
67	161.34	199.39	225.27	245.06	321.16
68	175.04	216.14	246.58	270.93	351.60
69	191.78	235.93	272.46	295.29	386.61
70	210.05	260.28	298.33	324.21	424.67
71	229.84	286.15	331.82	359.21	470.33
72	255.71	318.12	368.35	403.36	525.12
73	284.63	356.17	414.01	449.02	586.01
74	316.60	398.79	464.24	505.34	652.98
75	354.65	445.97	519.04	564.70	729.08
76	394.22	496.20	579.92	631.67	812.80
77	438.36	554.04	645.37	701.69	902.60
78	485.55	614.93	716.91	779.31	996.97
79	535.78	680.38	793.01	863.03	1103.52
80	589.05				
81	646.89				
82	706.25				
83	770.18				
84	838.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.19	57.84	63.93	70.02	89.80
45-49	51.75	62.41	71.54	77.63	98.94
50-54	60.88	74.58	85.24	92.85	123.29
55	71.54	85.24	97.41	105.02	138.51
56	74.58	91.33	101.98	111.11	144.60
57	80.67	97.41	109.59	118.72	153.73
58	85.24	103.50	118.72	127.86	165.91
59	92.85	112.64	129.38	138.51	179.61
60	101.98	121.77	140.03	150.69	194.83
61	109.59	132.42	152.21	162.86	211.57
62	118.72	143.08	164.39	176.56	229.84
63	127.86	153.73	176.56	190.26	246.58
64	133.94	164.39	188.74	203.96	264.84
65	144.60	176.56	200.92	219.18	284.63
66	155.25	190.26	216.14	235.93	307.46
67	168.95	207.01	235.93	257.23	336.38
68	182.65	226.79	260.28	283.11	368.35
69	200.92	246.58	284.63	310.51	404.88
70	219.18	272.46	313.55	340.95	445.97
71	240.49	298.33	347.04	377.48	494.68
72	266.37	333.34	386.61	420.10	549.48
73	296.81	372.91	433.80	470.33	614.93
74	331.82	417.05	485.55	528.17	686.47
75	371.39	465.76	541.87	590.57	764.09
76	412.49	519.04	607.32	660.59	852.37
77	456.63	578.40	675.81	736.69	945.22
78	505.34	640.80	748.87	815.84	1045.68
79	557.09	710.82	829.54	904.13	1155.27
80	611.88				
81	671.24				
82	733.65				
83	800.62				
84	870.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	182.18	224.82	255.83	275.21	372.11
45-49	201.56	248.07	282.96	306.22	414.75
50-54	248.07	306.22	352.73	387.62	527.16
55	286.84	356.61	410.87	445.76	612.44
56	302.34	372.11	434.13	472.89	647.32
57	317.85	395.37	461.26	500.03	682.21
58	341.10	422.50	492.27	534.91	724.84
59	360.48	449.64	523.28	569.80	771.36
60	387.62	484.52	558.17	604.68	821.75
61	414.75	515.53	596.93	647.32	876.01
62	441.88	550.42	639.57	693.83	934.16
63	469.02	589.18	682.21	740.35	1000.05
64	500.03	624.06	724.84	790.74	1062.07
65	534.91	666.70	775.23	845.01	1135.72
66	569.80	717.09	829.50	903.15	1220.99
67	616.31	771.36	899.27	976.80	1317.90
68	666.70	833.38	972.92	1058.19	1426.43
69	717.09	903.15	1050.44	1143.47	1542.72
70	775.23	980.67	1139.59	1244.25	1674.51
71	837.25	1065.95	1240.37	1352.78	1817.92
72	914.78	1166.73	1360.54	1488.45	1988.48
73	1007.80	1283.01	1496.20	1635.74	2178.41
74	1108.59	1410.93	1647.37	1802.42	2387.72
75	1217.12	1546.59	1810.17	1980.72	2620.29
76	1333.40	1697.76	1988.48	2178.41	2872.24
77	1453.56	1860.56	2186.16	2387.72	3143.58
78	1581.48	2034.99	2395.47	2616.42	3430.41
79	1721.02	2221.05	2616.42	2860.61	3740.51
80	1860.56				
81	2007.86				
82	2162.90				
83	2321.83				
84	2488.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	209.31	259.70	302.34	329.47	434.13
45-49	232.57	290.71	333.35	364.36	484.52
50-54	286.84	360.48	414.75	449.64	612.44
55	325.60	410.87	472.89	515.53	701.59
56	337.23	434.13	500.03	542.66	740.35
57	356.61	457.39	527.16	573.67	775.23
58	379.86	484.52	562.04	612.44	821.75
59	407.00	511.65	593.05	651.20	872.14
60	438.01	542.66	635.69	689.96	922.53
61	465.14	577.55	674.45	732.60	984.55
62	496.15	620.19	720.97	782.99	1050.44
63	527.16	655.07	771.36	837.25	1120.21
64	562.04	701.59	817.87	895.40	1193.86
65	596.93	748.10	876.01	953.54	1275.26
66	639.57	802.37	934.16	1023.31	1368.29
67	682.21	868.26	1011.68	1104.71	1476.82
68	740.35	934.16	1093.08	1193.86	1600.86
69	798.49	1015.56	1182.23	1294.64	1728.77
70	868.26	1104.71	1286.89	1410.93	1876.07
71	938.03	1197.74	1399.30	1531.09	2038.87
72	1027.19	1314.02	1531.09	1678.38	2228.80
73	1127.97	1438.06	1682.26	1845.06	2438.11
74	1236.50	1577.60	1845.06	2023.36	2670.68
75	1352.78	1732.65	2031.11	2221.05	2930.39
76	1480.70	1891.57	2224.92	2438.11	3209.47
77	1612.49	2073.75	2434.24	2670.68	3507.94
78	1755.91	2263.68	2666.81	2918.76	3825.78
79	1903.20	2473.00	2903.25	3182.34	4163.01
80	2058.25				
81	2217.17				
82	2379.97				
83	2558.27				
84	2740.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	224.82	279.08	317.85	352.73	461.26
45-49	248.07	310.09	356.61	391.49	511.65
50-54	306.22	383.74	441.88	480.65	647.32
55	341.10	434.13	500.03	546.54	740.35
56	356.61	457.39	527.16	573.67	775.23
57	372.11	480.65	558.17	604.68	817.87
58	395.37	507.78	589.18	643.44	860.51
59	422.50	538.79	624.06	682.21	910.90
60	457.39	569.80	666.70	724.84	965.17
61	488.40	604.68	705.46	771.36	1031.06
62	519.41	647.32	755.85	825.62	1100.83
63	550.42	689.96	806.24	879.89	1170.60
64	589.18	732.60	856.63	938.03	1248.13
65	624.06	782.99	914.78	1000.05	1337.28
66	666.70	837.25	980.67	1069.82	1430.31
67	717.09	907.02	1058.19	1158.98	1546.59
68	771.36	980.67	1143.47	1255.88	1674.51
69	833.38	1062.07	1240.37	1360.54	1810.17
70	903.15	1155.10	1345.03	1476.82	1961.34
71	980.67	1255.88	1469.07	1608.61	2135.77
72	1069.82	1372.16	1604.74	1759.78	2329.58
73	1178.36	1503.95	1759.78	1934.21	2554.40
74	1290.77	1651.25	1934.21	2120.27	2794.72
75	1414.80	1810.17	2120.27	2325.70	3066.05
76	1546.59	1980.72	2325.70	2550.52	3352.89
77	1682.26	2166.78	2542.77	2790.84	3662.98
78	1829.55	2360.59	2783.09	3046.67	3996.33
79	1980.72	2577.65	3027.29	3325.76	4345.19
80	2139.65				
81	2302.45				
82	2476.87				
83	2659.05				
84	2845.11				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	131.79	162.80	189.93	209.31	279.08
45-49	147.29	182.18	213.19	232.57	310.09
50-54	197.68	240.32	275.21	294.59	395.37
55	224.82	279.08	313.97	344.98	469.02
56	236.45	290.71	333.35	364.36	500.03
57	251.95	310.09	356.61	391.49	538.79
58	267.46	333.35	383.74	422.50	577.55
59	290.71	360.48	414.75	457.39	624.06
60	313.97	391.49	449.64	492.27	674.45
61	341.10	422.50	492.27	534.91	724.84
62	368.24	461.26	534.91	577.55	782.99
63	395.37	492.27	573.67	624.06	845.01
64	422.50	527.16	616.31	666.70	903.15
65	457.39	565.92	655.07	717.09	972.92
66	492.27	604.68	705.46	771.36	1050.44
67	534.91	662.83	771.36	837.25	1139.59
68	577.55	720.97	845.01	914.78	1244.25
69	627.94	790.74	922.53	1003.93	1360.54
70	682.21	860.51	1007.80	1100.83	1488.45
71	748.10	949.66	1108.59	1213.24	1627.99
72	825.62	1050.44	1224.87	1341.16	1798.54
73	910.90	1162.85	1360.54	1488.45	1984.60
74	1011.68	1286.89	1507.83	1651.25	2193.91
75	1116.34	1426.43	1670.63	1829.55	2422.61
76	1232.62	1577.60	1841.18	2019.49	2666.81
77	1352.78	1736.52	2034.99	2228.80	2930.39
78	1480.70	1910.95	2240.43	2453.62	3213.35
79	1620.24	2097.01	2453.62	2693.94	3519.56
80	1759.78				
81	1910.95				
82	2066.00				
83	2228.80				
84	2403.23				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	158.92	201.56	228.69	251.95	329.47
45-49	178.30	217.07	255.83	279.08	364.36
50-54	224.82	279.08	325.60	352.73	461.26
55	259.70	325.60	368.24	407.00	546.54
56	275.21	341.10	391.49	422.50	585.30
57	286.84	360.48	414.75	449.64	620.19
58	310.09	387.62	445.76	488.40	666.70
59	333.35	418.63	484.52	523.28	713.22
60	360.48	449.64	519.41	565.92	759.73
61	387.62	484.52	562.04	612.44	817.87
62	418.63	523.28	604.68	662.83	879.89
63	445.76	562.04	651.20	705.46	945.79
64	480.65	596.93	697.71	755.85	1011.68
65	515.53	643.44	744.22	806.24	1085.33
66	550.42	689.96	798.49	872.14	1170.60
67	596.93	748.10	872.14	945.79	1271.38
68	647.32	810.12	949.66	1031.06	1391.55
69	701.59	887.64	1034.94	1127.97	1519.46
70	767.48	972.92	1135.72	1236.50	1662.88
71	837.25	1065.95	1244.25	1360.54	1825.68
72	922.53	1178.36	1376.04	1503.95	2011.73
73	1015.56	1298.52	1523.34	1662.88	2221.05
74	1127.97	1441.94	1686.13	1845.06	2453.62
75	1244.25	1593.11	1864.44	2042.74	2705.57
76	1372.16	1755.91	2058.25	2255.93	2980.78
77	1503.95	1934.21	2267.56	2488.50	3275.37
78	1647.37	2120.27	2488.50	2736.58	3589.34
79	1790.79	2325.70	2732.70	3000.16	3926.56
80	1945.84				
81	2108.64				
82	2279.19				
83	2457.49				
84	2643.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	174.43	213.19	248.07	267.46	352.73
45-49	189.93	236.45	275.21	294.59	387.62
50-54	236.45	294.59	341.10	372.11	488.40
55	275.21	341.10	391.49	430.26	577.55
56	286.84	360.48	414.75	449.64	616.31
57	306.22	383.74	441.88	480.65	655.07
58	329.47	410.87	472.89	515.53	701.59
59	352.73	441.88	511.65	550.42	748.10
60	379.86	472.89	550.42	596.93	798.49
61	407.00	511.65	593.05	643.44	856.63
62	438.01	550.42	639.57	693.83	922.53
63	469.02	593.05	682.21	744.22	988.42
64	500.03	627.94	728.72	794.62	1058.19
65	538.79	674.45	779.11	848.88	1135.72
66	573.67	724.84	837.25	910.90	1220.99
67	624.06	782.99	910.90	988.42	1333.40
68	678.33	852.76	992.30	1081.45	1453.56
69	732.60	930.28	1085.33	1182.23	1585.35
70	802.37	1015.56	1189.98	1294.64	1736.52
71	876.01	1116.34	1302.39	1422.56	1907.08
72	961.29	1232.62	1441.94	1573.73	2100.89
73	1062.07	1360.54	1596.98	1740.40	2321.83
74	1178.36	1503.95	1763.66	1930.33	2562.15
75	1298.52	1659.00	1945.84	2135.77	2825.73
76	1430.31	1833.43	2147.40	2356.71	3116.44
77	1569.85	2015.61	2368.34	2600.91	3418.78
78	1713.27	2213.29	2600.91	2860.61	3748.26
79	1864.44	2426.48	2848.99	3131.95	4100.99
80	2023.36				
81	2193.91				
82	2372.22				
83	2554.40				
84	2744.33				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.96	45.66	53.27	57.08	72.30
45-49	43.76	51.37	58.98	62.79	79.91
50-54	53.27	62.79	72.30	78.01	98.94
55	60.88	72.30	83.72	89.42	117.96
56	64.69	78.01	89.42	95.13	125.57
57	70.40	83.72	95.13	102.74	135.09
58	76.10	91.33	102.74	112.25	146.50
59	83.72	98.94	112.25	121.77	159.82
60	91.33	108.45	123.67	135.09	173.14
61	98.94	119.87	135.09	146.50	188.36
62	106.55	129.38	146.50	159.82	205.48
63	114.16	138.89	157.92	171.24	220.70
64	121.77	148.40	169.33	182.65	237.83
65	129.38	159.82	180.75	195.97	254.95
66	140.79	171.24	195.97	211.19	275.88
67	152.21	186.46	213.09	230.22	300.61
68	165.53	203.58	234.02	253.05	331.06
69	180.75	222.61	256.85	277.78	363.40
70	197.87	243.54	281.59	306.32	399.55
71	218.80	270.17	312.03	340.57	441.41
72	243.54	300.61	348.18	380.52	492.78
73	272.07	336.76	390.04	426.19	551.76
74	302.52	376.72	437.60	477.56	616.45
75	338.67	422.38	490.88	534.64	686.85
76	376.72	471.85	547.95	597.42	764.85
77	418.58	525.12	610.74	664.01	850.47
78	464.24	584.10	679.24	736.31	941.80
79	513.71	644.99	751.54	814.32	1040.73
80	565.08				
81	622.16				
82	681.14				
83	743.92				
84	810.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	57.08	64.69	68.49	87.52
45-49	51.37	62.79	70.40	76.10	97.03
50-54	60.88	74.20	85.62	93.23	121.77
55	72.30	85.62	97.03	104.64	138.89
56	76.10	91.33	102.74	110.35	146.50
57	81.81	97.03	110.35	117.96	156.01
58	87.52	104.64	117.96	127.48	167.43
59	95.13	114.16	129.38	138.89	180.75
60	102.74	123.67	140.79	152.21	197.87
61	110.35	135.09	154.11	165.53	213.09
62	119.87	144.60	167.43	180.75	232.12
63	129.38	156.01	178.85	192.16	249.24
64	136.99	167.43	190.26	207.39	268.27
65	146.50	180.75	203.58	220.70	289.20
66	157.92	192.16	220.70	239.73	312.03
67	171.24	211.19	239.73	260.66	340.57
68	186.46	230.22	262.56	287.30	372.91
69	203.58	251.15	289.20	313.93	410.97
70	222.61	275.88	317.74	344.37	450.92
71	243.54	304.42	351.98	382.43	500.39
72	272.07	338.67	391.94	428.09	557.47
73	302.52	378.62	439.51	477.56	622.16
74	336.76	424.28	492.78	536.54	694.46
75	376.72	473.75	551.76	599.33	774.37
76	418.58	527.03	616.45	671.63	863.79
77	466.14	587.91	684.94	745.83	958.92
78	515.61	652.60	761.05	827.64	1059.76
79	568.88	723.00	842.86	917.06	1172.01
80	625.96				
81	686.85				
82	749.63				
83	818.13				
84	890.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.47	60.88	68.49	74.20	95.13
45-49	55.18	66.59	76.10	81.81	104.64
50-54	64.69	79.91	91.33	98.94	131.28
55	76.10	91.33	102.74	112.25	146.50
56	79.91	97.03	108.45	117.96	154.11
57	85.62	102.74	116.06	125.57	163.63
58	91.33	110.35	125.57	135.09	176.94
59	98.94	119.87	136.99	146.50	190.26
60	108.45	129.38	148.40	159.82	207.39
61	116.06	140.79	161.72	173.14	224.51
62	125.57	152.21	175.04	188.36	243.54
63	135.09	163.63	188.36	201.68	262.56
64	142.70	175.04	199.78	216.90	281.59
65	154.11	188.36	213.09	232.12	302.52
66	165.53	201.68	230.22	251.15	327.25
67	178.85	220.70	251.15	273.98	357.69
68	194.07	241.63	275.88	300.61	391.94
69	213.09	262.56	302.52	329.15	429.99
70	232.12	289.20	332.96	361.50	473.75
71	254.95	317.74	369.11	401.45	525.12
72	283.49	353.89	410.97	447.12	584.10
73	315.84	395.75	460.43	500.39	652.60
74	351.98	443.31	515.61	561.27	728.70
75	393.84	494.68	576.49	627.86	812.42
76	437.60	551.76	644.99	702.07	905.65
77	485.17	614.55	717.29	781.98	1004.58
78	536.54	681.14	795.30	867.60	1111.13
79	591.72	755.34	880.91	960.82	1227.19
80	650.70				
81	713.48				
82	780.07				
83	850.47				
84	924.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	193.81	237.42	271.33	290.71	397.31
45-49	213.19	261.64	300.40	324.63	440.91
50-54	261.64	324.63	373.08	411.84	562.04
55	305.25	377.93	436.07	474.83	649.26
56	319.78	397.31	460.30	503.90	688.02
57	339.17	421.53	489.37	532.97	726.78
58	363.39	450.60	523.28	566.89	770.39
59	382.77	479.68	557.20	605.65	818.84
60	411.84	513.59	591.12	644.41	872.14
61	440.91	547.51	634.72	688.02	930.28
62	469.99	586.27	678.33	736.47	993.27
63	499.06	625.03	726.78	784.92	1061.10
64	532.97	663.79	770.39	838.22	1128.94
65	566.89	707.40	823.69	896.36	1206.46
66	605.65	760.70	881.83	959.35	1298.52
67	654.10	818.84	954.51	1036.88	1400.27
68	707.40	886.67	1032.03	1124.09	1516.55
69	760.70	959.35	1114.40	1216.15	1637.68
70	823.69	1041.72	1211.30	1322.74	1778.19
71	891.52	1133.78	1317.90	1439.03	1933.24
72	973.89	1240.37	1443.87	1579.54	2112.51
73	1070.79	1361.51	1589.23	1739.43	2316.01
74	1177.39	1497.17	1749.12	1913.86	2538.89
75	1293.67	1642.53	1923.55	2102.82	2786.00
76	1414.80	1802.42	2112.51	2316.01	3052.49
77	1545.62	1976.85	2320.86	2538.89	3338.35
78	1681.29	2160.97	2543.74	2781.15	3643.60
79	1826.65	2359.62	2781.15	3037.95	3973.08
80	1976.85				
81	2131.89				
82	2296.63				
83	2466.21				
84	2645.49				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	222.88	276.18	319.78	348.86	460.30
45-49	247.11	310.09	353.70	387.62	513.59
50-54	305.25	382.77	440.91	479.68	649.26
55	344.01	436.07	503.90	547.51	746.16
56	358.55	460.30	532.97	576.58	784.92
57	377.93	484.52	562.04	610.50	823.69
58	402.15	513.59	595.96	649.26	872.14
59	431.22	542.66	629.88	692.87	925.44
60	465.14	576.58	673.48	731.63	978.73
61	494.21	615.34	717.09	780.08	1046.57
62	528.13	658.95	765.54	833.38	1114.40
63	562.04	697.71	818.84	891.52	1191.92
64	595.96	746.16	867.29	949.66	1269.45
65	634.72	794.62	930.28	1012.65	1356.66
66	678.33	852.76	993.27	1085.33	1453.56
67	726.78	920.59	1075.64	1172.54	1569.85
68	784.92	993.27	1162.85	1269.45	1700.67
69	847.91	1080.48	1254.91	1376.04	1836.34
70	920.59	1172.54	1366.35	1497.17	1991.38
71	998.11	1274.29	1487.48	1627.99	2165.81
72	1090.17	1395.42	1627.99	1783.04	2369.31
73	1196.77	1526.24	1787.88	1962.31	2592.19
74	1313.05	1676.44	1962.31	2151.28	2839.30
75	1439.03	1841.18	2156.12	2359.62	3115.47
76	1574.69	2010.76	2364.46	2592.19	3411.03
77	1715.21	2204.57	2587.34	2839.30	3725.97
78	1865.41	2403.23	2834.45	3100.94	4065.14
79	2020.45	2626.11	3086.40	3381.96	4423.68
80	2185.19				
81	2354.77				
82	2529.20				
83	2718.17				
84	2911.97				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	237.42	295.56	339.17	373.08	489.37
45-49	261.64	329.47	377.93	416.69	542.66
50-54	324.63	407.00	469.99	508.75	688.02
55	363.39	460.30	532.97	581.43	784.92
56	377.93	484.52	562.04	610.50	823.69
57	397.31	508.75	591.12	644.41	867.29
58	421.53	537.82	625.03	683.18	915.75
59	450.60	571.74	663.79	726.78	969.04
60	484.52	605.65	707.40	770.39	1027.19
61	518.44	644.41	751.01	818.84	1095.02
62	552.35	688.02	804.31	876.98	1167.70
63	586.27	731.63	857.60	935.13	1245.22
64	625.03	780.08	910.90	998.11	1327.59
65	663.79	833.38	973.89	1061.10	1419.65
66	707.40	891.52	1041.72	1138.63	1521.40
67	760.70	964.20	1124.09	1230.68	1642.53
68	818.84	1041.72	1216.15	1332.43	1778.19
69	886.67	1128.94	1317.90	1443.87	1923.55
70	959.35	1225.84	1429.34	1569.85	2083.44
71	1041.72	1332.43	1560.16	1710.36	2267.56
72	1138.63	1458.41	1705.52	1870.25	2475.90
73	1250.07	1598.92	1870.25	2054.37	2713.32
74	1371.20	1753.97	2054.37	2253.02	2970.12
75	1502.02	1923.55	2253.02	2471.06	3255.98
76	1642.53	2102.82	2471.06	2708.47	3561.23
77	1787.88	2301.48	2703.63	2965.27	3890.71
78	1942.93	2509.82	2955.58	3236.60	4244.41
79	2102.82	2737.55	3217.22	3532.16	4617.49
80	2272.41				
81	2446.83				
82	2630.95				
83	2824.76				
84	3023.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	140.51	174.43	203.50	222.88	295.56
45-49	155.05	193.81	227.73	247.11	329.47
50-54	208.34	256.80	290.71	314.94	421.53
55	237.42	295.56	334.32	368.24	499.06
56	251.95	310.09	353.70	387.62	532.97
57	266.49	329.47	377.93	416.69	571.74
58	285.87	353.70	407.00	450.60	615.34
59	310.09	382.77	440.91	484.52	663.79
60	334.32	416.69	479.68	523.28	717.09
61	363.39	450.60	523.28	566.89	770.39
62	392.46	489.37	566.89	615.34	833.38
63	421.53	523.28	610.50	663.79	896.36
64	450.60	562.04	654.10	707.40	959.35
65	484.52	600.81	697.71	760.70	1032.03
66	523.28	644.41	751.01	818.84	1114.40
67	566.89	702.56	818.84	891.52	1211.30
68	615.34	765.54	896.36	973.89	1322.74
69	668.64	838.22	978.73	1065.95	1443.87
70	726.78	915.75	1070.79	1167.70	1579.54
71	794.62	1007.80	1177.39	1288.83	1729.74
72	876.98	1114.40	1303.36	1424.49	1909.01
73	969.04	1235.53	1443.87	1579.54	2107.67
74	1075.64	1366.35	1603.77	1753.97	2330.55
75	1187.08	1516.55	1773.35	1942.93	2572.81
76	1308.21	1676.44	1957.47	2146.43	2834.45
77	1439.03	1846.03	2160.97	2369.31	3115.47
78	1574.69	2030.14	2379.00	2606.73	3415.88
79	1720.05	2228.80	2606.73	2863.52	3740.51
80	1870.25				
81	2030.14				
82	2194.88				
83	2369.31				
84	2553.43				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	169.58	213.19	242.26	266.49	348.86
45-49	188.96	232.57	271.33	295.56	387.62
50-54	237.42	295.56	344.01	373.08	489.37
55	276.18	344.01	392.46	431.22	581.43
56	290.71	363.39	416.69	450.60	620.19
57	305.25	382.77	440.91	479.68	658.95
58	329.47	411.84	474.83	518.44	707.40
59	353.70	445.76	513.59	557.20	755.85
60	382.77	479.68	552.35	600.81	809.15
61	411.84	513.59	595.96	649.26	867.29
62	445.76	557.20	644.41	702.56	935.13
63	474.83	595.96	692.87	751.01	1002.96
64	508.75	634.72	741.32	804.31	1075.64
65	547.51	683.18	789.77	857.60	1153.16
66	586.27	731.63	847.91	925.44	1245.22
67	634.72	794.62	925.44	1002.96	1351.81
68	688.02	862.45	1007.80	1095.02	1477.79
69	746.16	944.82	1099.86	1196.77	1613.46
70	814.00	1032.03	1206.46	1313.05	1768.50
71	891.52	1133.78	1322.74	1443.87	1938.09
72	978.73	1250.07	1463.25	1598.92	2136.74
73	1080.48	1380.89	1618.30	1768.50	2359.62
74	1196.77	1531.09	1792.73	1962.31	2606.73
75	1322.74	1690.98	1981.69	2170.66	2873.21
76	1458.41	1865.41	2185.19	2398.38	3168.77
77	1598.92	2054.37	2408.07	2645.49	3478.86
78	1749.12	2253.02	2645.49	2907.13	3813.18
79	1904.17	2471.06	2902.28	3188.15	4171.73
80	2068.91				
81	2238.49				
82	2422.61				
83	2611.57				
84	2810.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	184.12	227.73	261.64	285.87	373.08
45-49	203.50	251.95	290.71	314.94	411.84
50-54	251.95	314.94	363.39	397.31	518.44
55	290.71	363.39	416.69	455.45	615.34
56	305.25	382.77	440.91	479.68	654.10
57	324.63	407.00	469.99	508.75	697.71
58	348.86	436.07	503.90	547.51	746.16
59	373.08	469.99	542.66	586.27	794.62
60	402.15	503.90	586.27	634.72	847.91
61	431.22	542.66	629.88	683.18	910.90
62	465.14	586.27	678.33	736.47	978.73
63	499.06	629.88	726.78	789.77	1051.41
64	532.97	668.64	775.23	843.07	1124.09
65	571.74	717.09	828.53	901.21	1206.46
66	610.50	770.39	891.52	969.04	1298.52
67	663.79	833.38	969.04	1051.41	1414.80
68	721.94	906.06	1056.26	1148.32	1545.62
69	780.08	988.42	1153.16	1254.91	1686.13
70	852.76	1080.48	1264.60	1376.04	1846.03
71	930.28	1187.08	1385.73	1511.71	2025.30
72	1022.34	1308.21	1531.09	1671.60	2233.64
73	1128.94	1443.87	1695.83	1850.87	2466.21
74	1250.07	1598.92	1875.10	2049.53	2723.01
75	1380.89	1763.66	2068.91	2267.56	3004.03
76	1521.40	1947.78	2282.10	2504.98	3309.28
77	1666.75	2141.58	2514.67	2761.77	3633.91
78	1821.80	2349.93	2761.77	3037.95	3982.77
79	1981.69	2577.65	3028.26	3328.66	4355.85
80	2151.28				
81	2330.55				
82	2519.51				
83	2713.32				
84	2916.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.57	53.27	62.79	66.59	85.62
45-49	51.37	60.88	68.49	74.20	93.23
50-54	62.79	74.20	85.62	91.33	116.06
55	72.30	85.62	98.94	104.64	138.89
56	76.10	91.33	104.64	112.25	148.40
57	83.72	98.94	112.25	121.77	159.82
58	89.42	106.55	121.77	131.28	173.14
59	98.94	116.06	131.28	142.70	188.36
60	106.55	127.48	144.60	159.82	203.58
61	116.06	140.79	159.82	173.14	220.70
62	125.57	152.21	173.14	188.36	241.63
63	135.09	163.63	186.46	201.68	258.76
64	142.70	175.04	199.78	215.00	279.69
65	152.21	188.36	213.09	230.22	300.61
66	165.53	201.68	230.22	249.24	325.35
67	178.85	218.80	251.15	270.17	353.89
68	194.07	239.73	275.88	296.81	390.04
69	213.09	262.56	302.52	327.25	428.09
70	232.12	287.30	331.06	359.60	469.95
71	256.85	317.74	367.21	401.45	519.42
72	287.30	353.89	409.06	447.12	580.30
73	319.64	395.75	458.53	502.29	648.79
74	355.79	443.31	515.61	561.27	724.90
75	397.65	496.58	578.40	629.77	808.61
76	443.31	555.57	644.99	702.07	899.94
77	492.78	618.35	719.19	781.98	1000.78
78	546.05	686.85	799.10	865.69	1107.33
79	605.03	759.15	884.72	958.92	1225.29
80	664.01				
81	732.51				
82	801.00				
83	875.21				
84	953.21				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.18	66.59	76.10	79.91	102.74
45-49	60.88	74.20	83.72	89.42	114.16
50-54	72.30	87.52	100.84	110.35	142.70
55	85.62	100.84	114.16	123.67	163.63
56	89.42	106.55	121.77	129.38	173.14
57	97.03	114.16	129.38	138.89	182.65
58	102.74	123.67	138.89	150.31	197.87
59	112.25	135.09	152.21	163.63	213.09
60	121.77	144.60	165.53	178.85	232.12
61	129.38	159.82	180.75	194.07	251.15
62	140.79	169.33	197.87	213.09	273.98
63	152.21	182.65	211.19	226.41	293.00
64	161.72	197.87	224.51	243.54	315.84
65	173.14	213.09	239.73	258.76	340.57
66	186.46	226.41	258.76	281.59	367.21
67	201.68	249.24	281.59	306.32	401.45
68	218.80	270.17	308.22	338.67	439.51
69	239.73	294.91	340.57	369.11	483.27
70	262.56	325.35	372.91	405.26	530.83
71	287.30	357.69	414.77	449.02	587.91
72	319.64	397.65	460.43	504.19	656.40
73	355.79	445.21	517.51	561.27	732.51
74	395.75	498.49	580.30	631.67	816.22
75	443.31	557.47	648.79	705.87	911.36
76	492.78	620.25	724.90	789.59	1016.00
77	547.95	692.55	806.71	877.11	1128.25
78	606.94	768.66	896.13	974.14	1246.22
79	669.72	850.47	991.27	1078.79	1379.40
80	736.31				
81	808.61				
82	882.82				
83	962.73				
84	1048.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.98	72.30	79.91	87.52	112.25
45-49	64.69	78.01	89.42	97.03	123.67
50-54	76.10	93.23	106.55	116.06	154.11
55	89.42	106.55	121.77	131.28	173.14
56	93.23	114.16	127.48	138.89	180.75
57	100.84	121.77	136.99	148.40	192.16
58	106.55	129.38	148.40	159.82	207.39
59	116.06	140.79	161.72	173.14	224.51
60	127.48	152.21	175.04	188.36	243.54
61	136.99	165.53	190.26	203.58	264.46
62	148.40	178.85	205.48	220.70	287.30
63	159.82	192.16	220.70	237.83	308.22
64	167.43	205.48	235.93	254.95	331.06
65	180.75	220.70	251.15	273.98	355.79
66	194.07	237.83	270.17	294.91	384.33
67	211.19	258.76	294.91	321.54	420.48
68	228.31	283.49	325.35	353.89	460.43
69	251.15	308.22	355.79	388.13	506.10
70	273.98	340.57	391.94	426.19	557.47
71	300.61	372.91	433.80	471.85	618.35
72	332.96	416.67	483.27	525.12	686.85
73	371.01	466.14	542.25	587.91	768.66
74	414.77	521.32	606.94	660.21	858.08
75	464.24	582.20	677.33	738.22	955.12
76	515.61	648.79	759.15	825.74	1065.47
77	570.79	723.00	844.76	920.87	1181.53
78	631.67	801.00	936.09	1019.80	1307.10
79	696.36	888.52	1036.93	1130.16	1444.09
80	764.85				
81	839.06				
82	917.06				
83	1000.78				
84	1088.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	227.73	281.02	319.78	344.01	465.14
45-49	251.95	310.09	353.70	382.77	518.44
50-54	310.09	382.77	440.91	484.52	658.95
55	358.55	445.76	513.59	557.20	765.54
56	377.93	465.14	542.66	591.12	809.15
57	397.31	494.21	576.58	625.03	852.76
58	426.38	528.13	615.34	668.64	906.06
59	450.60	562.04	654.10	712.25	964.20
60	484.52	605.65	697.71	755.85	1027.19
61	518.44	644.41	746.16	809.15	1095.02
62	552.35	688.02	799.46	867.29	1167.70
63	586.27	736.47	852.76	925.44	1250.07
64	625.03	780.08	906.06	988.42	1327.59
65	668.64	833.38	969.04	1056.26	1419.65
66	712.25	896.36	1036.88	1128.94	1526.24
67	770.39	964.20	1124.09	1220.99	1647.37
68	833.38	1041.72	1216.15	1322.74	1783.04
69	896.36	1128.94	1313.05	1429.34	1928.40
70	969.04	1225.84	1424.49	1555.31	2093.13
71	1046.57	1332.43	1550.47	1690.98	2272.41
72	1143.47	1458.41	1700.67	1860.56	2485.60
73	1259.76	1603.77	1870.25	2044.68	2723.01
74	1385.73	1763.66	2059.22	2253.02	2984.65
75	1521.40	1933.24	2262.72	2475.90	3275.37
76	1666.75	2122.20	2485.60	2723.01	3590.30
77	1816.96	2325.70	2732.70	2984.65	3929.47
78	1976.85	2543.74	2994.34	3270.52	4288.01
79	2151.28	2776.31	3270.52	3575.77	4675.63
80	2325.70				
81	2509.82				
82	2703.63				
83	2902.28				
84	3110.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	261.64	324.63	377.93	411.84	542.66
45-49	290.71	363.39	416.69	455.45	605.65
50-54	358.55	450.60	518.44	562.04	765.54
55	407.00	513.59	591.12	644.41	876.98
56	421.53	542.66	625.03	678.33	925.44
57	445.76	571.74	658.95	717.09	969.04
58	474.83	605.65	702.56	765.54	1027.19
59	508.75	639.57	741.32	814.00	1090.17
60	547.51	678.33	794.62	862.45	1153.16
61	581.43	721.94	843.07	915.75	1230.68
62	620.19	775.23	901.21	978.73	1313.05
63	658.95	818.84	964.20	1046.57	1400.27
64	702.56	876.98	1022.34	1119.24	1492.33
65	746.16	935.13	1095.02	1191.92	1594.08
66	799.46	1002.96	1167.70	1279.14	1710.36
67	852.76	1085.33	1264.60	1380.89	1846.03
68	925.44	1167.70	1366.35	1492.33	2001.07
69	998.11	1269.45	1477.79	1618.30	2160.97
70	1085.33	1380.89	1608.61	1763.66	2345.08
71	1172.54	1497.17	1749.12	1913.86	2548.58
72	1283.98	1642.53	1913.86	2097.98	2786.00
73	1409.96	1797.57	2102.82	2306.32	3047.64
74	1545.62	1972.00	2306.32	2529.20	3338.35
75	1690.98	2165.81	2538.89	2776.31	3662.98
76	1850.87	2364.46	2781.15	3047.64	4011.84
77	2015.61	2592.19	3042.79	3338.35	4384.92
78	2194.88	2829.61	3333.51	3648.45	4782.23
79	2379.00	3091.25	3629.07	3977.92	5203.76
80	2572.81				
81	2771.46				
82	2974.96				
83	3197.84				
84	3425.57				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	281.02	348.86	397.31	440.91	576.58
45-49	310.09	387.62	445.76	489.37	639.57
50-54	382.77	479.68	552.35	600.81	809.15
55	426.38	542.66	625.03	683.18	925.44
56	445.76	571.74	658.95	717.09	969.04
57	465.14	600.81	697.71	755.85	1022.34
58	494.21	634.72	736.47	804.31	1075.64
59	528.13	673.48	780.08	852.76	1138.63
60	571.74	712.25	833.38	906.06	1206.46
61	610.50	755.85	881.83	964.20	1288.83
62	649.26	809.15	944.82	1032.03	1376.04
63	688.02	862.45	1007.80	1099.86	1463.25
64	736.47	915.75	1070.79	1172.54	1560.16
65	780.08	978.73	1143.47	1250.07	1671.60
66	833.38	1046.57	1225.84	1337.28	1787.88
67	896.36	1133.78	1322.74	1448.72	1933.24
68	964.20	1225.84	1429.34	1569.85	2093.13
69	1041.72	1327.59	1550.47	1700.67	2262.72
70	1128.94	1443.87	1681.29	1846.03	2451.68
71	1225.84	1569.85	1836.34	2010.76	2669.71
72	1337.28	1715.21	2005.92	2199.73	2911.97
73	1472.95	1879.94	2199.73	2417.76	3193.00
74	1613.46	2064.06	2417.76	2650.33	3493.40
75	1768.50	2262.72	2650.33	2907.13	3832.56
76	1933.24	2475.90	2907.13	3188.15	4191.11
77	2102.82	2708.47	3178.46	3488.55	4578.73
78	2286.94	2950.74	3478.86	3808.34	4995.42
79	2475.90	3222.07	3784.11	4157.19	5431.49
80	2674.56				
81	2878.06				
82	3096.09				
83	3323.82				
84	3556.39				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	164.74	203.50	237.42	261.64	348.86
45-49	184.12	227.73	266.49	290.71	387.62
50-54	247.11	300.40	344.01	368.24	494.21
55	281.02	348.86	392.46	431.22	586.27
56	295.56	363.39	416.69	455.45	625.03
57	314.94	387.62	445.76	489.37	673.48
58	334.32	416.69	479.68	528.13	721.94
59	363.39	450.60	518.44	571.74	780.08
60	392.46	489.37	562.04	615.34	843.07
61	426.38	528.13	615.34	668.64	906.06
62	460.30	576.58	668.64	721.94	978.73
63	494.21	615.34	717.09	780.08	1056.26
64	528.13	658.95	770.39	833.38	1128.94
65	571.74	707.40	818.84	896.36	1216.15
66	615.34	755.85	881.83	964.20	1313.05
67	668.64	828.53	964.20	1046.57	1424.49
68	721.94	901.21	1056.26	1143.47	1555.31
69	784.92	988.42	1153.16	1254.91	1700.67
70	852.76	1075.64	1259.76	1376.04	1860.56
71	935.13	1187.08	1385.73	1516.55	2034.99
72	1032.03	1313.05	1531.09	1676.44	2248.18
73	1138.63	1453.56	1700.67	1860.56	2480.75
74	1264.60	1608.61	1884.79	2064.06	2742.39
75	1395.42	1783.04	2088.29	2286.94	3028.26
76	1540.78	1972.00	2301.48	2524.36	3333.51
77	1690.98	2170.66	2543.74	2786.00	3662.98
78	1850.87	2388.69	2800.53	3067.02	4016.68
79	2025.30	2621.26	3067.02	3367.42	4399.45
80	2199.73				
81	2388.69				
82	2582.50				
83	2786.00				
84	3004.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	198.65	251.95	285.87	314.94	411.84
45-49	222.88	271.33	319.78	348.86	455.45
50-54	281.02	348.86	407.00	440.91	576.58
55	324.63	407.00	460.30	508.75	683.18
56	344.01	426.38	489.37	528.13	731.63
57	358.55	450.60	518.44	562.04	775.23
58	387.62	484.52	557.20	610.50	833.38
59	416.69	523.28	605.65	654.10	891.52
60	450.60	562.04	649.26	707.40	949.66
61	484.52	605.65	702.56	765.54	1022.34
62	523.28	654.10	755.85	828.53	1099.86
63	557.20	702.56	814.00	881.83	1182.23
64	600.81	746.16	872.14	944.82	1264.60
65	644.41	804.31	930.28	1007.80	1356.66
66	688.02	862.45	998.11	1090.17	1463.25
67	746.16	935.13	1090.17	1182.23	1589.23
68	809.15	1012.65	1187.08	1288.83	1739.43
69	876.98	1109.55	1293.67	1409.96	1899.32
70	959.35	1216.15	1419.65	1545.62	2078.60
71	1046.57	1332.43	1555.31	1700.67	2282.10
72	1153.16	1472.95	1720.05	1879.94	2514.67
73	1269.45	1623.15	1904.17	2078.60	2776.31
74	1409.96	1802.42	2107.67	2306.32	3067.02
75	1555.31	1991.38	2330.55	2553.43	3381.96
76	1715.21	2194.88	2572.81	2819.91	3725.97
77	1879.94	2417.76	2834.45	3110.63	4094.21
78	2059.22	2650.33	3110.63	3420.72	4486.67
79	2238.49	2907.13	3415.88	3750.20	4908.20
80	2432.30				
81	2635.80				
82	2848.99				
83	3071.87				
84	3304.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	218.03	266.49	310.09	334.32	440.91
45-49	237.42	295.56	344.01	368.24	484.52
50-54	295.56	368.24	426.38	465.14	610.50
55	344.01	426.38	489.37	537.82	721.94
56	358.55	450.60	518.44	562.04	770.39
57	382.77	479.68	552.35	600.81	818.84
58	411.84	513.59	591.12	644.41	876.98
59	440.91	552.35	639.57	688.02	935.13
60	474.83	591.12	688.02	746.16	998.11
61	508.75	639.57	741.32	804.31	1070.79
62	547.51	688.02	799.46	867.29	1153.16
63	586.27	741.32	852.76	930.28	1235.53
64	625.03	784.92	910.90	993.27	1322.74
65	673.48	843.07	973.89	1061.10	1419.65
66	717.09	906.06	1046.57	1138.63	1526.24
67	780.08	978.73	1138.63	1235.53	1666.75
68	847.91	1065.95	1240.37	1351.81	1816.96
69	915.75	1162.85	1356.66	1477.79	1981.69
70	1002.96	1269.45	1487.48	1618.30	2170.66
71	1095.02	1395.42	1627.99	1778.19	2383.85
72	1201.61	1540.78	1802.42	1967.16	2626.11
73	1327.59	1700.67	1996.23	2175.50	2902.28
74	1472.95	1879.94	2204.57	2412.92	3202.69
75	1623.15	2073.75	2432.30	2669.71	3532.16
76	1787.88	2291.79	2684.25	2945.89	3895.55
77	1962.31	2519.51	2960.43	3251.14	4273.48
78	2141.58	2766.62	3251.14	3575.77	4685.32
79	2330.55	3033.10	3561.23	3914.93	5126.24
80	2529.20				
81	2742.39				
82	2965.27				
83	3193.00				
84	3430.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.64	27.54	31.89	33.34	34.79
45-49	27.54	30.44	34.79	36.24	39.14
50-54	33.34	37.69	42.04	44.94	50.74
55	37.69	43.49	49.29	53.64	63.78
56	40.59	46.39	53.64	57.98	69.58
57	43.49	50.74	57.98	62.33	76.83
58	47.84	55.09	63.78	68.13	84.08
59	52.19	60.88	69.58	73.93	92.78
60	57.98	68.13	76.83	81.18	101.47
61	62.33	73.93	84.08	88.43	110.17
62	68.13	81.18	91.33	97.12	120.32
63	72.48	86.98	98.57	104.37	129.02
64	76.83	92.78	105.82	113.07	137.71
65	82.63	98.57	113.07	121.77	147.86
66	88.43	107.27	121.77	131.92	159.46
67	95.67	115.97	133.36	143.51	173.95
68	104.37	127.57	146.41	158.01	191.35
69	114.52	139.16	160.91	172.50	208.74
70	124.67	152.21	176.85	189.90	230.49
71	137.71	168.16	194.25	210.19	255.13
72	152.21	187.00	215.99	233.39	282.68
73	169.61	208.74	240.64	259.48	314.57
74	188.45	231.94	268.18	289.92	350.81
75	210.19	258.03	297.17	321.81	389.95
76	233.39	287.02	330.51	356.61	431.99
77	258.03	317.47	365.30	394.30	478.37
78	284.12	350.81	402.99	434.88	527.66
79	313.12	385.60	443.58	478.37	581.30
80	342.11				
81	374.00				
82	407.34				
83	442.13				
84	479.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	118.13	143.97	166.12	180.89	217.80
45-49	129.21	158.74	184.58	199.35	243.65
50-54	158.74	195.65	228.88	247.34	310.09
55	191.96	232.57	269.49	287.94	369.16
56	203.04	247.34	284.25	306.40	395.00
57	217.80	265.79	302.71	324.86	420.84
58	232.57	284.25	324.86	347.01	450.37
59	247.34	302.71	347.01	372.85	479.91
60	262.10	324.86	372.85	402.38	513.13
61	280.56	347.01	398.69	431.92	546.36
62	299.02	369.16	428.22	465.14	586.96
63	317.48	395.00	457.76	494.67	627.57
64	339.63	417.15	487.29	527.90	671.87
65	361.78	446.68	516.82	561.12	719.86
66	387.62	476.22	553.74	598.04	771.54
67	417.15	513.13	594.35	642.34	830.61
68	450.37	553.74	642.34	694.02	897.06
69	483.60	598.04	690.33	749.39	967.20
70	524.21	649.72	749.39	812.15	1041.03
71	568.51	705.09	812.15	882.29	1129.63
72	616.50	767.85	885.98	963.51	1229.30
73	671.87	837.99	970.89	1055.80	1340.05
74	734.63	919.21	1063.18	1159.16	1465.56
75	801.08	1004.11	1166.54	1269.91	1598.46
76	871.22	1096.40	1277.29	1391.73	1746.12
77	945.05	1196.08	1395.42	1524.63	1901.17
78	1022.57	1303.13	1524.63	1664.91	2067.29
79	1103.79	1417.57	1661.22	1816.26	2248.18
80	1192.38				
81	1280.98				
82	1376.96				
83	1476.64				
84	1580.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	84.91	103.36	118.13	129.21	155.05
45-49	92.29	114.44	132.90	143.97	173.50
50-54	129.21	155.05	180.89	195.65	236.26
55	147.66	180.89	206.73	221.50	284.25
56	155.05	191.96	217.80	236.26	302.71
57	166.12	206.73	232.57	251.03	324.86
58	180.89	225.19	251.03	273.18	350.70
59	195.65	243.65	273.18	295.33	383.93
60	214.11	265.79	299.02	324.86	417.15
61	232.57	287.94	328.55	354.39	454.07
62	251.03	310.09	354.39	383.93	490.98
63	269.49	332.24	380.23	413.46	527.90
64	287.94	354.39	406.08	442.99	568.51
65	306.40	380.23	435.61	472.52	609.11
66	332.24	409.77	468.83	509.44	660.79
67	358.08	442.99	509.44	553.74	716.17
68	387.62	483.60	557.43	605.42	778.93
69	424.53	527.90	609.11	660.79	849.07
70	461.45	575.89	664.49	723.55	930.28
71	505.75	631.26	730.94	793.69	1015.19
72	553.74	694.02	804.77	874.91	1114.86
73	609.11	764.16	885.98	967.20	1225.61
74	671.87	841.68	978.27	1066.87	1347.43
75	738.32	926.59	1077.94	1173.93	1476.64
76	808.46	1018.88	1185.00	1292.06	1620.61
77	882.29	1114.86	1299.44	1417.57	1771.96
78	959.81	1218.23	1421.26	1554.16	1934.39
79	1041.03	1328.97	1554.16	1698.13	2107.90
80	1129.63				
81	1218.23				
82	1314.21				
83	1413.88				
84	1517.24				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.99	31.89	37.69	39.14	40.59
45-49	31.89	36.24	40.59	42.04	46.39
50-54	39.14	44.94	49.29	52.19	59.43
55	44.94	50.74	57.98	63.78	75.38
56	47.84	55.09	63.78	68.13	81.18
57	50.74	59.43	68.13	73.93	89.88
58	56.54	65.23	75.38	79.73	98.57
59	60.88	71.03	81.18	86.98	108.72
60	68.13	79.73	89.88	95.67	118.87
61	73.93	86.98	98.57	104.37	129.02
62	79.73	95.67	107.27	114.52	142.06
63	85.53	102.92	115.97	123.22	152.21
64	89.88	108.72	124.67	133.36	162.36
65	97.12	115.97	133.36	143.51	173.95
66	104.37	126.12	143.51	155.11	187.00
67	113.07	136.26	156.56	168.16	204.40
68	123.22	150.76	172.50	185.55	224.69
69	134.81	163.81	189.90	202.95	244.99
70	146.41	179.75	208.74	223.24	271.08
71	162.36	197.15	229.04	247.88	300.07
72	179.75	220.34	253.68	273.98	331.96
73	200.05	244.99	282.68	305.87	369.65
74	221.79	272.53	316.02	340.66	413.14
75	247.88	302.97	349.36	378.35	458.08
76	273.98	337.76	388.50	418.94	508.82
77	302.97	374.00	429.09	463.88	562.45
78	334.86	413.14	474.02	511.71	620.44
79	368.20	453.73	521.86	562.45	684.22
80	402.99				
81	440.68				
82	479.82				
83	520.41				
84	563.90				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	140.28	169.81	195.65	214.11	254.72
45-49	151.36	188.27	217.80	236.26	287.94
50-54	188.27	228.88	269.49	291.64	365.47
55	225.19	273.18	317.48	339.63	435.61
56	239.95	291.64	335.93	361.78	465.14
57	254.72	313.79	354.39	383.93	494.67
58	273.18	335.93	383.93	409.77	531.59
59	291.64	354.39	409.77	439.30	564.81
60	310.09	383.93	439.30	472.52	605.42
61	328.55	409.77	468.83	509.44	642.34
62	350.70	435.61	502.06	546.36	690.33
63	372.85	465.14	538.97	583.27	738.32
64	398.69	490.98	572.20	620.19	790.00
65	424.53	524.21	609.11	660.79	845.37
66	457.76	561.12	649.72	705.09	908.13
67	490.98	605.42	697.71	756.78	978.27
68	531.59	649.72	756.78	815.84	1055.80
69	568.51	705.09	812.15	882.29	1137.01
70	616.50	764.16	882.29	956.12	1225.61
71	668.18	830.61	956.12	1037.34	1328.97
72	723.55	904.44	1041.03	1133.32	1447.10
73	790.00	985.66	1140.70	1240.37	1576.31
74	863.83	1081.64	1251.45	1362.20	1723.97
75	941.36	1181.31	1373.27	1495.09	1879.02
76	1026.26	1288.37	1502.48	1639.07	2052.53
77	1111.17	1406.50	1642.76	1794.11	2237.10
78	1203.46	1532.01	1794.11	1960.24	2432.76
79	1299.44	1668.60	1952.85	2137.43	2643.18
80	1402.81				
81	1506.17				
82	1620.61				
83	1738.74				
84	1860.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	99.67	121.82	140.28	151.36	180.89
45-49	107.06	132.90	155.05	169.81	203.04
50-54	151.36	180.89	214.11	228.88	276.87
55	173.50	214.11	243.65	262.10	335.93
56	180.89	225.19	254.72	276.87	354.39
57	195.65	243.65	273.18	295.33	383.93
58	214.11	265.79	295.33	321.17	413.46
59	228.88	287.94	321.17	347.01	450.37
60	251.03	313.79	350.70	383.93	490.98
61	273.18	339.63	387.62	417.15	535.28
62	295.33	365.47	417.15	450.37	575.89
63	317.48	391.31	446.68	487.29	620.19
64	339.63	417.15	476.22	520.51	668.18
65	361.78	446.68	513.13	557.43	716.17
66	391.31	483.60	550.05	598.04	778.93
67	420.84	520.51	598.04	649.72	841.68
68	457.76	568.51	657.10	712.48	915.51
69	498.36	620.19	716.17	778.93	1000.42
70	542.66	679.25	782.62	852.76	1092.71
71	594.35	742.01	860.14	933.97	1196.08
72	649.72	815.84	945.05	1029.95	1310.52
73	716.17	900.75	1041.03	1137.01	1443.41
74	790.00	989.35	1151.78	1255.14	1583.69
75	867.52	1089.02	1269.91	1380.66	1738.74
76	952.43	1199.77	1395.42	1520.94	1904.86
77	1037.34	1310.52	1528.32	1668.60	2085.75
78	1129.63	1432.34	1672.29	1827.34	2274.02
79	1225.61	1565.24	1827.34	1997.15	2480.75
80	1328.97				
81	1432.34				
82	1546.78				
83	1664.91				
84	1786.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.80	34.43	39.86	41.68	43.49
45-49	34.43	38.05	43.49	45.30	48.92
50-54	41.68	47.11	52.55	56.17	63.42
55	47.11	54.36	61.61	67.04	79.73
56	50.74	57.98	67.04	72.48	86.98
57	54.36	63.42	72.48	77.92	96.04
58	59.80	68.86	79.73	85.16	105.10
59	65.23	76.10	86.98	92.41	115.97
60	72.48	85.16	96.04	101.47	126.84
61	77.92	92.41	105.10	110.53	137.71
62	85.16	101.47	114.16	121.41	150.40
63	90.60	108.72	123.22	130.47	161.27
64	96.04	115.97	132.28	141.34	172.14
65	103.29	123.22	141.34	152.21	184.83
66	110.53	134.09	152.21	164.89	199.32
67	119.59	144.96	166.71	179.39	217.44
68	130.47	159.46	183.01	197.51	239.19
69	143.15	173.95	201.13	215.63	260.93
70	155.83	190.26	221.07	237.37	288.11
71	172.14	210.19	242.81	262.74	318.92
72	190.26	233.75	269.99	291.74	353.34
73	212.01	260.93	300.80	324.35	393.21
74	235.56	289.92	335.22	362.40	438.51
75	262.74	322.54	371.46	402.27	487.43
76	291.74	358.78	413.14	445.76	539.98
77	322.54	396.83	456.63	492.87	597.97
78	355.16	438.51	503.74	543.61	659.58
79	391.40	482.00	554.48	597.97	726.62
80	427.64				
81	467.50				
82	509.18				
83	552.67				
84	599.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	147.66	179.97	207.65	226.11	272.25
45-49	161.51	198.42	230.72	249.18	304.56
50-54	198.42	244.57	286.10	309.17	387.62
55	239.95	290.71	336.86	359.93	461.45
56	253.80	309.17	355.32	383.00	493.75
57	272.25	332.24	378.39	406.08	526.05
58	290.71	355.32	406.08	433.76	562.97
59	309.17	378.39	433.76	466.06	599.88
60	327.63	406.08	466.06	502.98	641.41
61	350.70	433.76	498.36	539.90	682.94
62	373.77	461.45	535.28	581.43	733.70
63	396.85	493.75	572.20	618.34	784.46
64	424.53	521.44	609.11	659.87	839.84
65	452.22	558.35	646.03	701.40	899.83
66	484.52	595.27	692.17	747.55	964.43
67	521.44	641.41	742.93	802.92	1038.26
68	562.97	692.17	802.92	867.52	1121.32
69	604.50	747.55	862.91	936.74	1209.00
70	655.26	812.15	936.74	1015.19	1301.29
71	710.63	881.37	1015.19	1102.86	1412.03
72	770.62	959.81	1107.48	1204.38	1536.63
73	839.84	1047.49	1213.61	1319.74	1675.06
74	918.28	1149.01	1328.97	1448.95	1831.95
75	1001.34	1255.14	1458.18	1587.38	1998.07
76	1089.02	1370.50	1596.61	1739.66	2182.65
77	1181.31	1495.09	1744.28	1905.78	2376.46
78	1278.21	1628.92	1905.78	2081.14	2584.11
79	1379.73	1771.96	2076.52	2270.33	2810.22
80	1490.48				
81	1601.23				
82	1721.20				
83	1845.80				
84	1975.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017), 70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106.13	129.21	147.66	161.51	193.81
45-49	115.36	143.05	166.12	179.97	216.88
50-54	161.51	193.81	226.11	244.57	295.33
55	184.58	226.11	258.41	276.87	355.32
56	193.81	239.95	272.25	295.33	378.39
57	207.65	258.41	290.71	313.79	406.08
58	226.11	281.48	313.79	341.47	438.38
59	244.57	304.56	341.47	369.16	479.91
60	267.64	332.24	373.77	406.08	521.44
61	290.71	359.93	410.69	442.99	567.58
62	313.79	387.62	442.99	479.91	613.73
63	336.86	415.30	475.29	516.82	659.87
64	359.93	442.99	507.59	553.74	710.63
65	383.00	475.29	544.51	590.65	761.39
66	415.30	512.21	586.04	636.80	825.99
67	447.61	553.74	636.80	692.17	895.21
68	484.52	604.50	696.79	756.78	973.66
69	530.67	659.87	761.39	825.99	1061.33
70	576.81	719.86	830.61	904.44	1162.85
71	632.19	789.08	913.67	992.12	1268.98
72	692.17	867.52	1005.96	1093.63	1393.58
73	761.39	955.20	1107.48	1209.00	1532.01
74	839.84	1052.10	1222.84	1333.59	1684.29
75	922.90	1158.24	1347.43	1467.41	1845.80
76	1010.57	1273.60	1481.25	1615.07	2025.76
77	1102.86	1393.58	1624.30	1771.96	2214.96
78	1199.77	1522.78	1776.58	1942.70	2417.99
79	1301.29	1661.22	1942.70	2122.67	2634.87
80	1412.03				
81	1522.78				
82	1642.76				
83	1767.35				
84	1896.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	39.86	47.11	48.92	50.74
45-49	39.86	45.30	50.74	52.55	57.98
50-54	48.92	56.17	61.61	65.23	74.29
55	56.17	63.42	72.48	79.73	94.23
56	59.80	68.86	79.73	85.16	101.47
57	63.42	74.29	85.16	92.41	112.35
58	70.67	81.54	94.23	99.66	123.22
59	76.10	88.79	101.47	108.72	135.90
60	85.16	99.66	112.35	119.59	148.59
61	92.41	108.72	123.22	130.47	161.27
62	99.66	119.59	134.09	143.15	177.58
63	106.91	128.65	144.96	154.02	190.26
64	112.35	135.90	155.83	166.71	202.95
65	121.41	144.96	166.71	179.39	217.44
66	130.47	157.65	179.39	193.89	233.75
67	141.34	170.33	195.70	210.19	255.49
68	154.02	188.45	215.63	231.94	280.86
69	168.52	204.76	237.37	253.68	306.23
70	183.01	224.69	260.93	279.05	338.85
71	202.95	246.43	286.30	309.86	375.09
72	224.69	275.43	317.10	342.47	414.95
73	250.06	306.23	353.34	382.34	462.07
74	277.24	340.66	395.02	425.82	516.43
75	309.86	378.71	436.70	472.94	572.60
76	342.47	422.20	485.62	523.67	636.02
77	378.71	467.50	536.36	579.85	703.06
78	418.58	516.43	592.53	639.64	775.54
79	460.25	567.16	652.33	703.06	855.27
80	503.74				
81	550.85				
82	599.78				
83	650.52				
84	704.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	175.35	212.27	244.57	267.64	318.40
45-49	189.19	235.34	272.25	295.33	359.93
50-54	235.34	286.10	336.86	364.54	456.83
55	281.48	341.47	396.85	424.53	544.51
56	299.94	364.54	419.92	452.22	581.43
57	318.40	392.23	442.99	479.91	618.34
58	341.47	419.92	479.91	512.21	664.49
59	364.54	442.99	512.21	549.12	706.02
60	387.62	479.91	549.12	590.65	756.78
61	410.69	512.21	586.04	636.80	802.92
62	438.38	544.51	627.57	682.94	862.91
63	466.06	581.43	673.72	729.09	922.90
64	498.36	613.73	715.25	775.23	987.50
65	530.67	655.26	761.39	825.99	1056.72
66	572.20	701.40	812.15	881.37	1135.16
67	613.73	756.78	872.14	945.97	1222.84
68	664.49	812.15	945.97	1019.80	1319.74
69	710.63	881.37	1015.19	1102.86	1421.26
70	770.62	955.20	1102.86	1195.15	1532.01
71	835.22	1038.26	1195.15	1296.67	1661.22
72	904.44	1130.55	1301.29	1416.65	1808.88
73	987.50	1232.07	1425.88	1550.47	1970.39
74	1079.79	1352.05	1564.31	1702.75	2154.97
75	1176.69	1476.64	1716.59	1868.87	2348.78
76	1282.83	1610.46	1878.10	2048.83	2565.66
77	1388.96	1758.12	2053.45	2242.64	2796.38
78	1504.32	1915.01	2242.64	2450.29	3040.95
79	1624.30	2085.75	2441.07	2671.79	3303.97
80	1753.51				
81	1882.71				
82	2025.76				
83	2173.42				
84	2325.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	124.59	152.28	175.35	189.19	226.11
45-49	133.82	166.12	193.81	212.27	253.80
50-54	189.19	226.11	267.64	286.10	346.09
55	216.88	267.64	304.56	327.63	419.92
56	226.11	281.48	318.40	346.09	442.99
57	244.57	304.56	341.47	369.16	479.91
58	267.64	332.24	369.16	401.46	516.82
59	286.10	359.93	401.46	433.76	562.97
60	313.79	392.23	438.38	479.91	613.73
61	341.47	424.53	484.52	521.44	669.10
62	369.16	456.83	521.44	562.97	719.86
63	396.85	489.14	558.35	609.11	775.23
64	424.53	521.44	595.27	650.64	835.22
65	452.22	558.35	641.41	696.79	895.21
66	489.14	604.50	687.56	747.55	973.66
67	526.05	650.64	747.55	812.15	1052.10
68	572.20	710.63	821.38	890.60	1144.39
69	622.96	775.23	895.21	973.66	1250.53
70	678.33	849.07	978.27	1065.95	1365.89
71	742.93	927.51	1075.18	1167.47	1495.09
72	812.15	1019.80	1181.31	1287.44	1638.14
73	895.21	1125.94	1301.29	1421.26	1804.27
74	987.50	1236.68	1439.72	1568.93	1979.62
75	1084.41	1361.27	1587.38	1725.82	2173.42
76	1190.54	1499.71	1744.28	1901.17	2381.08
77	1296.67	1638.14	1910.40	2085.75	2607.19
78	1412.03	1790.42	2090.36	2284.17	2842.53
79	1532.01	1956.54	2284.17	2496.44	3100.94
80	1661.22				
81	1790.42				
82	1933.47				
83	2081.14				
84	2233.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A45
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.34	36.24	39.14	50.74
45-49	30.44	37.69	40.59	43.49	56.54
50-54	37.69	44.94	50.74	53.64	69.58
55	43.49	52.19	57.98	62.33	82.63
56	46.39	55.09	62.33	66.68	86.98
57	49.29	59.43	66.68	71.03	94.23
58	53.64	63.78	72.48	76.83	101.47
59	57.98	69.58	78.28	84.08	110.17
60	62.33	75.38	85.53	91.33	120.32
61	68.13	81.18	92.78	100.02	130.47
62	73.93	88.43	101.47	108.72	142.06
63	79.73	95.67	108.72	117.42	153.66
64	84.08	101.47	117.42	126.12	163.81
65	89.88	108.72	126.12	134.81	175.40
66	95.67	117.42	136.26	146.41	189.90
67	104.37	127.57	147.86	159.46	207.30
68	114.52	139.16	160.91	175.40	227.59
69	124.67	152.21	176.85	191.35	249.33
70	136.26	166.71	192.80	210.19	273.98
71	149.31	184.10	213.09	231.94	301.52
72	165.26	204.40	236.29	258.03	334.86
73	182.65	227.59	263.83	287.02	372.55
74	202.95	253.68	292.82	320.37	413.14
75	226.14	281.23	326.16	356.61	458.08
76	249.33	311.67	362.40	395.75	507.37
77	275.43	345.01	401.54	437.78	561.00
78	302.97	381.25	443.58	484.17	617.54
79	333.41	418.94	488.52	532.01	678.42
80	365.30				
81	398.64				
82	434.88				
83	472.57				
84	513.16				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	43.49	44.94	59.43
45-49	36.24	43.49	47.84	50.74	65.23
50-54	42.04	50.74	57.98	62.33	81.18
55	49.29	57.98	65.23	71.03	94.23
56	52.19	60.88	69.58	75.38	98.57
57	55.09	65.23	73.93	79.73	105.82
58	59.43	71.03	79.73	85.53	113.07
59	63.78	76.83	86.98	94.23	121.77
60	68.13	84.08	94.23	101.47	131.92
61	73.93	89.88	102.92	111.62	143.51
62	79.73	97.12	111.62	120.32	155.11
63	85.53	104.37	120.32	129.02	168.16
64	91.33	111.62	127.57	137.71	179.75
65	98.57	118.87	137.71	146.41	192.80
66	104.37	127.57	147.86	158.01	208.74
67	113.07	139.16	159.46	172.50	227.59
68	123.22	150.76	175.40	189.90	249.33
69	134.81	165.26	191.35	207.30	272.53
70	147.86	182.65	208.74	227.59	300.07
71	160.91	200.05	231.94	250.78	330.51
72	178.30	223.24	256.58	279.78	365.30
73	198.60	247.88	285.57	311.67	405.89
74	218.89	275.43	318.92	346.46	449.38
75	243.54	305.87	355.16	385.60	498.67
76	268.18	339.21	394.30	429.09	552.30
77	297.17	374.00	436.33	475.47	610.29
78	326.16	413.14	482.72	526.21	671.17
79	358.06	455.18	530.56	578.40	737.85
80	391.40				
81	427.64				
82	465.33				
83	504.47				
84	546.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.34	40.59	46.39	47.84	62.33
45-49	37.69	44.94	50.74	53.64	69.58
50-54	43.49	53.64	60.88	65.23	86.98
55	50.74	60.88	68.13	73.93	98.57
56	53.64	63.78	72.48	78.28	104.37
57	56.54	68.13	76.83	84.08	110.17
58	60.88	73.93	82.63	89.88	118.87
59	65.23	79.73	89.88	98.57	127.57
60	71.03	86.98	98.57	105.82	137.71
61	76.83	94.23	107.27	115.97	149.31
62	82.63	101.47	115.97	124.67	160.91
63	88.43	108.72	124.67	133.36	173.95
64	94.23	115.97	131.92	142.06	185.55
65	101.47	123.22	142.06	152.21	200.05
66	108.72	131.92	152.21	163.81	215.99
67	117.42	143.51	165.26	178.30	236.29
68	127.57	156.56	181.20	195.70	258.03
69	139.16	171.05	197.15	214.54	282.68
70	152.21	188.45	215.99	234.84	310.22
71	166.71	207.30	239.19	259.48	342.11
72	184.10	230.49	265.28	288.47	378.35
73	204.40	256.58	295.72	321.81	420.39
74	226.14	284.12	329.06	358.06	465.33
75	250.78	316.02	366.75	398.64	516.06
76	276.88	350.81	407.34	443.58	571.15
77	305.87	387.05	450.83	491.42	630.58
78	336.31	426.19	498.67	543.61	694.37
79	368.20	469.68	549.40	598.69	762.50
80	402.99				
81	439.23				
82	478.37				
83	518.96				
84	561.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	132.90	166.12	191.96	210.42	276.87
45-49	147.66	184.58	214.11	232.57	306.40
50-54	180.89	225.19	262.10	284.25	391.31
55	206.73	262.10	302.71	328.55	454.07
56	217.80	276.87	321.17	347.01	476.22
57	232.57	295.33	339.63	369.16	505.75
58	247.34	313.79	361.78	395.00	535.28
59	265.79	335.93	387.62	420.84	568.51
60	284.25	358.08	413.46	446.68	605.42
61	302.71	383.93	442.99	479.91	646.03
62	324.86	409.77	472.52	513.13	690.33
63	347.01	435.61	502.06	546.36	738.32
64	369.16	465.14	535.28	583.27	786.31
65	391.31	494.67	572.20	620.19	837.99
66	420.84	527.90	609.11	664.49	897.06
67	450.37	568.51	657.10	716.17	967.20
68	483.60	612.80	708.79	775.23	1044.72
69	520.51	657.10	767.85	837.99	1125.94
70	561.12	712.48	830.61	908.13	1214.53
71	609.11	771.54	900.75	985.66	1317.90
72	660.79	837.99	981.96	1074.25	1432.34
73	719.86	915.51	1074.25	1173.93	1561.54
74	786.31	1000.42	1173.93	1284.67	1701.82
75	860.14	1092.71	1280.98	1402.81	1856.87
76	933.97	1196.08	1399.11	1532.01	2022.99
77	1015.19	1303.13	1524.63	1672.29	2200.19
78	1096.40	1421.26	1657.52	1819.95	2388.46
79	1185.00	1543.09	1801.50	1978.69	2591.50
80	1277.29				
81	1369.58				
82	1469.25				
83	1572.62				
84	1679.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	147.66	188.27	217.80	239.95	310.09
45-49	166.12	206.73	243.65	262.10	347.01
50-54	203.04	254.72	299.02	324.86	439.30
55	228.88	291.64	343.32	372.85	502.06
56	239.95	306.40	361.78	391.31	524.21
57	254.72	324.86	380.23	413.46	553.74
58	269.49	343.32	402.38	439.30	586.96
59	287.94	365.47	428.22	465.14	623.88
60	310.09	391.31	454.07	494.67	660.79
61	332.24	417.15	483.60	524.21	705.09
62	354.39	446.68	513.13	561.12	753.08
63	376.54	476.22	546.36	594.35	804.77
64	398.69	505.75	583.27	634.95	852.76
65	424.53	535.28	620.19	675.56	911.82
66	454.07	572.20	664.49	727.24	970.89
67	487.29	616.50	716.17	782.62	1048.41
68	524.21	664.49	775.23	849.07	1129.63
69	564.81	712.48	834.30	915.51	1218.23
70	609.11	775.23	904.44	989.35	1314.21
71	657.10	837.99	981.96	1074.25	1424.95
72	716.17	911.82	1066.87	1170.23	1550.47
73	778.93	996.73	1166.54	1277.29	1690.75
74	849.07	1085.33	1273.60	1395.42	1842.10
75	926.59	1185.00	1388.04	1520.94	2008.23
76	1007.80	1292.06	1513.55	1657.52	2181.73
77	1089.02	1402.81	1646.45	1805.19	2373.69
78	1177.62	1524.63	1790.42	1963.93	2573.04
79	1266.22	1653.83	1941.78	2130.05	2790.84
80	1365.89				
81	1461.87				
82	1568.93				
83	1675.98				
84	1786.73				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	155.05	195.65	228.88	251.03	324.86
45-49	173.50	217.80	254.72	276.87	361.78
50-54	214.11	269.49	313.79	339.63	457.76
55	239.95	302.71	358.08	391.31	520.51
56	251.03	317.48	376.54	409.77	546.36
57	265.79	335.93	395.00	431.92	575.89
58	280.56	358.08	417.15	457.76	609.11
59	299.02	380.23	442.99	483.60	646.03
60	321.17	406.08	468.83	513.13	686.64
61	343.32	431.92	498.36	542.66	730.94
62	365.47	461.45	531.59	579.58	778.93
63	387.62	490.98	564.81	616.50	830.61
64	413.46	520.51	601.73	657.10	882.29
65	439.30	553.74	642.34	701.40	941.36
66	468.83	590.65	690.33	753.08	1004.11
67	502.06	634.95	742.01	812.15	1081.64
68	538.97	686.64	801.08	878.60	1166.54
69	583.27	738.32	863.83	948.74	1258.83
70	627.57	801.08	933.97	1026.26	1358.51
71	679.25	867.52	1015.19	1111.17	1472.95
72	738.32	945.05	1103.79	1210.84	1602.15
73	804.77	1029.95	1203.46	1321.59	1746.12
74	874.91	1122.24	1314.21	1443.41	1901.17
75	952.43	1221.92	1432.34	1572.62	2070.98
76	1037.34	1332.66	1561.54	1712.90	2251.87
77	1122.24	1447.10	1698.13	1864.25	2447.53
78	1210.84	1568.93	1845.80	2026.68	2654.25
79	1303.13	1701.82	2000.84	2196.50	2875.75
80	1402.81				
81	1502.48				
82	1609.53				
83	1720.28				
84	1834.72				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	99.67	121.82	143.97	155.05	206.73
45-49	110.75	136.59	158.74	173.50	228.88
50-54	143.97	177.20	203.04	225.19	295.33
55	166.12	203.04	236.26	258.41	350.70
56	173.50	214.11	247.34	269.49	372.85
57	184.58	228.88	265.79	287.94	398.69
58	199.35	247.34	287.94	310.09	428.22
59	214.11	265.79	310.09	335.93	461.45
60	232.57	291.64	335.93	365.47	494.67
61	254.72	313.79	365.47	395.00	535.28
62	273.18	339.63	395.00	428.22	575.89
63	291.64	365.47	424.53	457.76	620.19
64	313.79	391.31	454.07	490.98	664.49
65	332.24	417.15	483.60	524.21	712.48
66	358.08	450.37	520.51	564.81	767.85
67	387.62	487.29	564.81	612.80	834.30
68	420.84	531.59	616.50	668.18	908.13
69	457.76	579.58	671.87	730.94	989.35
70	498.36	631.26	734.63	801.08	1081.64
71	546.36	694.02	804.77	878.60	1181.31
72	598.04	760.47	885.98	967.20	1295.75
73	657.10	837.99	974.58	1066.87	1424.95
74	723.55	919.21	1074.25	1173.93	1561.54
75	793.69	1011.50	1181.31	1292.06	1712.90
76	871.22	1107.48	1295.75	1421.26	1879.02
77	948.74	1214.53	1421.26	1557.85	2052.53
78	1029.95	1325.28	1554.16	1705.52	2240.80
79	1118.55	1447.10	1694.44	1860.56	2436.45
80	1210.84				
81	1306.82				
82	1406.50				
83	1509.86				
84	1620.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	114.44	143.97	166.12	177.20	236.26
45-49	129.21	158.74	180.89	199.35	262.10
50-54	158.74	199.35	232.57	254.72	332.24
55	184.58	228.88	265.79	287.94	391.31
56	195.65	243.65	280.56	306.40	413.46
57	206.73	258.41	299.02	324.86	442.99
58	221.50	276.87	321.17	350.70	472.52
59	236.26	295.33	343.32	376.54	505.75
60	254.72	321.17	372.85	406.08	542.66
61	276.87	343.32	402.38	439.30	583.27
62	295.33	369.16	431.92	472.52	623.88
63	317.48	395.00	465.14	505.75	671.87
64	339.63	424.53	494.67	538.97	719.86
65	361.78	454.07	527.90	575.89	767.85
66	391.31	490.98	568.51	620.19	830.61
67	424.53	527.90	616.50	668.18	900.75
68	461.45	575.89	671.87	730.94	981.96
69	498.36	627.57	730.94	797.38	1070.56
70	538.97	682.94	797.38	867.52	1166.54
71	586.96	749.39	871.22	952.43	1277.29
72	642.34	819.53	959.81	1048.41	1399.11
73	705.09	904.44	1055.80	1155.47	1535.70
74	775.23	993.04	1159.16	1269.91	1687.06
75	852.76	1089.02	1277.29	1399.11	1849.49
76	933.97	1192.38	1402.81	1539.39	2026.68
77	1018.88	1306.82	1535.70	1683.37	2214.96
78	1103.79	1428.65	1679.67	1842.10	2417.99
79	1199.77	1557.85	1831.03	2011.92	2632.11
80	1295.75				
81	1399.11				
82	1502.48				
83	1609.53				
84	1727.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	121.82	151.36	173.50	188.27	251.03
45-49	136.59	166.12	191.96	210.42	276.87
50-54	166.12	206.73	243.65	265.79	347.01
55	191.96	239.95	280.56	302.71	409.77
56	203.04	254.72	295.33	321.17	431.92
57	214.11	269.49	313.79	339.63	461.45
58	228.88	287.94	335.93	365.47	490.98
59	247.34	310.09	358.08	391.31	524.21
60	265.79	332.24	387.62	424.53	561.12
61	284.25	358.08	417.15	457.76	601.73
62	306.40	383.93	446.68	490.98	646.03
63	328.55	409.77	479.91	524.21	694.02
64	350.70	439.30	513.13	561.12	742.01
65	376.54	468.83	546.36	598.04	793.69
66	406.08	505.75	590.65	642.34	856.45
67	439.30	546.36	638.65	694.02	930.28
68	476.22	594.35	694.02	756.78	1011.50
69	513.13	646.03	756.78	823.23	1103.79
70	557.43	705.09	823.23	897.06	1203.46
71	605.42	771.54	900.75	985.66	1317.90
72	660.79	845.37	989.35	1081.64	1443.41
73	727.24	930.28	1089.02	1192.38	1583.69
74	797.38	1022.57	1196.08	1310.52	1742.43
75	878.60	1122.24	1317.90	1443.41	1908.55
76	959.81	1229.30	1447.10	1587.38	2089.44
77	1048.41	1347.43	1583.69	1738.74	2285.10
78	1137.01	1472.95	1731.36	1901.17	2491.82
79	1232.99	1605.84	1890.10	2078.37	2713.32
80	1332.66				
81	1436.03				
82	1543.09				
83	1653.83				
84	1771.96				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.89	39.14	42.04	46.39	59.43
45-49	36.24	44.94	47.84	50.74	66.68
50-54	44.94	52.19	59.43	63.78	81.18
55	50.74	60.88	68.13	73.93	97.12
56	55.09	65.23	73.93	78.28	102.92
57	57.98	69.58	78.28	84.08	110.17
58	63.78	75.38	85.53	89.88	118.87
59	68.13	81.18	92.78	98.57	129.02
60	73.93	88.43	100.02	107.27	142.06
61	79.73	95.67	108.72	117.42	153.66
62	86.98	104.37	118.87	127.57	166.71
63	94.23	113.07	127.57	137.71	181.20
64	98.57	118.87	137.71	147.86	192.80
65	105.82	127.57	147.86	158.01	205.85
66	113.07	137.71	160.91	172.50	223.24
67	123.22	150.76	173.95	187.00	243.54
68	134.81	163.81	189.90	205.85	268.18
69	146.41	179.75	208.74	224.69	292.82
70	160.91	195.70	226.14	247.88	321.81
71	175.40	215.99	250.78	272.53	355.16
72	194.25	240.64	278.33	302.97	394.30
73	214.54	268.18	310.22	337.76	437.78
74	239.19	298.62	345.01	376.90	485.62
75	266.73	330.51	384.15	418.94	539.26
76	292.82	366.75	426.19	465.33	597.24
77	324.71	405.89	472.57	514.61	659.58
78	356.61	447.93	521.86	569.70	726.26
79	392.85	492.87	574.05	626.23	798.74
80	429.09				
81	469.68				
82	511.71				
83	556.65				
84	603.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	50.74	52.19	69.58
45-49	42.04	50.74	56.54	59.43	76.83
50-54	49.29	59.43	68.13	73.93	95.67
55	57.98	68.13	76.83	84.08	110.17
56	60.88	71.03	81.18	88.43	115.97
57	65.23	76.83	86.98	94.23	124.67
58	69.58	84.08	94.23	100.02	133.36
59	75.38	89.88	102.92	110.17	143.51
60	79.73	98.57	110.17	118.87	155.11
61	86.98	105.82	121.77	131.92	168.16
62	94.23	114.52	131.92	142.06	182.65
63	100.02	123.22	142.06	152.21	197.15
64	107.27	131.92	150.76	162.36	211.64
65	115.97	139.16	162.36	172.50	226.14
66	123.22	150.76	173.95	185.55	244.99
67	133.36	163.81	187.00	202.95	268.18
68	144.96	176.85	205.85	223.24	292.82
69	158.01	194.25	224.69	243.54	320.37
70	173.95	214.54	244.99	268.18	353.71
71	189.90	234.84	272.53	295.72	388.50
72	210.19	262.38	301.52	329.06	429.09
73	233.39	291.37	336.31	366.75	476.92
74	258.03	324.71	375.45	407.34	529.11
75	287.02	359.50	417.49	453.73	587.09
76	316.02	398.64	463.88	504.47	649.43
77	349.36	440.68	513.16	559.55	717.56
78	384.15	485.62	568.25	618.99	790.04
79	421.84	534.91	624.78	679.87	868.32
80	460.98				
81	503.02				
82	547.95				
83	592.89				
84	643.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.14	47.84	55.09	56.54	73.93
45-49	44.94	52.19	59.43	63.78	81.18
50-54	50.74	63.78	71.03	76.83	102.92
55	59.43	71.03	79.73	86.98	115.97
56	63.78	75.38	85.53	92.78	123.22
57	66.68	79.73	89.88	98.57	129.02
58	71.03	86.98	97.12	105.82	139.16
59	76.83	94.23	105.82	115.97	150.76
60	84.08	102.92	115.97	124.67	162.36
61	89.88	110.17	126.12	136.26	175.40
62	97.12	118.87	136.26	146.41	189.90
63	104.37	127.57	146.41	156.56	204.40
64	110.17	136.26	155.11	166.71	218.89
65	118.87	144.96	166.71	179.75	234.84
66	127.57	155.11	179.75	192.80	253.68
67	137.71	168.16	194.25	210.19	278.33
68	150.76	184.10	213.09	230.49	302.97
69	163.81	201.50	231.94	252.23	331.96
70	179.75	221.79	253.68	276.88	365.30
71	195.70	243.54	281.23	305.87	402.99
72	215.99	271.08	311.67	339.21	445.03
73	240.64	301.52	347.91	378.35	494.32
74	266.73	334.86	387.05	421.84	547.95
75	295.72	371.10	431.99	469.68	607.39
76	326.16	413.14	479.82	521.86	672.62
77	359.50	455.18	530.56	578.40	742.20
78	395.75	501.57	587.09	639.28	817.58
79	433.44	552.30	646.53	704.51	897.31
80	474.02				
81	516.06				
82	562.45				
83	610.29				
84	659.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	155.05	195.65	225.19	247.34	324.86
45-49	173.50	217.80	251.03	273.18	361.78
50-54	214.11	265.79	310.09	335.93	461.45
55	243.65	310.09	354.39	387.62	535.28
56	254.72	324.86	376.54	409.77	561.12
57	273.18	347.01	398.69	435.61	594.35
58	291.64	369.16	424.53	465.14	631.26
59	313.79	395.00	457.76	494.67	668.18
60	335.93	420.84	487.29	524.21	712.48
61	354.39	450.37	520.51	564.81	760.47
62	383.93	483.60	557.43	605.42	812.15
63	409.77	513.13	590.65	642.34	867.52
64	435.61	546.36	631.26	686.64	926.59
65	461.45	583.27	671.87	730.94	985.66
66	494.67	620.19	716.17	782.62	1055.80
67	531.59	668.18	771.54	841.68	1137.01
68	568.51	719.86	834.30	911.82	1229.30
69	612.80	771.54	904.44	985.66	1325.28
70	660.79	837.99	978.27	1066.87	1428.65
71	716.17	908.13	1059.49	1159.16	1550.47
72	778.93	985.66	1155.47	1262.52	1683.37
73	845.37	1077.94	1262.52	1380.66	1838.41
74	926.59	1177.62	1380.66	1509.86	2000.84
75	1011.50	1284.67	1506.17	1650.14	2185.42
76	1100.09	1406.50	1646.45	1801.50	2381.08
77	1196.08	1532.01	1794.11	1967.62	2587.81
78	1288.37	1672.29	1949.16	2141.12	2809.30
79	1395.42	1816.26	2118.97	2329.39	3049.26
80	1502.48				
81	1609.53				
82	1727.67				
83	1849.49				
84	1975.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	173.50	221.50	254.72	280.56	365.47
45-49	195.65	243.65	287.94	310.09	409.77
50-54	239.95	299.02	350.70	383.93	516.82
55	269.49	343.32	402.38	439.30	590.65
56	280.56	361.78	424.53	461.45	616.50
57	299.02	383.93	446.68	487.29	649.72
58	317.48	402.38	472.52	516.82	690.33
59	339.63	428.22	502.06	546.36	734.63
60	365.47	461.45	535.28	583.27	778.93
61	391.31	490.98	568.51	616.50	830.61
62	417.15	524.21	605.42	660.79	885.98
63	442.99	561.12	642.34	697.71	945.05
64	468.83	594.35	686.64	745.70	1004.11
65	498.36	631.26	730.94	793.69	1074.25
66	535.28	671.87	782.62	856.45	1140.70
67	572.20	723.55	841.68	919.21	1232.99
68	616.50	782.62	911.82	1000.42	1328.97
69	664.49	837.99	981.96	1077.94	1432.34
70	716.17	911.82	1063.18	1162.85	1546.78
71	771.54	985.66	1155.47	1262.52	1675.98
72	841.68	1074.25	1255.14	1376.96	1823.65
73	915.51	1173.93	1373.27	1502.48	1989.77
74	1000.42	1277.29	1498.79	1642.76	2166.96
75	1089.02	1395.42	1631.68	1790.42	2362.62
76	1185.00	1520.94	1779.35	1949.16	2565.66
77	1280.98	1650.14	1938.09	2122.67	2790.84
78	1384.35	1794.11	2107.90	2310.94	3027.11
79	1491.40	1945.47	2285.10	2506.59	3281.83
80	1605.84				
81	1720.28				
82	1845.80				
83	1971.31				
84	2100.52				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	180.89	228.88	269.49	295.33	383.93
45-49	203.04	254.72	299.02	324.86	424.53
50-54	251.03	317.48	369.16	398.69	538.97
55	280.56	354.39	420.84	461.45	612.80
56	295.33	372.85	442.99	483.60	642.34
57	313.79	395.00	465.14	509.44	679.25
58	328.55	420.84	490.98	538.97	716.17
59	350.70	446.68	520.51	568.51	760.47
60	376.54	476.22	550.05	605.42	808.46
61	402.38	509.44	586.96	638.65	860.14
62	428.22	542.66	623.88	682.94	915.51
63	457.76	575.89	664.49	723.55	978.27
64	487.29	612.80	708.79	771.54	1037.34
65	516.82	649.72	756.78	826.92	1107.48
66	550.05	694.02	812.15	885.98	1181.31
67	590.65	745.70	871.22	956.12	1273.60
68	634.95	808.46	941.36	1033.65	1373.27
69	686.64	867.52	1015.19	1114.86	1480.33
70	738.32	941.36	1100.09	1207.15	1598.46
71	797.38	1018.88	1196.08	1306.82	1731.36
72	867.52	1111.17	1299.44	1424.95	1886.40
73	945.05	1210.84	1417.57	1554.16	2052.53
74	1029.95	1321.59	1546.78	1698.13	2237.10
75	1122.24	1436.03	1683.37	1849.49	2436.45
76	1221.92	1568.93	1838.41	2015.61	2650.56
77	1321.59	1701.82	1997.15	2192.81	2879.44
78	1424.95	1845.80	2170.66	2384.77	3123.09
79	1532.01	2000.84	2355.24	2584.11	3381.50
80	1650.14				
81	1768.27				
82	1893.79				
83	2022.99				
84	2159.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	118.13	143.97	169.81	180.89	243.65
45-49	129.21	162.43	188.27	203.04	269.49
50-54	169.81	206.73	239.95	265.79	347.01
55	195.65	239.95	276.87	302.71	413.46
56	203.04	251.03	291.64	317.48	439.30
57	217.80	269.49	313.79	339.63	468.83
58	236.26	291.64	339.63	365.47	502.06
59	251.03	313.79	365.47	395.00	542.66
60	273.18	343.32	395.00	428.22	583.27
61	299.02	369.16	428.22	465.14	631.26
62	321.17	398.69	465.14	502.06	679.25
63	343.32	428.22	498.36	538.97	730.94
64	369.16	461.45	535.28	575.89	782.62
65	391.31	490.98	568.51	616.50	837.99
66	420.84	531.59	612.80	664.49	904.44
67	457.76	572.20	664.49	719.86	981.96
68	494.67	623.88	723.55	786.31	1066.87
69	538.97	682.94	790.00	860.14	1162.85
70	586.96	742.01	863.83	941.36	1273.60
71	642.34	815.84	945.05	1033.65	1388.04
72	705.09	893.37	1041.03	1137.01	1524.63
73	771.54	985.66	1148.09	1255.14	1675.98
74	852.76	1081.64	1262.52	1380.66	1838.41
75	933.97	1188.69	1388.04	1520.94	2015.61
76	1026.26	1303.13	1524.63	1672.29	2211.26
77	1114.86	1428.65	1672.29	1831.03	2414.30
78	1210.84	1557.85	1827.34	2008.23	2635.80
79	1314.21	1701.82	1993.46	2189.11	2864.68
80	1424.95				
81	1535.70				
82	1653.83				
83	1775.66				
84	1904.86				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	132.90	169.81	195.65	206.73	276.87
45-49	151.36	188.27	214.11	236.26	310.09
50-54	188.27	236.26	273.18	299.02	391.31
55	217.80	269.49	313.79	339.63	461.45
56	228.88	287.94	328.55	361.78	487.29
57	243.65	302.71	350.70	383.93	520.51
58	262.10	324.86	376.54	413.46	557.43
59	276.87	347.01	402.38	442.99	594.35
60	299.02	376.54	439.30	476.22	638.65
61	324.86	402.38	472.52	516.82	686.64
62	347.01	435.61	509.44	557.43	734.63
63	372.85	465.14	546.36	594.35	790.00
64	398.69	498.36	583.27	634.95	845.37
65	424.53	535.28	620.19	679.25	904.44
66	461.45	575.89	668.18	730.94	978.27
67	498.36	620.19	723.55	786.31	1059.49
68	542.66	679.25	790.00	860.14	1155.47
69	586.96	738.32	860.14	937.66	1258.83
70	634.95	804.77	937.66	1018.88	1373.27
71	690.33	882.29	1026.26	1122.24	1502.48
72	756.78	963.51	1129.63	1232.99	1646.45
73	830.61	1063.18	1240.37	1358.51	1805.19
74	911.82	1166.54	1362.20	1495.09	1986.08
75	1004.11	1280.98	1502.48	1646.45	2174.35
76	1100.09	1402.81	1650.14	1812.57	2384.77
77	1199.77	1535.70	1805.19	1978.69	2606.26
78	1299.44	1679.67	1975.00	2166.96	2846.22
79	1410.19	1831.03	2155.89	2366.31	3097.25
80	1524.63				
81	1646.45				
82	1768.27				
83	1893.79				
84	2034.07				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	143.97	177.20	203.04	221.50	295.33
45-49	162.43	195.65	225.19	247.34	324.86
50-54	195.65	243.65	287.94	313.79	409.77
55	225.19	280.56	328.55	354.39	483.60
56	239.95	299.02	347.01	376.54	509.44
57	251.03	317.48	369.16	398.69	542.66
58	269.49	339.63	395.00	428.22	575.89
59	291.64	365.47	420.84	461.45	616.50
60	313.79	391.31	457.76	498.36	660.79
61	335.93	420.84	490.98	538.97	708.79
62	361.78	450.37	524.21	575.89	760.47
63	387.62	483.60	564.81	616.50	815.84
64	413.46	516.82	605.42	660.79	871.22
65	442.99	550.05	642.34	705.09	933.97
66	476.22	594.35	694.02	756.78	1007.80
67	516.82	642.34	753.08	815.84	1092.71
68	561.12	697.71	815.84	889.67	1188.69
69	605.42	760.47	889.67	967.20	1299.44
70	657.10	830.61	967.20	1055.80	1417.57
71	712.48	908.13	1059.49	1159.16	1550.47
72	778.93	993.04	1162.85	1273.60	1698.13
73	856.45	1092.71	1280.98	1402.81	1864.25
74	937.66	1203.46	1406.50	1543.09	2048.83
75	1033.65	1321.59	1550.47	1698.13	2244.49
76	1129.63	1447.10	1701.82	1867.95	2458.60
77	1232.99	1583.69	1864.25	2045.14	2687.48
78	1336.36	1731.36	2037.76	2237.10	2931.12
79	1450.80	1890.10	2222.34	2443.83	3193.23
80	1568.93				
81	1690.75				
82	1816.26				
83	1945.47				
84	2085.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	41.68	45.30	48.92	63.42
45-49	38.05	47.11	50.74	54.36	70.67
50-54	47.11	56.17	63.42	67.04	86.98
55	54.36	65.23	72.48	77.92	103.29
56	57.98	68.86	77.92	83.35	108.72
57	61.61	74.29	83.35	88.79	117.78
58	67.04	79.73	90.60	96.04	126.84
59	72.48	86.98	97.85	105.10	137.71
60	77.92	94.23	106.91	114.16	150.40
61	85.16	101.47	115.97	125.03	163.08
62	92.41	110.53	126.84	135.90	177.58
63	99.66	119.59	135.90	146.77	192.07
64	105.10	126.84	146.77	157.65	204.76
65	112.35	135.90	157.65	168.52	219.25
66	119.59	146.77	170.33	183.01	237.37
67	130.47	159.46	184.83	199.32	259.12
68	143.15	173.95	201.13	219.25	284.49
69	155.83	190.26	221.07	239.19	311.67
70	170.33	208.38	241.00	262.74	342.47
71	186.64	230.13	266.37	289.92	376.90
72	206.57	255.49	295.36	322.54	418.58
73	228.31	284.49	329.79	358.78	465.69
74	253.68	317.10	366.03	400.46	516.43
75	282.68	351.53	407.70	445.76	572.60
76	311.67	389.58	453.01	494.68	634.21
77	344.28	431.26	501.93	547.23	701.25
78	378.71	476.56	554.48	605.21	771.92
79	416.76	523.67	610.65	665.01	848.03
80	456.63				
81	498.31				
82	543.61				
83	590.72				
84	641.46				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	54.36	56.17	74.29
45-49	45.30	54.36	59.80	63.42	81.54
50-54	52.55	63.42	72.48	77.92	101.47
55	61.61	72.48	81.54	88.79	117.78
56	65.23	76.10	86.98	94.23	123.22
57	68.86	81.54	92.41	99.66	132.28
58	74.29	88.79	99.66	106.91	141.34
59	79.73	96.04	108.72	117.78	152.21
60	85.16	105.10	117.78	126.84	164.89
61	92.41	112.35	128.65	139.53	179.39
62	99.66	121.41	139.53	150.40	193.89
63	106.91	130.47	150.40	161.27	210.19
64	114.16	139.53	159.46	172.14	224.69
65	123.22	148.59	172.14	183.01	241.00
66	130.47	159.46	184.83	197.51	260.93
67	141.34	173.95	199.32	215.63	284.49
68	154.02	188.45	219.25	237.37	311.67
69	168.52	206.57	239.19	259.12	340.66
70	184.83	228.31	260.93	284.49	375.09
71	201.13	250.06	289.92	313.48	413.14
72	222.88	279.05	320.73	349.72	456.63
73	248.25	309.86	356.97	389.58	507.37
74	273.62	344.28	398.64	433.07	561.73
75	304.42	382.34	443.94	482.00	623.33
76	335.22	424.01	492.87	536.36	690.38
77	371.46	467.50	545.42	594.34	762.86
78	407.70	516.43	603.40	657.76	838.97
79	447.57	568.97	663.20	723.00	922.32
80	489.25				
81	534.55				
82	581.66				
83	630.58				
84	683.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.68	50.74	57.98	59.80	77.92
45-49	47.11	56.17	63.42	67.04	86.98
50-54	54.36	67.04	76.10	81.54	108.72
55	63.42	76.10	85.16	92.41	123.22
56	67.04	79.73	90.60	97.85	130.47
57	70.67	85.16	96.04	105.10	137.71
58	76.10	92.41	103.29	112.35	148.59
59	81.54	99.66	112.35	123.22	159.46
60	88.79	108.72	123.22	132.28	172.14
61	96.04	117.78	134.09	144.96	186.64
62	103.29	126.84	144.96	155.83	201.13
63	110.53	135.90	155.83	166.71	217.44
64	117.78	144.96	164.89	177.58	231.94
65	126.84	154.02	177.58	190.26	250.06
66	135.90	164.89	190.26	204.76	269.99
67	146.77	179.39	206.57	222.88	295.36
68	159.46	195.70	226.50	244.62	322.54
69	173.95	213.82	246.43	268.18	353.34
70	190.26	235.56	269.99	293.55	387.77
71	208.38	259.12	298.98	324.35	427.64
72	230.13	288.11	331.60	360.59	472.94
73	255.49	320.73	369.65	402.27	525.49
74	282.68	355.16	411.33	447.57	581.66
75	313.48	395.02	458.44	498.31	645.08
76	346.10	438.51	509.18	554.48	713.94
77	382.34	483.81	563.54	614.27	788.23
78	420.39	532.73	623.33	679.51	867.96
79	460.25	587.09	686.76	748.36	953.12
80	503.74				
81	549.04				
82	597.97				
83	648.70				
84	701.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	166.12	207.65	239.95	263.03	346.09
45-49	184.58	230.72	267.64	290.71	383.00
50-54	226.11	281.48	327.63	355.32	489.14
55	258.41	327.63	378.39	410.69	567.58
56	272.25	346.09	401.46	433.76	595.27
57	290.71	369.16	424.53	461.45	632.19
58	309.17	392.23	452.22	493.75	669.10
59	332.24	419.92	484.52	526.05	710.63
60	355.32	447.61	516.82	558.35	756.78
61	378.39	479.91	553.74	599.88	807.54
62	406.08	512.21	590.65	641.41	862.91
63	433.76	544.51	627.57	682.94	922.90
64	461.45	581.43	669.10	729.09	982.89
65	489.14	618.34	715.25	775.23	1047.49
66	526.05	659.87	761.39	830.61	1121.32
67	562.97	710.63	821.38	895.21	1209.00
68	604.50	766.01	885.98	969.04	1305.90
69	650.64	821.38	959.81	1047.49	1407.42
70	701.40	890.60	1038.26	1135.16	1518.17
71	761.39	964.43	1125.94	1232.07	1647.37
72	825.99	1047.49	1227.45	1342.82	1790.42
73	899.83	1144.39	1342.82	1467.41	1951.93
74	982.89	1250.53	1467.41	1605.84	2127.28
75	1075.18	1365.89	1601.23	1753.51	2321.09
76	1167.47	1495.09	1748.89	1915.01	2528.74
77	1268.98	1628.92	1905.78	2090.36	2750.24
78	1370.50	1776.58	2071.91	2274.94	2985.58
79	1481.25	1928.86	2251.87	2473.37	3239.37
80	1596.61				
81	1711.98				
82	1836.57				
83	1965.77				
84	2099.59				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	184.58	235.34	272.25	299.94	387.62
45-49	207.65	258.41	304.56	327.63	433.76
50-54	253.80	318.40	373.77	406.08	549.12
55	286.10	364.54	429.15	466.06	627.57
56	299.94	383.00	452.22	489.14	655.26
57	318.40	406.08	475.29	516.82	692.17
58	336.86	429.15	502.98	549.12	733.70
59	359.93	456.83	535.28	581.43	779.85
60	387.62	489.14	567.58	618.34	825.99
61	415.30	521.44	604.50	655.26	881.37
62	442.99	558.35	641.41	701.40	941.36
63	470.68	595.27	682.94	742.93	1005.96
64	498.36	632.19	729.09	793.69	1065.95
65	530.67	669.10	775.23	844.45	1139.78
66	567.58	715.25	830.61	909.05	1213.61
67	609.11	770.62	895.21	978.27	1310.52
68	655.26	830.61	969.04	1061.33	1412.03
69	706.02	890.60	1042.87	1144.39	1522.78
70	761.39	969.04	1130.55	1236.68	1642.76
71	821.38	1047.49	1227.45	1342.82	1781.19
72	895.21	1139.78	1333.59	1462.79	1938.09
73	973.66	1245.91	1458.18	1596.61	2113.44
74	1061.33	1356.66	1592.00	1744.28	2302.63
75	1158.24	1481.25	1735.05	1901.17	2510.28
76	1259.76	1615.07	1891.94	2071.91	2727.16
77	1361.27	1753.51	2058.06	2256.49	2967.12
78	1472.02	1905.78	2238.03	2454.91	3216.30
79	1582.77	2067.29	2427.22	2662.56	3488.55
80	1707.36				
81	1827.34				
82	1961.16				
83	2094.98				
84	2233.41				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	193.81	244.57	286.10	313.79	406.08
45-49	216.88	272.25	318.40	346.09	452.22
50-54	267.64	336.86	392.23	424.53	572.20
55	299.94	378.39	447.61	489.14	650.64
56	313.79	396.85	470.68	512.21	682.94
57	332.24	419.92	493.75	539.90	719.86
58	350.70	447.61	521.44	572.20	761.39
59	373.77	475.29	553.74	604.50	807.54
60	401.46	507.59	586.04	641.41	858.30
61	429.15	539.90	622.96	678.33	913.67
62	456.83	576.81	664.49	724.47	973.66
63	484.52	613.73	706.02	770.62	1038.26
64	516.82	650.64	752.16	821.38	1102.86
65	549.12	692.17	802.92	876.75	1176.69
66	586.04	738.32	862.91	941.36	1255.14
67	627.57	793.69	927.51	1015.19	1352.05
68	673.72	858.30	1001.34	1098.25	1458.18
69	729.09	922.90	1079.79	1185.92	1573.54
70	784.46	1001.34	1167.47	1282.83	1698.13
71	849.07	1084.41	1268.98	1388.96	1841.18
72	922.90	1181.31	1379.73	1513.55	2002.69
73	1005.96	1287.44	1504.32	1651.99	2182.65
74	1093.63	1402.81	1642.76	1804.27	2376.46
75	1190.54	1527.40	1790.42	1965.77	2588.73
76	1296.67	1665.83	1951.93	2141.12	2814.84
77	1402.81	1808.88	2122.67	2330.32	3059.41
78	1513.55	1961.16	2307.25	2533.36	3317.82
79	1628.92	2127.28	2501.05	2745.62	3594.69
80	1753.51				
81	1878.10				
82	2011.92				
83	2150.35				
84	2293.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	124.59	152.28	179.97	193.81	258.41
45-49	138.43	170.74	198.42	216.88	286.10
50-54	179.97	221.50	253.80	281.48	369.16
55	207.65	253.80	295.33	323.01	438.38
56	216.88	267.64	309.17	336.86	466.06
57	230.72	286.10	332.24	359.93	498.36
58	249.18	309.17	359.93	387.62	535.28
59	267.64	332.24	387.62	419.92	576.81
60	290.71	364.54	419.92	456.83	618.34
61	318.40	392.23	456.83	493.75	669.10
62	341.47	424.53	493.75	535.28	719.86
63	364.54	456.83	530.67	572.20	775.23
64	392.23	489.14	567.58	613.73	830.61
65	415.30	521.44	604.50	655.26	890.60
66	447.61	562.97	650.64	706.02	959.81
67	484.52	609.11	706.02	766.01	1042.87
68	526.05	664.49	770.62	835.22	1135.16
69	572.20	724.47	839.84	913.67	1236.68
70	622.96	789.08	918.28	1001.34	1352.05
71	682.94	867.52	1005.96	1098.25	1476.64
72	747.55	950.58	1107.48	1209.00	1619.69
73	821.38	1047.49	1218.23	1333.59	1781.19
74	904.44	1149.01	1342.82	1467.41	1951.93
75	992.12	1264.37	1476.64	1615.07	2141.12
76	1089.02	1384.35	1619.69	1776.58	2348.78
77	1185.92	1518.17	1776.58	1947.31	2565.66
78	1287.44	1656.60	1942.70	2131.89	2801.00
79	1398.19	1808.88	2118.05	2325.70	3045.56
80	1513.55				
81	1633.53				
82	1758.12				
83	1887.33				
84	2025.76				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	143.05	179.97	207.65	221.50	295.33
45-49	161.51	198.42	226.11	249.18	327.63
50-54	198.42	249.18	290.71	318.40	415.30
55	230.72	286.10	332.24	359.93	489.14
56	244.57	304.56	350.70	383.00	516.82
57	258.41	323.01	373.77	406.08	553.74
58	276.87	346.09	401.46	438.38	590.65
59	295.33	369.16	429.15	470.68	632.19
60	318.40	401.46	466.06	507.59	678.33
61	346.09	429.15	502.98	549.12	729.09
62	369.16	461.45	539.90	590.65	779.85
63	396.85	493.75	581.43	632.19	839.84
64	424.53	530.67	618.34	673.72	899.83
65	452.22	567.58	659.87	719.86	959.81
66	489.14	613.73	710.63	775.23	1038.26
67	530.67	659.87	770.62	835.22	1125.94
68	576.81	719.86	839.84	913.67	1227.45
69	622.96	784.46	913.67	996.73	1338.20
70	673.72	853.68	996.73	1084.41	1458.18
71	733.70	936.74	1089.02	1190.54	1596.61
72	802.92	1024.42	1199.77	1310.52	1748.89
73	881.37	1130.55	1319.74	1444.34	1919.63
74	969.04	1241.30	1448.95	1587.38	2108.82
75	1065.95	1361.27	1596.61	1748.89	2311.86
76	1167.47	1490.48	1753.51	1924.24	2533.36
77	1273.60	1633.53	1919.63	2104.21	2768.69
78	1379.73	1785.81	2099.59	2302.63	3022.49
79	1499.71	1947.31	2288.79	2514.90	3290.13
80	1619.69				
81	1748.89				
82	1878.10				
83	2011.92				
84	2159.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	152.28	189.19	216.88	235.34	313.79
45-49	170.74	207.65	239.95	263.03	346.09
50-54	207.65	258.41	304.56	332.24	433.76
55	239.95	299.94	350.70	378.39	512.21
56	253.80	318.40	369.16	401.46	539.90
57	267.64	336.86	392.23	424.53	576.81
58	286.10	359.93	419.92	456.83	613.73
59	309.17	387.62	447.61	489.14	655.26
60	332.24	415.30	484.52	530.67	701.40
61	355.32	447.61	521.44	572.20	752.16
62	383.00	479.91	558.35	613.73	807.54
63	410.69	512.21	599.88	655.26	867.52
64	438.38	549.12	641.41	701.40	927.51
65	470.68	586.04	682.94	747.55	992.12
66	507.59	632.19	738.32	802.92	1070.56
67	549.12	682.94	798.31	867.52	1162.85
68	595.27	742.93	867.52	945.97	1264.37
69	641.41	807.54	945.97	1029.03	1379.73
70	696.79	881.37	1029.03	1121.32	1504.32
71	756.78	964.43	1125.94	1232.07	1647.37
72	825.99	1056.72	1236.68	1352.05	1804.27
73	909.05	1162.85	1361.27	1490.48	1979.62
74	996.73	1278.21	1495.09	1638.14	2178.04
75	1098.25	1402.81	1647.37	1804.27	2385.69
76	1199.77	1536.63	1808.88	1984.23	2611.80
77	1310.52	1684.29	1979.62	2173.42	2856.37
78	1421.26	1841.18	2164.20	2376.46	3114.78
79	1541.24	2007.30	2362.62	2597.96	3391.65
80	1665.83				
81	1795.04				
82	1928.86				
83	2067.29				
84	2214.96				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.86	48.92	52.55	57.98	74.29
45-49	45.30	56.17	59.80	63.42	83.35
50-54	56.17	65.23	74.29	79.73	101.47
55	63.42	76.10	85.16	92.41	121.41
56	68.86	81.54	92.41	97.85	128.65
57	72.48	86.98	97.85	105.10	137.71
58	79.73	94.23	106.91	112.35	148.59
59	85.16	101.47	115.97	123.22	161.27
60	92.41	110.53	125.03	134.09	177.58
61	99.66	119.59	135.90	146.77	192.07
62	108.72	130.47	148.59	159.46	208.38
63	117.78	141.34	159.46	172.14	226.50
64	123.22	148.59	172.14	184.83	241.00
65	132.28	159.46	184.83	197.51	257.31
66	141.34	172.14	201.13	215.63	279.05
67	154.02	188.45	217.44	233.75	304.42
68	168.52	204.76	237.37	257.31	335.22
69	183.01	224.69	260.93	280.86	366.03
70	201.13	244.62	282.68	309.86	402.27
71	219.25	269.99	313.48	340.66	443.94
72	242.81	300.80	347.91	378.71	492.87
73	268.18	335.22	387.77	422.20	547.23
74	298.98	373.28	431.26	471.13	607.03
75	333.41	413.14	480.19	523.67	674.07
76	366.03	458.44	532.73	581.66	746.55
77	405.89	507.37	590.72	643.27	824.47
78	445.76	559.91	652.33	712.12	907.82
79	491.06	616.09	717.56	782.79	998.42
80	536.36				
81	587.09				
82	639.64				
83	695.82				
84	753.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	63.42	65.23	86.98
45-49	52.55	63.42	70.67	74.29	96.04
50-54	61.61	74.29	85.16	92.41	119.59
55	72.48	85.16	96.04	105.10	137.71
56	76.10	88.79	101.47	110.53	144.96
57	81.54	96.04	108.72	117.78	155.83
58	86.98	105.10	117.78	125.03	166.71
59	94.23	112.35	128.65	137.71	179.39
60	99.66	123.22	137.71	148.59	193.89
61	108.72	132.28	152.21	164.89	210.19
62	117.78	143.15	164.89	177.58	228.31
63	125.03	154.02	177.58	190.26	246.43
64	134.09	164.89	188.45	202.95	264.55
65	144.96	173.95	202.95	215.63	282.68
66	154.02	188.45	217.44	231.94	306.23
67	166.71	204.76	233.75	253.68	335.22
68	181.20	221.07	257.31	279.05	366.03
69	197.51	242.81	280.86	304.42	400.46
70	217.44	268.18	306.23	335.22	442.13
71	237.37	293.55	340.66	369.65	485.62
72	262.74	327.98	376.90	411.33	536.36
73	291.74	364.22	420.39	458.44	596.15
74	322.54	405.89	469.31	509.18	661.39
75	358.78	449.38	521.86	567.16	733.87
76	395.02	498.31	579.85	630.58	811.78
77	436.70	550.85	641.46	699.44	896.95
78	480.19	607.03	710.31	773.73	987.55
79	527.30	668.64	780.98	849.84	1085.40
80	576.22				
81	628.77				
82	684.94				
83	741.12				
84	804.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.92	59.80	68.86	70.67	92.41
45-49	56.17	65.23	74.29	79.73	101.47
50-54	63.42	79.73	88.79	96.04	128.65
55	74.29	88.79	99.66	108.72	144.96
56	79.73	94.23	106.91	115.97	154.02
57	83.35	99.66	112.35	123.22	161.27
58	88.79	108.72	121.41	132.28	173.95
59	96.04	117.78	132.28	144.96	188.45
60	105.10	128.65	144.96	155.83	202.95
61	112.35	137.71	157.65	170.33	219.25
62	121.41	148.59	170.33	183.01	237.37
63	130.47	159.46	183.01	195.70	255.49
64	137.71	170.33	193.89	208.38	273.62
65	148.59	181.20	208.38	224.69	293.55
66	159.46	193.89	224.69	241.00	317.10
67	172.14	210.19	242.81	262.74	347.91
68	188.45	230.13	266.37	288.11	378.71
69	204.76	251.87	289.92	315.29	414.95
70	224.69	277.24	317.10	346.10	456.63
71	244.62	304.42	351.53	382.34	503.74
72	269.99	338.85	389.58	424.01	556.29
73	300.80	376.90	434.88	472.94	617.90
74	333.41	418.58	483.81	527.30	684.94
75	369.65	463.88	539.98	587.09	759.24
76	407.70	516.43	599.78	652.33	840.78
77	449.38	568.97	663.20	723.00	927.75
78	494.68	626.96	733.87	799.10	1021.98
79	541.79	690.38	808.16	880.64	1121.64
80	592.53				
81	645.08				
82	703.06				
83	762.86				
84	824.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	193.81	244.57	281.48	309.17	406.08
45-49	216.88	272.25	313.79	341.47	452.22
50-54	267.64	332.24	387.62	419.92	576.81
55	304.56	387.62	442.99	484.52	669.10
56	318.40	406.08	470.68	512.21	701.40
57	341.47	433.76	498.36	544.51	742.93
58	364.54	461.45	530.67	581.43	789.08
59	392.23	493.75	572.20	618.34	835.22
60	419.92	526.05	609.11	655.26	890.60
61	442.99	562.97	650.64	706.02	950.58
62	479.91	604.50	696.79	756.78	1015.19
63	512.21	641.41	738.32	802.92	1084.41
64	544.51	682.94	789.08	858.30	1158.24
65	576.81	729.09	839.84	913.67	1232.07
66	618.34	775.23	895.21	978.27	1319.74
67	664.49	835.22	964.43	1052.10	1421.26
68	710.63	899.83	1042.87	1139.78	1536.63
69	766.01	964.43	1130.55	1232.07	1656.60
70	825.99	1047.49	1222.84	1333.59	1785.81
71	895.21	1135.16	1324.36	1448.95	1938.09
72	973.66	1232.07	1444.34	1578.16	2104.21
73	1056.72	1347.43	1578.16	1725.82	2298.02
74	1158.24	1472.02	1725.82	1887.33	2501.05
75	1264.37	1605.84	1882.71	2062.68	2731.78
76	1375.12	1758.12	2058.06	2251.87	2976.35
77	1495.09	1915.01	2242.64	2459.52	3234.76
78	1610.46	2090.36	2436.45	2676.40	3511.63
79	1744.28	2270.33	2648.72	2911.74	3811.57
80	1878.10				
81	2011.92				
82	2159.58				
83	2311.86				
84	2468.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	216.88	276.87	318.40	350.70	456.83
45-49	244.57	304.56	359.93	387.62	512.21
50-54	299.94	373.77	438.38	479.91	646.03
55	336.86	429.15	502.98	549.12	738.32
56	350.70	452.22	530.67	576.81	770.62
57	373.77	479.91	558.35	609.11	812.15
58	396.85	502.98	590.65	646.03	862.91
59	424.53	535.28	627.57	682.94	918.28
60	456.83	576.81	669.10	729.09	973.66
61	489.14	613.73	710.63	770.62	1038.26
62	521.44	655.26	756.78	825.99	1107.48
63	553.74	701.40	802.92	872.14	1181.31
64	586.04	742.93	858.30	932.13	1255.14
65	622.96	789.08	913.67	992.12	1342.82
66	669.10	839.84	978.27	1070.56	1425.88
67	715.25	904.44	1052.10	1149.01	1541.24
68	770.62	978.27	1139.78	1250.53	1661.22
69	830.61	1047.49	1227.45	1347.43	1790.42
70	895.21	1139.78	1328.97	1453.56	1933.47
71	964.43	1232.07	1444.34	1578.16	2094.98
72	1052.10	1342.82	1568.93	1721.20	2279.56
73	1144.39	1467.41	1716.59	1878.10	2487.21
74	1250.53	1596.61	1873.48	2053.45	2708.71
75	1361.27	1744.28	2039.60	2238.03	2953.27
76	1481.25	1901.17	2224.18	2436.45	3207.07
77	1601.23	2062.68	2422.61	2653.33	3488.55
78	1730.43	2242.64	2634.87	2888.67	3783.88
79	1864.25	2431.84	2856.37	3133.24	4102.28
80	2007.30				
81	2150.35				
82	2307.25				
83	2464.14				
84	2625.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	226.11	286.10	336.86	369.16	479.91
45-49	253.80	318.40	373.77	406.08	530.67
50-54	313.79	396.85	461.45	498.36	673.72
55	350.70	442.99	526.05	576.81	766.01
56	369.16	466.06	553.74	604.50	802.92
57	392.23	493.75	581.43	636.80	849.07
58	410.69	526.05	613.73	673.72	895.21
59	438.38	558.35	650.64	710.63	950.58
60	470.68	595.27	687.56	756.78	1010.57
61	502.98	636.80	733.70	798.31	1075.18
62	535.28	678.33	779.85	853.68	1144.39
63	572.20	719.86	830.61	904.44	1222.84
64	609.11	766.01	885.98	964.43	1296.67
65	646.03	812.15	945.97	1033.65	1384.35
66	687.56	867.52	1015.19	1107.48	1476.64
67	738.32	932.13	1089.02	1195.15	1592.00
68	793.69	1010.57	1176.69	1292.06	1716.59
69	858.30	1084.41	1268.98	1393.58	1850.41
70	922.90	1176.69	1375.12	1508.94	1998.07
71	996.73	1273.60	1495.09	1633.53	2164.20
72	1084.41	1388.96	1624.30	1781.19	2358.00
73	1181.31	1513.55	1771.96	1942.70	2565.66
74	1287.44	1651.99	1933.47	2122.67	2796.38
75	1402.81	1795.04	2104.21	2311.86	3045.56
76	1527.40	1961.16	2298.02	2519.51	3313.20
77	1651.99	2127.28	2496.44	2741.01	3599.30
78	1781.19	2307.25	2713.32	2980.96	3903.86
79	1915.01	2501.05	2944.04	3230.14	4226.87
80	2062.68				
81	2210.34				
82	2367.23				
83	2528.74				
84	2699.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	147.66	179.97	212.27	226.11	304.56
45-49	161.51	203.04	235.34	253.80	336.86
50-54	212.27	258.41	299.94	332.24	433.76
55	244.57	299.94	346.09	378.39	516.82
56	253.80	313.79	364.54	396.85	549.12
57	272.25	336.86	392.23	424.53	586.04
58	295.33	364.54	424.53	456.83	627.57
59	313.79	392.23	456.83	493.75	678.33
60	341.47	429.15	493.75	535.28	729.09
61	373.77	461.45	535.28	581.43	789.08
62	401.46	498.36	581.43	627.57	849.07
63	429.15	535.28	622.96	673.72	913.67
64	461.45	576.81	669.10	719.86	978.27
65	489.14	613.73	710.63	770.62	1047.49
66	526.05	664.49	766.01	830.61	1130.55
67	572.20	715.25	830.61	899.83	1227.45
68	618.34	779.85	904.44	982.89	1333.59
69	673.72	853.68	987.50	1075.18	1453.56
70	733.70	927.51	1079.79	1176.69	1592.00
71	802.92	1019.80	1181.31	1292.06	1735.05
72	881.37	1116.71	1301.29	1421.26	1905.78
73	964.43	1232.07	1435.11	1568.93	2094.98
74	1065.95	1352.05	1578.16	1725.82	2298.02
75	1167.47	1485.87	1735.05	1901.17	2519.51
76	1282.83	1628.92	1905.78	2090.36	2764.08
77	1393.58	1785.81	2090.36	2288.79	3017.88
78	1513.55	1947.31	2284.17	2510.28	3294.75
79	1642.76	2127.28	2491.82	2736.39	3580.84
80	1781.19				
81	1919.63				
82	2067.29				
83	2219.57				
84	2381.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	166.12	212.27	244.57	258.41	346.09
45-49	189.19	235.34	267.64	295.33	387.62
50-54	235.34	295.33	341.47	373.77	489.14
55	272.25	336.86	392.23	424.53	576.81
56	286.10	359.93	410.69	452.22	609.11
57	304.56	378.39	438.38	479.91	650.64
58	327.63	406.08	470.68	516.82	696.79
59	346.09	433.76	502.98	553.74	742.93
60	373.77	470.68	549.12	595.27	798.31
61	406.08	502.98	590.65	646.03	858.30
62	433.76	544.51	636.80	696.79	918.28
63	466.06	581.43	682.94	742.93	987.50
64	498.36	622.96	729.09	793.69	1056.72
65	530.67	669.10	775.23	849.07	1130.55
66	576.81	719.86	835.22	913.67	1222.84
67	622.96	775.23	904.44	982.89	1324.36
68	678.33	849.07	987.50	1075.18	1444.34
69	733.70	922.90	1075.18	1172.08	1573.54
70	793.69	1005.96	1172.08	1273.60	1716.59
71	862.91	1102.86	1282.83	1402.81	1878.10
72	945.97	1204.38	1412.03	1541.24	2058.06
73	1038.26	1328.97	1550.47	1698.13	2256.49
74	1139.78	1458.18	1702.75	1868.87	2482.60
75	1255.14	1601.23	1878.10	2058.06	2717.93
76	1375.12	1753.51	2062.68	2265.71	2980.96
77	1499.71	1919.63	2256.49	2473.37	3257.83
78	1624.30	2099.59	2468.75	2708.71	3557.77
79	1762.74	2288.79	2694.86	2957.89	3871.56
80	1905.78				
81	2058.06				
82	2210.34				
83	2367.23				
84	2542.58				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	179.97	221.50	253.80	276.87	369.16
45-49	203.04	244.57	281.48	309.17	406.08
50-54	244.57	304.56	359.93	392.23	512.21
55	281.48	350.70	410.69	442.99	604.50
56	299.94	373.77	433.76	470.68	636.80
57	313.79	396.85	461.45	498.36	678.33
58	336.86	424.53	493.75	535.28	719.86
59	364.54	456.83	526.05	576.81	770.62
60	392.23	489.14	572.20	622.96	825.99
61	419.92	526.05	613.73	673.72	885.98
62	452.22	562.97	655.26	719.86	950.58
63	484.52	604.50	706.02	770.62	1019.80
64	516.82	646.03	756.78	825.99	1089.02
65	553.74	687.56	802.92	881.37	1167.47
66	595.27	742.93	867.52	945.97	1259.76
67	646.03	802.92	941.36	1019.80	1365.89
68	701.40	872.14	1019.80	1112.09	1485.87
69	756.78	950.58	1112.09	1209.00	1624.30
70	821.38	1038.26	1209.00	1319.74	1771.96
71	890.60	1135.16	1324.36	1448.95	1938.09
72	973.66	1241.30	1453.56	1592.00	2122.67
73	1070.56	1365.89	1601.23	1753.51	2330.32
74	1172.08	1504.32	1758.12	1928.86	2561.04
75	1292.06	1651.99	1938.09	2122.67	2805.61
76	1412.03	1808.88	2127.28	2334.93	3073.25
77	1541.24	1979.62	2330.32	2556.43	3359.35
78	1670.45	2164.20	2547.20	2796.38	3663.91
79	1813.49	2362.62	2777.92	3054.79	3991.53
80	1961.16				
81	2113.44				
82	2270.33				
83	2431.84				
84	2607.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.44	34.79	40.59	43.49	55.09
45-49	33.34	39.14	44.94	47.84	60.88
50-54	40.59	47.84	55.09	59.43	75.38
55	46.39	55.09	63.78	68.13	89.88
56	49.29	59.43	68.13	72.48	95.67
57	53.64	63.78	72.48	78.28	102.92
58	57.98	69.58	78.28	85.53	111.62
59	63.78	75.38	85.53	92.78	121.77
60	69.58	82.63	94.23	102.92	131.92
61	75.38	91.33	102.92	111.62	143.51
62	81.18	98.57	111.62	121.77	156.56
63	86.98	105.82	120.32	130.47	168.16
64	92.78	113.07	129.02	139.16	181.20
65	98.57	121.77	137.71	149.31	194.25
66	107.27	130.47	149.31	160.91	210.19
67	115.97	142.06	162.36	175.40	229.04
68	126.12	155.11	178.30	192.80	252.23
69	137.71	169.61	195.70	211.64	276.88
70	150.76	185.55	214.54	233.39	304.42
71	166.71	205.85	237.74	259.48	336.31
72	185.55	229.04	265.28	289.92	375.45
73	207.30	256.58	297.17	324.71	420.39
74	230.49	287.02	333.41	363.85	469.68
75	258.03	321.81	374.00	407.34	523.31
76	287.02	359.50	417.49	455.18	582.75
77	318.92	400.09	465.33	505.92	647.98
78	353.71	445.03	517.51	561.00	717.56
79	391.40	491.42	572.60	620.44	792.94
80	430.54				
81	474.02				
82	518.96				
83	566.80				
84	617.54				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	43.49	49.29	52.19	66.68
45-49	39.14	47.84	53.64	57.98	73.93
50-54	46.39	56.54	65.23	71.03	92.78
55	55.09	65.23	73.93	79.73	105.82
56	57.98	69.58	78.28	84.08	111.62
57	62.33	73.93	84.08	89.88	118.87
58	66.68	79.73	89.88	97.12	127.57
59	72.48	86.98	98.57	105.82	137.71
60	78.28	94.23	107.27	115.97	150.76
61	84.08	102.92	117.42	126.12	162.36
62	91.33	110.17	127.57	137.71	176.85
63	98.57	118.87	136.26	146.41	189.90
64	104.37	127.57	144.96	158.01	204.40
65	111.62	137.71	155.11	168.16	220.34
66	120.32	146.41	168.16	182.65	237.74
67	130.47	160.91	182.65	198.60	259.48
68	142.06	175.40	200.05	218.89	284.12
69	155.11	191.35	220.34	239.19	313.12
70	169.61	210.19	242.09	262.38	343.56
71	185.55	231.94	268.18	291.37	381.25
72	207.30	258.03	298.62	326.16	424.74
73	230.49	288.47	334.86	363.85	474.02
74	256.58	323.26	375.45	408.79	529.11
75	287.02	360.95	420.39	456.63	589.99
76	318.92	401.54	469.68	511.71	658.13
77	355.16	447.93	521.86	568.25	730.61
78	392.85	497.22	579.85	630.58	807.44
79	433.44	550.85	642.18	698.71	892.96
80	476.92				
81	523.31				
82	571.15				
83	623.33				
84	678.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.69	46.39	52.19	56.54	72.48
45-49	42.04	50.74	57.98	62.33	79.73
50-54	49.29	60.88	69.58	75.38	100.02
55	57.98	69.58	78.28	85.53	111.62
56	60.88	73.93	82.63	89.88	117.42
57	65.23	78.28	88.43	95.67	124.67
58	69.58	84.08	95.67	102.92	134.81
59	75.38	91.33	104.37	111.62	144.96
60	82.63	98.57	113.07	121.77	158.01
61	88.43	107.27	123.22	131.92	171.05
62	95.67	115.97	133.36	143.51	185.55
63	102.92	124.67	143.51	153.66	200.05
64	108.72	133.36	152.21	165.26	214.54
65	117.42	143.51	162.36	176.85	230.49
66	126.12	153.66	175.40	191.35	249.33
67	136.26	168.16	191.35	208.74	272.53
68	147.86	184.10	210.19	229.04	298.62
69	162.36	200.05	230.49	250.78	327.61
70	176.85	220.34	253.68	275.43	360.95
71	194.25	242.09	281.23	305.87	400.09
72	215.99	269.63	313.12	340.66	445.03
73	240.64	301.52	350.81	381.25	497.22
74	268.18	337.76	392.85	427.64	555.20
75	300.07	376.90	439.23	478.37	618.99
76	333.41	420.39	491.42	534.91	690.02
77	369.65	468.23	546.51	595.79	765.40
78	408.79	518.96	605.94	661.02	846.58
79	450.83	575.50	671.17	732.06	935.00
80	495.77				
81	543.61				
82	594.34				
83	647.98				
84	704.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	147.66	180.89	206.73	221.50	302.71
45-49	162.43	199.35	228.88	247.34	335.93
50-54	199.35	247.34	284.25	313.79	428.22
55	232.57	287.94	332.24	361.78	494.67
56	243.65	302.71	350.70	383.93	524.21
57	258.41	321.17	372.85	406.08	553.74
58	276.87	343.32	398.69	431.92	586.96
59	291.64	365.47	424.53	461.45	623.88
60	313.79	391.31	450.37	490.98	664.49
61	335.93	417.15	483.60	524.21	708.79
62	358.08	446.68	516.82	561.12	756.78
63	380.23	476.22	553.74	598.04	808.46
64	406.08	505.75	586.96	638.65	860.14
65	431.92	538.97	627.57	682.94	919.21
66	461.45	579.58	671.87	730.94	989.35
67	498.36	623.88	727.24	790.00	1066.87
68	538.97	675.56	786.31	856.45	1155.47
69	579.58	730.94	849.07	926.59	1247.76
70	627.57	793.69	922.90	1007.80	1354.81
71	679.25	863.83	1004.11	1096.40	1472.95
72	742.01	945.05	1100.09	1203.46	1609.53
73	815.84	1037.34	1210.84	1325.28	1764.58
74	897.06	1140.70	1332.66	1458.18	1934.39
75	985.66	1251.45	1465.56	1602.15	2122.67
76	1077.94	1373.27	1609.53	1764.58	2325.70
77	1177.62	1506.17	1768.27	1934.39	2543.51
78	1280.98	1646.45	1938.09	2118.97	2776.08
79	1391.73	1797.81	2118.97	2314.63	3027.11
80	1506.17				
81	1624.30				
82	1749.81				
83	1879.02				
84	2015.61				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	169.81	210.42	243.65	265.79	350.70
45-49	188.27	236.26	269.49	295.33	391.31
50-54	232.57	291.64	335.93	365.47	494.67
55	262.10	332.24	383.93	417.15	568.51
56	273.18	350.70	406.08	439.30	598.04
57	287.94	369.16	428.22	465.14	627.57
58	306.40	391.31	454.07	494.67	664.49
59	328.55	413.46	479.91	527.90	705.09
60	354.39	439.30	513.13	557.43	745.70
61	376.54	468.83	546.36	594.35	797.38
62	402.38	502.06	583.27	634.95	849.07
63	428.22	531.59	623.88	679.25	908.13
64	454.07	568.51	660.79	723.55	967.20
65	483.60	605.42	708.79	771.54	1033.65
66	516.82	649.72	756.78	826.92	1107.48
67	553.74	701.40	819.53	893.37	1196.08
68	598.04	756.78	885.98	967.20	1295.75
69	646.03	823.23	956.12	1048.41	1399.11
70	701.40	893.37	1041.03	1140.70	1517.24
71	760.47	970.89	1133.32	1240.37	1650.14
72	830.61	1063.18	1240.37	1358.51	1805.19
73	911.82	1162.85	1362.20	1495.09	1975.00
74	1000.42	1277.29	1495.09	1639.07	2163.27
75	1096.40	1402.81	1642.76	1797.81	2373.69
76	1199.77	1532.01	1801.50	1975.00	2598.88
77	1306.82	1679.67	1971.31	2163.27	2838.83
78	1421.26	1831.03	2159.58	2362.62	3097.25
79	1539.39	2000.84	2351.54	2576.73	3370.42
80	1664.91				
81	1794.11				
82	1927.01				
83	2070.98				
84	2218.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	180.89	225.19	258.41	284.25	372.85
45-49	199.35	251.03	287.94	317.48	413.46
50-54	247.34	310.09	358.08	387.62	524.21
55	276.87	350.70	406.08	442.99	598.04
56	287.94	369.16	428.22	465.14	627.57
57	302.71	387.62	450.37	490.98	660.79
58	321.17	409.77	476.22	520.51	697.71
59	343.32	435.61	505.75	553.74	738.32
60	369.16	461.45	538.97	586.96	782.62
61	395.00	490.98	572.20	623.88	834.30
62	420.84	524.21	612.80	668.18	889.67
63	446.68	557.43	653.41	712.48	948.74
64	476.22	594.35	694.02	760.47	1011.50
65	505.75	634.95	742.01	808.46	1081.64
66	538.97	679.25	793.69	867.52	1159.16
67	579.58	734.63	856.45	937.66	1251.45
68	623.88	793.69	926.59	1015.19	1354.81
69	675.56	860.14	1004.11	1100.09	1465.56
70	730.94	933.97	1089.02	1196.08	1587.38
71	793.69	1015.19	1188.69	1303.13	1727.67
72	867.52	1111.17	1299.44	1424.95	1886.40
73	952.43	1218.23	1424.95	1565.24	2067.29
74	1044.72	1336.36	1565.24	1716.59	2262.95
75	1144.39	1465.56	1716.59	1882.71	2480.75
76	1251.45	1602.15	1882.71	2063.60	2713.32
77	1362.20	1753.51	2059.91	2259.25	2964.35
78	1480.33	1912.24	2251.87	2465.98	3233.83
79	1602.15	2085.75	2451.22	2691.17	3518.09
80	1731.36				
81	1864.25				
82	2004.53				
83	2152.20				
84	2303.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	107.06	132.90	155.05	169.81	225.19
45-49	118.13	147.66	173.50	188.27	251.03
50-54	158.74	195.65	221.50	239.95	321.17
55	180.89	225.19	254.72	280.56	380.23
56	191.96	236.26	269.49	295.33	406.08
57	203.04	251.03	287.94	317.48	435.61
58	217.80	269.49	310.09	343.32	468.83
59	236.26	291.64	335.93	369.16	505.75
60	254.72	317.48	365.47	398.69	546.36
61	276.87	343.32	398.69	431.92	586.96
62	299.02	372.85	431.92	468.83	634.95
63	321.17	398.69	465.14	505.75	682.94
64	343.32	428.22	498.36	538.97	730.94
65	369.16	457.76	531.59	579.58	786.31
66	398.69	490.98	572.20	623.88	849.07
67	431.92	535.28	623.88	679.25	922.90
68	468.83	583.27	682.94	742.01	1007.80
69	509.44	638.65	745.70	812.15	1100.09
70	553.74	697.71	815.84	889.67	1203.46
71	605.42	767.85	897.06	981.96	1317.90
72	668.18	849.07	993.04	1085.33	1454.49
73	738.32	941.36	1100.09	1203.46	1605.84
74	819.53	1041.03	1221.92	1336.36	1775.66
75	904.44	1155.47	1351.12	1480.33	1960.24
76	996.73	1277.29	1491.40	1635.38	2159.58
77	1096.40	1406.50	1646.45	1805.19	2373.69
78	1199.77	1546.78	1812.57	1986.08	2602.57
79	1310.52	1698.13	1986.08	2181.73	2849.91
80	1424.95				
81	1546.78				
82	1672.29				
83	1805.19				
84	1945.47				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	129.21	162.43	184.58	203.04	265.79
45-49	143.97	177.20	206.73	225.19	295.33
50-54	180.89	225.19	262.10	284.25	372.85
55	210.42	262.10	299.02	328.55	442.99
56	221.50	276.87	317.48	343.32	472.52
57	232.57	291.64	335.93	365.47	502.06
58	251.03	313.79	361.78	395.00	538.97
59	269.49	339.63	391.31	424.53	575.89
60	291.64	365.47	420.84	457.76	616.50
61	313.79	391.31	454.07	494.67	660.79
62	339.63	424.53	490.98	535.28	712.48
63	361.78	454.07	527.90	572.20	764.16
64	387.62	483.60	564.81	612.80	819.53
65	417.15	520.51	601.73	653.41	878.60
66	446.68	557.43	646.03	705.09	948.74
67	483.60	605.42	705.09	764.16	1029.95
68	524.21	657.10	767.85	834.30	1125.94
69	568.51	719.86	837.99	911.82	1229.30
70	620.19	786.31	919.21	1000.42	1347.43
71	679.25	863.83	1007.80	1100.09	1476.64
72	745.70	952.43	1114.86	1218.23	1627.99
73	823.23	1052.10	1232.99	1347.43	1797.81
74	911.82	1166.54	1365.89	1495.09	1986.08
75	1007.80	1288.37	1509.86	1653.83	2189.11
76	1111.17	1421.26	1664.91	1827.34	2414.30
77	1218.23	1565.24	1834.72	2015.61	2650.56
78	1332.66	1716.59	2015.61	2214.96	2905.28
79	1450.80	1882.71	2211.26	2429.07	3178.46
80	1576.31				
81	1705.52				
82	1845.80				
83	1989.77				
84	2141.12				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	140.28	173.50	199.35	217.80	284.25
45-49	155.05	191.96	221.50	239.95	313.79
50-54	191.96	239.95	276.87	302.71	395.00
55	221.50	276.87	317.48	347.01	468.83
56	232.57	291.64	335.93	365.47	498.36
57	247.34	310.09	358.08	387.62	531.59
58	265.79	332.24	383.93	417.15	568.51
59	284.25	358.08	413.46	446.68	605.42
60	306.40	383.93	446.68	483.60	646.03
61	328.55	413.46	479.91	520.51	694.02
62	354.39	446.68	516.82	561.12	745.70
63	380.23	479.91	553.74	601.73	801.08
64	406.08	509.44	590.65	642.34	856.45
65	435.61	546.36	631.26	686.64	919.21
66	465.14	586.96	679.25	738.32	989.35
67	505.75	634.95	738.32	801.08	1077.94
68	550.05	690.33	804.77	874.91	1177.62
69	594.35	753.08	878.60	956.12	1284.67
70	649.72	823.23	963.51	1048.41	1406.50
71	708.79	904.44	1055.80	1151.78	1543.09
72	778.93	996.73	1166.54	1273.60	1701.82
73	860.14	1100.09	1292.06	1410.19	1879.02
74	952.43	1218.23	1428.65	1561.54	2074.67
75	1052.10	1343.74	1576.31	1727.67	2288.79
76	1159.16	1484.02	1738.74	1908.55	2521.36
77	1269.91	1631.68	1915.94	2104.21	2768.69
78	1388.04	1790.42	2104.21	2314.63	3034.49
79	1509.86	1963.93	2307.25	2536.12	3318.74
80	1639.07				
81	1775.66				
82	1919.63				
83	2067.29				
84	2222.34				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.24	40.59	47.84	50.74	65.23
45-49	39.14	46.39	52.19	56.54	71.03
50-54	47.84	56.54	65.23	69.58	88.43
55	55.09	65.23	75.38	79.73	105.82
56	57.98	69.58	79.73	85.53	113.07
57	63.78	75.38	85.53	92.78	121.77
58	68.13	81.18	92.78	100.02	131.92
59	75.38	88.43	100.02	108.72	143.51
60	81.18	97.12	110.17	121.77	155.11
61	88.43	107.27	121.77	131.92	168.16
62	95.67	115.97	131.92	143.51	184.10
63	102.92	124.67	142.06	153.66	197.15
64	108.72	133.36	152.21	163.81	213.09
65	115.97	143.51	162.36	175.40	229.04
66	126.12	153.66	175.40	189.90	247.88
67	136.26	166.71	191.35	205.85	269.63
68	147.86	182.65	210.19	226.14	297.17
69	162.36	200.05	230.49	249.33	326.16
70	176.85	218.89	252.23	273.98	358.06
71	195.70	242.09	279.78	305.87	395.75
72	218.89	269.63	311.67	340.66	442.13
73	243.54	301.52	349.36	382.70	494.32
74	271.08	337.76	392.85	427.64	552.30
75	302.97	378.35	440.68	479.82	616.09
76	337.76	423.29	491.42	534.91	685.67
77	375.45	471.13	547.95	595.79	762.50
78	416.04	523.31	608.84	659.58	843.68
79	460.98	578.40	674.07	730.61	933.55
80	505.92				
81	558.10				
82	610.29				
83	666.82				
84	726.26				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.04	50.74	57.98	60.88	78.28
45-49	46.39	56.54	63.78	68.13	86.98
50-54	55.09	66.68	76.83	84.08	108.72
55	65.23	76.83	86.98	94.23	124.67
56	68.13	81.18	92.78	98.57	131.92
57	73.93	86.98	98.57	105.82	139.16
58	78.28	94.23	105.82	114.52	150.76
59	85.53	102.92	115.97	124.67	162.36
60	92.78	110.17	126.12	136.26	176.85
61	98.57	121.77	137.71	147.86	191.35
62	107.27	129.02	150.76	162.36	208.74
63	115.97	139.16	160.91	172.50	223.24
64	123.22	150.76	171.05	185.55	240.64
65	131.92	162.36	182.65	197.15	259.48
66	142.06	172.50	197.15	214.54	279.78
67	153.66	189.90	214.54	233.39	305.87
68	166.71	205.85	234.84	258.03	334.86
69	182.65	224.69	259.48	281.23	368.20
70	200.05	247.88	284.12	308.77	404.44
71	218.89	272.53	316.02	342.11	447.93
72	243.54	302.97	350.81	384.15	500.12
73	271.08	339.21	394.30	427.64	558.10
74	301.52	379.80	442.13	481.27	621.89
75	337.76	424.74	494.32	537.81	694.37
76	375.45	472.57	552.30	601.59	774.09
77	417.49	527.66	614.64	668.27	859.62
78	462.43	585.64	682.77	742.20	949.50
79	510.26	647.98	755.25	821.93	1050.97
80	561.00				
81	616.09				
82	672.62				
83	733.51				
84	798.74				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.94	55.09	60.88	66.68	85.53
45-49	49.29	59.43	68.13	73.93	94.23
50-54	57.98	71.03	81.18	88.43	117.42
55	68.13	81.18	92.78	100.02	131.92
56	71.03	86.98	97.12	105.82	137.71
57	76.83	92.78	104.37	113.07	146.41
58	81.18	98.57	113.07	121.77	158.01
59	88.43	107.27	123.22	131.92	171.05
60	97.12	115.97	133.36	143.51	185.55
61	104.37	126.12	144.96	155.11	201.50
62	113.07	136.26	156.56	168.16	218.89
63	121.77	146.41	168.16	181.20	234.84
64	127.57	156.56	179.75	194.25	252.23
65	137.71	168.16	191.35	208.74	271.08
66	147.86	181.20	205.85	224.69	292.82
67	160.91	197.15	224.69	244.99	320.37
68	173.95	215.99	247.88	269.63	350.81
69	191.35	234.84	271.08	295.72	385.60
70	208.74	259.48	298.62	324.71	424.74
71	229.04	284.12	330.51	359.50	471.13
72	253.68	317.47	368.20	400.09	523.31
73	282.68	355.16	413.14	447.93	585.64
74	316.02	397.19	462.43	503.02	653.78
75	353.71	443.58	516.06	562.45	727.71
76	392.85	494.32	578.40	629.13	811.78
77	434.88	550.85	643.63	701.61	900.21
78	481.27	610.29	713.21	776.99	995.89
79	530.56	676.97	790.04	861.07	1100.26
80	582.75				
81	639.28				
82	698.71				
83	762.50				
84	829.18				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	173.50	214.11	243.65	262.10	354.39
45-49	191.96	236.26	269.49	291.64	395.00
50-54	236.26	291.64	335.93	369.16	502.06
55	273.18	339.63	391.31	424.53	583.27
56	287.94	354.39	413.46	450.37	616.50
57	302.71	376.54	439.30	476.22	649.72
58	324.86	402.38	468.83	509.44	690.33
59	343.32	428.22	498.36	542.66	734.63
60	369.16	461.45	531.59	575.89	782.62
61	395.00	490.98	568.51	616.50	834.30
62	420.84	524.21	609.11	660.79	889.67
63	446.68	561.12	649.72	705.09	952.43
64	476.22	594.35	690.33	753.08	1011.50
65	509.44	634.95	738.32	804.77	1081.64
66	542.66	682.94	790.00	860.14	1162.85
67	586.96	734.63	856.45	930.28	1255.14
68	634.95	793.69	926.59	1007.80	1358.51
69	682.94	860.14	1000.42	1089.02	1469.25
70	738.32	933.97	1085.33	1185.00	1594.77
71	797.38	1015.19	1181.31	1288.37	1731.36
72	871.22	1111.17	1295.75	1417.57	1893.79
73	959.81	1221.92	1424.95	1557.85	2074.67
74	1055.80	1343.74	1568.93	1716.59	2274.02
75	1159.16	1472.95	1723.97	1886.40	2495.52
76	1269.91	1616.92	1893.79	2074.67	2735.47
77	1384.35	1771.96	2082.06	2274.02	2993.88
78	1506.17	1938.09	2281.40	2491.82	3267.06
79	1639.07	2115.28	2491.82	2724.39	3562.39
80	1771.96				
81	1912.24				
82	2059.91				
83	2211.26				
84	2370.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	199.35	247.34	287.94	313.79	413.46
45-49	221.50	276.87	317.48	347.01	461.45
50-54	273.18	343.32	395.00	428.22	583.27
55	310.09	391.31	450.37	490.98	668.18
56	321.17	413.46	476.22	516.82	705.09
57	339.63	435.61	502.06	546.36	738.32
58	361.78	461.45	535.28	583.27	782.62
59	387.62	487.29	564.81	620.19	830.61
60	417.15	516.82	605.42	657.10	878.60
61	442.99	550.05	642.34	697.71	937.66
62	472.52	590.65	686.64	745.70	1000.42
63	502.06	623.88	734.63	797.38	1066.87
64	535.28	668.18	778.93	852.76	1137.01
65	568.51	712.48	834.30	908.13	1214.53
66	609.11	764.16	889.67	974.58	1303.13
67	649.72	826.92	963.51	1052.10	1406.50
68	705.09	889.67	1041.03	1137.01	1524.63
69	760.47	967.20	1125.94	1232.99	1646.45
70	826.92	1052.10	1225.61	1343.74	1786.73
71	893.37	1140.70	1332.66	1458.18	1941.78
72	978.27	1251.45	1458.18	1598.46	2122.67
73	1074.25	1369.58	1602.15	1757.20	2322.01
74	1177.62	1502.48	1757.20	1927.01	2543.51
75	1288.37	1650.14	1934.39	2115.28	2790.84
76	1410.19	1801.50	2118.97	2322.01	3056.64
77	1535.70	1975.00	2318.32	2543.51	3340.89
78	1672.29	2155.89	2539.82	2779.77	3643.60
79	1812.57	2355.24	2765.00	3030.80	3964.77
80	1960.24				
81	2111.59				
82	2266.64				
83	2436.45				
84	2609.96				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	214.11	265.79	302.71	335.93	439.30
45-49	236.26	295.33	339.63	372.85	487.29
50-54	291.64	365.47	420.84	457.76	616.50
55	324.86	413.46	476.22	520.51	705.09
56	339.63	435.61	502.06	546.36	738.32
57	354.39	457.76	531.59	575.89	778.93
58	376.54	483.60	561.12	612.80	819.53
59	402.38	513.13	594.35	649.72	867.52
60	435.61	542.66	634.95	690.33	919.21
61	465.14	575.89	671.87	734.63	981.96
62	494.67	616.50	719.86	786.31	1048.41
63	524.21	657.10	767.85	837.99	1114.86
64	561.12	697.71	815.84	893.37	1188.69
65	594.35	745.70	871.22	952.43	1273.60
66	634.95	797.38	933.97	1018.88	1362.20
67	682.94	863.83	1007.80	1103.79	1472.95
68	734.63	933.97	1089.02	1196.08	1594.77
69	793.69	1011.50	1181.31	1295.75	1723.97
70	860.14	1100.09	1280.98	1406.50	1867.95
71	933.97	1196.08	1399.11	1532.01	2034.07
72	1018.88	1306.82	1528.32	1675.98	2218.65
73	1122.24	1432.34	1675.98	1842.10	2432.76
74	1229.30	1572.62	1842.10	2019.30	2661.64
75	1347.43	1723.97	2019.30	2214.96	2920.05
76	1472.95	1886.40	2214.96	2429.07	3193.23
77	1602.15	2063.60	2421.68	2657.95	3488.55
78	1742.43	2248.18	2650.56	2901.59	3806.03
79	1886.40	2454.91	2883.13	3167.39	4138.27
80	2037.76				
81	2192.81				
82	2358.93				
83	2532.43				
84	2709.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	125.51	155.05	180.89	199.35	265.79
45-49	140.28	173.50	203.04	221.50	295.33
50-54	188.27	228.88	262.10	280.56	376.54
55	214.11	265.79	299.02	328.55	446.68
56	225.19	276.87	317.48	347.01	476.22
57	239.95	295.33	339.63	372.85	513.13
58	254.72	317.48	365.47	402.38	550.05
59	276.87	343.32	395.00	435.61	594.35
60	299.02	372.85	428.22	468.83	642.34
61	324.86	402.38	468.83	509.44	690.33
62	350.70	439.30	509.44	550.05	745.70
63	376.54	468.83	546.36	594.35	804.77
64	402.38	502.06	586.96	634.95	860.14
65	435.61	538.97	623.88	682.94	926.59
66	468.83	575.89	671.87	734.63	1000.42
67	509.44	631.26	734.63	797.38	1085.33
68	550.05	686.64	804.77	871.22	1185.00
69	598.04	753.08	878.60	956.12	1295.75
70	649.72	819.53	959.81	1048.41	1417.57
71	712.48	904.44	1055.80	1155.47	1550.47
72	786.31	1000.42	1166.54	1277.29	1712.90
73	867.52	1107.48	1295.75	1417.57	1890.10
74	963.51	1225.61	1436.03	1572.62	2089.44
75	1063.18	1358.51	1591.08	1742.43	2307.25
76	1173.93	1502.48	1753.51	1923.32	2539.82
77	1288.37	1653.83	1938.09	2122.67	2790.84
78	1410.19	1819.95	2133.74	2336.78	3060.33
79	1543.09	1997.15	2336.78	2565.66	3351.97
80	1675.98				
81	1819.95				
82	1967.62				
83	2122.67				
84	2288.79				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	151.36	191.96	217.80	239.95	313.79
45-49	169.81	206.73	243.65	265.79	347.01
50-54	214.11	265.79	310.09	335.93	439.30
55	247.34	310.09	350.70	387.62	520.51
56	262.10	324.86	372.85	402.38	557.43
57	273.18	343.32	395.00	428.22	590.65
58	295.33	369.16	424.53	465.14	634.95
59	317.48	398.69	461.45	498.36	679.25
60	343.32	428.22	494.67	538.97	723.55
61	369.16	461.45	535.28	583.27	778.93
62	398.69	498.36	575.89	631.26	837.99
63	424.53	535.28	620.19	671.87	900.75
64	457.76	568.51	664.49	719.86	963.51
65	490.98	612.80	708.79	767.85	1033.65
66	524.21	657.10	760.47	830.61	1114.86
67	568.51	712.48	830.61	900.75	1210.84
68	616.50	771.54	904.44	981.96	1325.28
69	668.18	845.37	985.66	1074.25	1447.10
70	730.94	926.59	1081.64	1177.62	1583.69
71	797.38	1015.19	1185.00	1295.75	1738.74
72	878.60	1122.24	1310.52	1432.34	1915.94
73	967.20	1236.68	1450.80	1583.69	2115.28
74	1074.25	1373.27	1605.84	1757.20	2336.78
75	1185.00	1517.24	1775.66	1945.47	2576.73
76	1306.82	1672.29	1960.24	2148.51	2838.83
77	1432.34	1842.10	2159.58	2370.00	3119.40
78	1568.93	2019.30	2370.00	2606.26	3418.41
79	1705.52	2214.96	2602.57	2857.29	3739.58
80	1853.18				
81	2008.23				
82	2170.66				
83	2340.47				
84	2517.67				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	166.12	203.04	236.26	254.72	335.93
45-49	180.89	225.19	262.10	280.56	369.16
50-54	225.19	280.56	324.86	354.39	465.14
55	262.10	324.86	372.85	409.77	550.05
56	273.18	343.32	395.00	428.22	586.96
57	291.64	365.47	420.84	457.76	623.88
58	313.79	391.31	450.37	490.98	668.18
59	335.93	420.84	487.29	524.21	712.48
60	361.78	450.37	524.21	568.51	760.47
61	387.62	487.29	564.81	612.80	815.84
62	417.15	524.21	609.11	660.79	878.60
63	446.68	564.81	649.72	708.79	941.36
64	476.22	598.04	694.02	756.78	1007.80
65	513.13	642.34	742.01	808.46	1081.64
66	546.36	690.33	797.38	867.52	1162.85
67	594.35	745.70	867.52	941.36	1269.91
68	646.03	812.15	945.05	1029.95	1384.35
69	697.71	885.98	1033.65	1125.94	1509.86
70	764.16	967.20	1133.32	1232.99	1653.83
71	834.30	1063.18	1240.37	1354.81	1816.26
72	915.51	1173.93	1373.27	1498.79	2000.84
73	1011.50	1295.75	1520.94	1657.52	2211.26
74	1122.24	1432.34	1679.67	1838.41	2440.14
75	1236.68	1580.00	1853.18	2034.07	2691.17
76	1362.20	1746.12	2045.14	2244.49	2968.04
77	1495.09	1919.63	2255.56	2477.06	3255.98
78	1631.68	2107.90	2477.06	2724.39	3569.77
79	1775.66	2310.94	2713.32	2982.81	3905.70
80	1927.01				
81	2089.44				
82	2259.25				
83	2432.76				
84	2613.65				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.05	43.49	50.74	54.36	68.86
45-49	41.68	48.92	56.17	59.80	76.10
50-54	50.74	59.80	68.86	74.29	94.23
55	57.98	68.86	79.73	85.16	112.35
56	61.61	74.29	85.16	90.60	119.59
57	67.04	79.73	90.60	97.85	128.65
58	72.48	86.98	97.85	106.91	139.53
59	79.73	94.23	106.91	115.97	152.21
60	86.98	103.29	117.78	128.65	164.89
61	94.23	114.16	128.65	139.53	179.39
62	101.47	123.22	139.53	152.21	195.70
63	108.72	132.28	150.40	163.08	210.19
64	115.97	141.34	161.27	173.95	226.50
65	123.22	152.21	172.14	186.64	242.81
66	134.09	163.08	186.64	201.13	262.74
67	144.96	177.58	202.95	219.25	286.30
68	157.65	193.89	222.88	241.00	315.29
69	172.14	212.01	244.62	264.55	346.10
70	188.45	231.94	268.18	291.74	380.52
71	208.38	257.31	297.17	324.35	420.39
72	231.94	286.30	331.60	362.40	469.31
73	259.12	320.73	371.46	405.89	525.49
74	288.11	358.78	416.76	454.82	587.09
75	322.54	402.27	467.50	509.18	654.14
76	358.78	449.38	521.86	568.97	728.43
77	398.64	500.12	581.66	632.39	809.97
78	442.13	556.29	646.89	701.25	896.95
79	489.25	614.27	715.75	775.54	991.17
80	538.17				
81	592.53				
82	648.70				
83	708.50				
84	771.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	54.36	61.61	65.23	83.35
45-49	48.92	59.80	67.04	72.48	92.41
50-54	57.98	70.67	81.54	88.79	115.97
55	68.86	81.54	92.41	99.66	132.28
56	72.48	86.98	97.85	105.10	139.53
57	77.92	92.41	105.10	112.35	148.59
58	83.35	99.66	112.35	121.41	159.46
59	90.60	108.72	123.22	132.28	172.14
60	97.85	117.78	134.09	144.96	188.45
61	105.10	128.65	146.77	157.65	202.95
62	114.16	137.71	159.46	172.14	221.07
63	123.22	148.59	170.33	183.01	237.37
64	130.47	159.46	181.20	197.51	255.49
65	139.53	172.14	193.89	210.19	275.43
66	150.40	183.01	210.19	228.31	297.17
67	163.08	201.13	228.31	248.25	324.35
68	177.58	219.25	250.06	273.62	355.16
69	193.89	239.19	275.43	298.98	391.40
70	212.01	262.74	302.61	327.98	429.45
71	231.94	289.92	335.22	364.22	476.56
72	259.12	322.54	373.28	407.70	530.92
73	288.11	360.59	418.58	454.82	592.53
74	320.73	404.08	469.31	510.99	661.39
75	358.78	451.19	525.49	570.79	737.49
76	398.64	501.93	587.09	639.64	822.66
77	443.94	559.91	652.33	710.31	913.26
78	491.06	621.52	724.81	788.23	1009.30
79	541.79	688.57	802.72	873.39	1116.20
80	596.15				
81	654.14				
82	713.94				
83	779.17				
84	848.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.11	57.98	65.23	70.67	90.60
45-49	52.55	63.42	72.48	77.92	99.66
50-54	61.61	76.10	86.98	94.23	125.03
55	72.48	86.98	97.85	106.91	139.53
56	76.10	92.41	103.29	112.35	146.77
57	81.54	97.85	110.53	119.59	155.83
58	86.98	105.10	119.59	128.65	168.52
59	94.23	114.16	130.47	139.53	181.20
60	103.29	123.22	141.34	152.21	197.51
61	110.53	134.09	154.02	164.89	213.82
62	119.59	144.96	166.71	179.39	231.94
63	128.65	155.83	179.39	192.07	250.06
64	135.90	166.71	190.26	206.57	268.18
65	146.77	179.39	202.95	221.07	288.11
66	157.65	192.07	219.25	239.19	311.67
67	170.33	210.19	239.19	260.93	340.66
68	184.83	230.13	262.74	286.30	373.28
69	202.95	250.06	288.11	313.48	409.52
70	221.07	275.43	317.10	344.28	451.19
71	242.81	302.61	351.53	382.34	500.12
72	269.99	337.04	391.40	425.82	556.29
73	300.80	376.90	438.51	476.56	621.52
74	335.22	422.20	491.06	534.55	694.00
75	375.09	471.13	549.04	597.97	773.73
76	416.76	525.49	614.27	668.64	862.52
77	462.07	585.28	683.13	744.74	956.75
78	510.99	648.70	757.42	826.28	1058.22
79	563.54	719.37	838.97	915.07	1168.75
80	619.71				
81	679.51				
82	742.93				
83	809.97				
84	880.64				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	184.58	226.11	258.41	276.87	378.39
45-49	203.04	249.18	286.10	309.17	419.92
50-54	249.18	309.17	355.32	392.23	535.28
55	290.71	359.93	415.30	452.22	618.34
56	304.56	378.39	438.38	479.91	655.26
57	323.01	401.46	466.06	507.59	692.17
58	346.09	429.15	498.36	539.90	733.70
59	364.54	456.83	530.67	576.81	779.85
60	392.23	489.14	562.97	613.73	830.61
61	419.92	521.44	604.50	655.26	885.98
62	447.61	558.35	646.03	701.40	945.97
63	475.29	595.27	692.17	747.55	1010.57
64	507.59	632.19	733.70	798.31	1075.18
65	539.90	673.72	784.46	853.68	1149.01
66	576.81	724.47	839.84	913.67	1236.68
67	622.96	779.85	909.05	987.50	1333.59
68	673.72	844.45	982.89	1070.56	1444.34
69	724.47	913.67	1061.33	1158.24	1559.70
70	784.46	992.12	1153.62	1259.76	1693.52
71	849.07	1079.79	1255.14	1370.50	1841.18
72	927.51	1181.31	1375.12	1504.32	2011.92
73	1019.80	1296.67	1513.55	1656.60	2205.73
74	1121.32	1425.88	1665.83	1822.72	2417.99
75	1232.07	1564.31	1831.95	2002.69	2653.33
76	1347.43	1716.59	2011.92	2205.73	2907.13
77	1472.02	1882.71	2210.34	2417.99	3179.38
78	1601.23	2058.06	2422.61	2648.72	3470.10
79	1739.66	2247.26	2648.72	2893.29	3783.88
80	1882.71				
81	2030.38				
82	2187.27				
83	2348.78				
84	2519.51				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	212.27	263.03	304.56	332.24	438.38
45-49	235.34	295.33	336.86	369.16	489.14
50-54	290.71	364.54	419.92	456.83	618.34
55	327.63	415.30	479.91	521.44	710.63
56	341.47	438.38	507.59	549.12	747.55
57	359.93	461.45	535.28	581.43	784.46
58	383.00	489.14	567.58	618.34	830.61
59	410.69	516.82	599.88	659.87	881.37
60	442.99	549.12	641.41	696.79	932.13
61	470.68	586.04	682.94	742.93	996.73
62	502.98	627.57	729.09	793.69	1061.33
63	535.28	664.49	779.85	849.07	1135.16
64	567.58	710.63	825.99	904.44	1209.00
65	604.50	756.78	885.98	964.43	1292.06
66	646.03	812.15	945.97	1033.65	1384.35
67	692.17	876.75	1024.42	1116.71	1495.09
68	747.55	945.97	1107.48	1209.00	1619.69
69	807.54	1029.03	1195.15	1310.52	1748.89
70	876.75	1116.71	1301.29	1425.88	1896.56
71	950.58	1213.61	1416.65	1550.47	2062.68
72	1038.26	1328.97	1550.47	1698.13	2256.49
73	1139.78	1453.56	1702.75	1868.87	2468.75
74	1250.53	1596.61	1868.87	2048.83	2704.09
75	1370.50	1753.51	2053.45	2247.26	2967.12
76	1499.71	1915.01	2251.87	2468.75	3248.60
77	1633.53	2099.59	2464.14	2704.09	3548.54
78	1776.58	2288.79	2699.48	2953.27	3871.56
79	1924.24	2501.05	2939.43	3220.91	4213.03
80	2081.14				
81	2242.64				
82	2408.76				
83	2588.73				
84	2773.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	226.11	281.48	323.01	355.32	466.06
45-49	249.18	313.79	359.93	396.85	516.82
50-54	309.17	387.62	447.61	484.52	655.26
55	346.09	438.38	507.59	553.74	747.55
56	359.93	461.45	535.28	581.43	784.46
57	378.39	484.52	562.97	613.73	825.99
58	401.46	512.21	595.27	650.64	872.14
59	429.15	544.51	632.19	692.17	922.90
60	461.45	576.81	673.72	733.70	978.27
61	493.75	613.73	715.25	779.85	1042.87
62	526.05	655.26	766.01	835.22	1112.09
63	558.35	696.79	816.76	890.60	1185.92
64	595.27	742.93	867.52	950.58	1264.37
65	632.19	793.69	927.51	1010.57	1352.05
66	673.72	849.07	992.12	1084.41	1448.95
67	724.47	918.28	1070.56	1172.08	1564.31
68	779.85	992.12	1158.24	1268.98	1693.52
69	844.45	1075.18	1255.14	1375.12	1831.95
70	913.67	1167.47	1361.27	1495.09	1984.23
71	992.12	1268.98	1485.87	1628.92	2159.58
72	1084.41	1388.96	1624.30	1781.19	2358.00
73	1190.54	1522.78	1781.19	1956.54	2584.11
74	1305.90	1670.45	1956.54	2145.74	2828.68
75	1430.49	1831.95	2145.74	2353.39	3100.94
76	1564.31	2002.69	2353.39	2579.50	3391.65
77	1702.75	2191.88	2574.89	2824.07	3705.44
78	1850.41	2390.31	2814.84	3082.48	4042.29
79	2002.69	2607.19	3064.02	3363.96	4397.61
80	2164.20				
81	2330.32				
82	2505.67				
83	2690.25				
84	2879.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	133.82	166.12	193.81	212.27	281.48
45-49	147.66	184.58	216.88	235.34	313.79
50-54	198.42	244.57	276.87	299.94	401.46
55	226.11	281.48	318.40	350.70	475.29
56	239.95	295.33	336.86	369.16	507.59
57	253.80	313.79	359.93	396.85	544.51
58	272.25	336.86	387.62	429.15	586.04
59	295.33	364.54	419.92	461.45	632.19
60	318.40	396.85	456.83	498.36	682.94
61	346.09	429.15	498.36	539.90	733.70
62	373.77	466.06	539.90	586.04	793.69
63	401.46	498.36	581.43	632.19	853.68
64	429.15	535.28	622.96	673.72	913.67
65	461.45	572.20	664.49	724.47	982.89
66	498.36	613.73	715.25	779.85	1061.33
67	539.90	669.10	779.85	849.07	1153.62
68	586.04	729.09	853.68	927.51	1259.76
69	636.80	798.31	932.13	1015.19	1375.12
70	692.17	872.14	1019.80	1112.09	1504.32
71	756.78	959.81	1121.32	1227.45	1647.37
72	835.22	1061.33	1241.30	1356.66	1818.11
73	922.90	1176.69	1375.12	1504.32	2007.30
74	1024.42	1301.29	1527.40	1670.45	2219.57
75	1130.55	1444.34	1688.90	1850.41	2450.29
76	1245.91	1596.61	1864.25	2044.22	2699.48
77	1370.50	1758.12	2058.06	2256.49	2967.12
78	1499.71	1933.47	2265.71	2482.60	3253.22
79	1638.14	2122.67	2482.60	2727.16	3562.39
80	1781.19				
81	1933.47				
82	2090.36				
83	2256.49				
84	2431.84				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	161.51	203.04	230.72	253.80	332.24
45-49	179.97	221.50	258.41	281.48	369.16
50-54	226.11	281.48	327.63	355.32	466.06
55	263.03	327.63	373.77	410.69	553.74
56	276.87	346.09	396.85	429.15	590.65
57	290.71	364.54	419.92	456.83	627.57
58	313.79	392.23	452.22	493.75	673.72
59	336.86	424.53	489.14	530.67	719.86
60	364.54	456.83	526.05	572.20	770.62
61	392.23	489.14	567.58	618.34	825.99
62	424.53	530.67	613.73	669.10	890.60
63	452.22	567.58	659.87	715.25	955.20
64	484.52	604.50	706.02	766.01	1024.42
65	521.44	650.64	752.16	816.76	1098.25
66	558.35	696.79	807.54	881.37	1185.92
67	604.50	756.78	881.37	955.20	1287.44
68	655.26	821.38	959.81	1042.87	1407.42
69	710.63	899.83	1047.49	1139.78	1536.63
70	775.23	982.89	1149.01	1250.53	1684.29
71	849.07	1079.79	1259.76	1375.12	1845.80
72	932.13	1190.54	1393.58	1522.78	2034.99
73	1029.03	1315.13	1541.24	1684.29	2247.26
74	1139.78	1458.18	1707.36	1868.87	2482.60
75	1259.76	1610.46	1887.33	2067.29	2736.39
76	1388.96	1776.58	2081.14	2284.17	3017.88
77	1522.78	1956.54	2293.40	2519.51	3313.20
78	1665.83	2145.74	2519.51	2768.69	3631.60
79	1813.49	2353.39	2764.08	3036.33	3973.08
80	1970.39				
81	2131.89				
82	2307.25				
83	2487.21				
84	2676.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	175.35	216.88	249.18	272.25	355.32
45-49	193.81	239.95	276.87	299.94	392.23
50-54	239.95	299.94	346.09	378.39	493.75
55	276.87	346.09	396.85	433.76	586.04
56	290.71	364.54	419.92	456.83	622.96
57	309.17	387.62	447.61	484.52	664.49
58	332.24	415.30	479.91	521.44	710.63
59	355.32	447.61	516.82	558.35	756.78
60	383.00	479.91	558.35	604.50	807.54
61	410.69	516.82	599.88	650.64	867.52
62	442.99	558.35	646.03	701.40	932.13
63	475.29	599.88	692.17	752.16	1001.34
64	507.59	636.80	738.32	802.92	1070.56
65	544.51	682.94	789.08	858.30	1149.01
66	581.43	733.70	849.07	922.90	1236.68
67	632.19	793.69	922.90	1001.34	1347.43
68	687.56	862.91	1005.96	1093.63	1472.02
69	742.93	941.36	1098.25	1195.15	1605.84
70	812.15	1029.03	1204.38	1310.52	1758.12
71	885.98	1130.55	1319.74	1439.72	1928.86
72	973.66	1245.91	1458.18	1592.00	2127.28
73	1075.18	1375.12	1615.07	1762.74	2348.78
74	1190.54	1522.78	1785.81	1951.93	2593.34
75	1315.13	1679.67	1970.39	2159.58	2860.98
76	1448.95	1855.03	2173.42	2385.69	3151.70
77	1587.38	2039.60	2394.92	2630.26	3460.87
78	1735.05	2238.03	2630.26	2893.29	3793.11
79	1887.33	2454.91	2884.06	3170.15	4148.43
80	2048.83				
81	2219.57				
82	2399.53				
83	2584.11				
84	2777.92				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.30	50.74	59.80	63.42	81.54
45-49	48.92	57.98	65.23	70.67	88.79
50-54	59.80	70.67	81.54	86.98	110.53
55	68.86	81.54	94.23	99.66	132.28
56	72.48	86.98	99.66	106.91	141.34
57	79.73	94.23	106.91	115.97	152.21
58	85.16	101.47	115.97	125.03	164.89
59	94.23	110.53	125.03	135.90	179.39
60	101.47	121.41	137.71	152.21	193.89
61	110.53	134.09	152.21	164.89	210.19
62	119.59	144.96	164.89	179.39	230.13
63	128.65	155.83	177.58	192.07	246.43
64	135.90	166.71	190.26	204.76	266.37
65	144.96	179.39	202.95	219.25	286.30
66	157.65	192.07	219.25	237.37	309.86
67	170.33	208.38	239.19	257.31	337.04
68	184.83	228.31	262.74	282.68	371.46
69	202.95	250.06	288.11	311.67	407.70
70	221.07	273.62	315.29	342.47	447.57
71	244.62	302.61	349.72	382.34	494.68
72	273.62	337.04	389.58	425.82	552.67
73	304.42	376.90	436.70	478.37	617.90
74	338.85	422.20	491.06	534.55	690.38
75	378.71	472.94	550.85	599.78	770.11
76	422.20	529.11	614.27	668.64	857.09
77	469.31	588.91	684.94	744.74	953.12
78	520.05	654.14	761.05	824.47	1054.60
79	576.22	723.00	842.59	913.26	1166.94
80	632.39				
81	697.63				
82	762.86				
83	833.53				
84	907.82				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.55	63.42	72.48	76.10	97.85
45-49	57.98	70.67	79.73	85.16	108.72
50-54	68.86	83.35	96.04	105.10	135.90
55	81.54	96.04	108.72	117.78	155.83
56	85.16	101.47	115.97	123.22	164.89
57	92.41	108.72	123.22	132.28	173.95
58	97.85	117.78	132.28	143.15	188.45
59	106.91	128.65	144.96	155.83	202.95
60	115.97	137.71	157.65	170.33	221.07
61	123.22	152.21	172.14	184.83	239.19
62	134.09	161.27	188.45	202.95	260.93
63	144.96	173.95	201.13	215.63	279.05
64	154.02	188.45	213.82	231.94	300.80
65	164.89	202.95	228.31	246.43	324.35
66	177.58	215.63	246.43	268.18	349.72
67	192.07	237.37	268.18	291.74	382.34
68	208.38	257.31	293.55	322.54	418.58
69	228.31	280.86	324.35	351.53	460.25
70	250.06	309.86	355.16	385.96	505.55
71	273.62	340.66	395.02	427.64	559.91
72	304.42	378.71	438.51	480.19	625.15
73	338.85	424.01	492.87	534.55	697.63
74	376.90	474.75	552.67	601.59	777.36
75	422.20	530.92	617.90	672.26	867.96
76	469.31	590.72	690.38	751.99	967.62
77	521.86	659.58	768.30	835.34	1074.53
78	578.03	732.06	853.46	927.75	1186.87
79	637.83	809.97	944.06	1027.42	1313.71
80	701.25				
81	770.11				
82	840.78				
83	916.88				
84	998.42				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017)

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.17	68.86	76.10	83.35	106.91
45-49	61.61	74.29	85.16	92.41	117.78
50-54	72.48	88.79	101.47	110.53	146.77
55	85.16	101.47	115.97	125.03	164.89
56	88.79	108.72	121.41	132.28	172.14
57	96.04	115.97	130.47	141.34	183.01
58	101.47	123.22	141.34	152.21	197.51
59	110.53	134.09	154.02	164.89	213.82
60	121.41	144.96	166.71	179.39	231.94
61	130.47	157.65	181.20	193.89	251.87
62	141.34	170.33	195.70	210.19	273.62
63	152.21	183.01	210.19	226.50	293.55
64	159.46	195.70	224.69	242.81	315.29
65	172.14	210.19	239.19	260.93	338.85
66	184.83	226.50	257.31	280.86	366.03
67	201.13	246.43	280.86	306.23	400.46
68	217.44	269.99	309.86	337.04	438.51
69	239.19	293.55	338.85	369.65	482.00
70	260.93	324.35	373.28	405.89	530.92
71	286.30	355.16	413.14	449.38	588.91
72	317.10	396.83	460.25	500.12	654.14
73	353.34	443.94	516.43	559.91	732.06
74	395.02	496.49	578.03	628.77	817.22
75	442.13	554.48	645.08	703.06	909.63
76	491.06	617.90	723.00	786.42	1014.73
77	543.61	688.57	804.54	877.02	1125.26
78	601.59	762.86	891.51	971.24	1244.86
79	663.20	846.21	987.55	1076.34	1375.32
80	728.43				
81	799.10				
82	873.39				
83	953.12				
84	1036.48				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	216.88	267.64	304.56	327.63	442.99
45-49	239.95	295.33	336.86	364.54	493.75
50-54	295.33	364.54	419.92	461.45	627.57
55	341.47	424.53	489.14	530.67	729.09
56	359.93	442.99	516.82	562.97	770.62
57	378.39	470.68	549.12	595.27	812.15
58	406.08	502.98	586.04	636.80	862.91
59	429.15	535.28	622.96	678.33	918.28
60	461.45	576.81	664.49	719.86	978.27
61	493.75	613.73	710.63	770.62	1042.87
62	526.05	655.26	761.39	825.99	1112.09
63	558.35	701.40	812.15	881.37	1190.54
64	595.27	742.93	862.91	941.36	1264.37
65	636.80	793.69	922.90	1005.96	1352.05
66	678.33	853.68	987.50	1075.18	1453.56
67	733.70	918.28	1070.56	1162.85	1568.93
68	793.69	992.12	1158.24	1259.76	1698.13
69	853.68	1075.18	1250.53	1361.27	1836.57
70	922.90	1167.47	1356.66	1481.25	1993.46
71	996.73	1268.98	1476.64	1610.46	2164.20
72	1089.02	1388.96	1619.69	1771.96	2367.23
73	1199.77	1527.40	1781.19	1947.31	2593.34
74	1319.74	1679.67	1961.16	2145.74	2842.53
75	1448.95	1841.18	2154.97	2358.00	3119.40
76	1587.38	2021.15	2367.23	2593.34	3419.34
77	1730.43	2214.96	2602.57	2842.53	3742.35
78	1882.71	2422.61	2851.75	3114.78	4083.82
79	2048.83	2644.10	3114.78	3405.49	4452.98
80	2214.96				
81	2390.31				
82	2574.89				
83	2764.08				
84	2962.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	249.18	309.17	359.93	392.23	516.82
45-49	276.87	346.09	396.85	433.76	576.81
50-54	341.47	429.15	493.75	535.28	729.09
55	387.62	489.14	562.97	613.73	835.22
56	401.46	516.82	595.27	646.03	881.37
57	424.53	544.51	627.57	682.94	922.90
58	452.22	576.81	669.10	729.09	978.27
59	484.52	609.11	706.02	775.23	1038.26
60	521.44	646.03	756.78	821.38	1098.25
61	553.74	687.56	802.92	872.14	1172.08
62	590.65	738.32	858.30	932.13	1250.53
63	627.57	779.85	918.28	996.73	1333.59
64	669.10	835.22	973.66	1065.95	1421.26
65	710.63	890.60	1042.87	1135.16	1518.17
66	761.39	955.20	1112.09	1218.23	1628.92
67	812.15	1033.65	1204.38	1315.13	1758.12
68	881.37	1112.09	1301.29	1421.26	1905.78
69	950.58	1209.00	1407.42	1541.24	2058.06
70	1033.65	1315.13	1532.01	1679.67	2233.41
71	1116.71	1425.88	1665.83	1822.72	2427.22
72	1222.84	1564.31	1822.72	1998.07	2653.33
73	1342.82	1711.98	2002.69	2196.50	2902.51
74	1472.02	1878.10	2196.50	2408.76	3179.38
75	1610.46	2062.68	2417.99	2644.10	3488.55
76	1762.74	2251.87	2648.72	2902.51	3820.80
77	1919.63	2468.75	2897.90	3179.38	4176.11
78	2090.36	2694.86	3174.77	3474.71	4554.50
79	2265.71	2944.04	3456.25	3788.50	4955.96
80	2450.29				
81	2639.49				
82	2833.30				
83	3045.56				
84	3262.44				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	267.64	332.24	378.39	419.92	549.12
45-49	295.33	369.16	424.53	466.06	609.11
50-54	364.54	456.83	526.05	572.20	770.62
55	406.08	516.82	595.27	650.64	881.37
56	424.53	544.51	627.57	682.94	922.90
57	442.99	572.20	664.49	719.86	973.66
58	470.68	604.50	701.40	766.01	1024.42
59	502.98	641.41	742.93	812.15	1084.41
60	544.51	678.33	793.69	862.91	1149.01
61	581.43	719.86	839.84	918.28	1227.45
62	618.34	770.62	899.83	982.89	1310.52
63	655.26	821.38	959.81	1047.49	1393.58
64	701.40	872.14	1019.80	1116.71	1485.87
65	742.93	932.13	1089.02	1190.54	1592.00
66	793.69	996.73	1167.47	1273.60	1702.75
67	853.68	1079.79	1259.76	1379.73	1841.18
68	918.28	1167.47	1361.27	1495.09	1993.46
69	992.12	1264.37	1476.64	1619.69	2154.97
70	1075.18	1375.12	1601.23	1758.12	2334.93
71	1167.47	1495.09	1748.89	1915.01	2542.58
72	1273.60	1633.53	1910.40	2094.98	2773.31
73	1402.81	1790.42	2094.98	2302.63	3040.95
74	1536.63	1965.77	2302.63	2524.13	3327.05
75	1684.29	2154.97	2524.13	2768.69	3650.06
76	1841.18	2358.00	2768.69	3036.33	3991.53
77	2002.69	2579.50	3027.11	3322.43	4360.69
78	2178.04	2810.22	3313.20	3626.99	4757.54
79	2358.00	3068.64	3603.92	3959.23	5172.84
80	2547.20				
81	2741.01				
82	2948.66				
83	3165.54				
84	3387.04				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	156.89	193.81	226.11	249.18	332.24
45-49	175.35	216.88	253.80	276.87	369.16
50-54	235.34	286.10	327.63	350.70	470.68
55	267.64	332.24	373.77	410.69	558.35
56	281.48	346.09	396.85	433.76	595.27
57	299.94	369.16	424.53	466.06	641.41
58	318.40	396.85	456.83	502.98	687.56
59	346.09	429.15	493.75	544.51	742.93
60	373.77	466.06	535.28	586.04	802.92
61	406.08	502.98	586.04	636.80	862.91
62	438.38	549.12	636.80	687.56	932.13
63	470.68	586.04	682.94	742.93	1005.96
64	502.98	627.57	733.70	793.69	1075.18
65	544.51	673.72	779.85	853.68	1158.24
66	586.04	719.86	839.84	918.28	1250.53
67	636.80	789.08	918.28	996.73	1356.66
68	687.56	858.30	1005.96	1089.02	1481.25
69	747.55	941.36	1098.25	1195.15	1619.69
70	812.15	1024.42	1199.77	1310.52	1771.96
71	890.60	1130.55	1319.74	1444.34	1938.09
72	982.89	1250.53	1458.18	1596.61	2141.12
73	1084.41	1384.35	1619.69	1771.96	2362.62
74	1204.38	1532.01	1795.04	1965.77	2611.80
75	1328.97	1698.13	1988.85	2178.04	2884.06
76	1467.41	1878.10	2191.88	2404.15	3174.77
77	1610.46	2067.29	2422.61	2653.33	3488.55
78	1762.74	2274.94	2667.18	2920.97	3825.41
79	1928.86	2496.44	2920.97	3207.07	4189.96
80	2094.98				
81	2274.94				
82	2459.52				
83	2653.33				
84	2860.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	189.19	239.95	272.25	299.94	392.23
45-49	212.27	258.41	304.56	332.24	433.76
50-54	267.64	332.24	387.62	419.92	549.12
55	309.17	387.62	438.38	484.52	650.64
56	327.63	406.08	466.06	502.98	696.79
57	341.47	429.15	493.75	535.28	738.32
58	369.16	461.45	530.67	581.43	793.69
59	396.85	498.36	576.81	622.96	849.07
60	429.15	535.28	618.34	673.72	904.44
61	461.45	576.81	669.10	729.09	973.66
62	498.36	622.96	719.86	789.08	1047.49
63	530.67	669.10	775.23	839.84	1125.94
64	572.20	710.63	830.61	899.83	1204.38
65	613.73	766.01	885.98	959.81	1292.06
66	655.26	821.38	950.58	1038.26	1393.58
67	710.63	890.60	1038.26	1125.94	1513.55
68	770.62	964.43	1130.55	1227.45	1656.60
69	835.22	1056.72	1232.07	1342.82	1808.88
70	913.67	1158.24	1352.05	1472.02	1979.62
71	996.73	1268.98	1481.25	1619.69	2173.42
72	1098.25	1402.81	1638.14	1790.42	2394.92
73	1209.00	1545.85	1813.49	1979.62	2644.10
74	1342.82	1716.59	2007.30	2196.50	2920.97
75	1481.25	1896.56	2219.57	2431.84	3220.91
76	1633.53	2090.36	2450.29	2685.63	3548.54
77	1790.42	2302.63	2699.48	2962.50	3899.24
78	1961.16	2524.13	2962.50	3257.83	4273.02
79	2131.89	2768.69	3253.22	3571.62	4674.48
80	2316.47				
81	2510.28				
82	2713.32				
83	2925.59				
84	3147.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit
Rates After Increases of: 20.4% (Eff. 08/01/2016), 20.4% (Eff. 08/01/2017),
70.0% (Phase 1), 49.8% (Phase 2)
SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	207.65	253.80	295.33	318.40	419.92
45-49	226.11	281.48	327.63	350.70	461.45
50-54	281.48	350.70	406.08	442.99	581.43
55	327.63	406.08	466.06	512.21	687.56
56	341.47	429.15	493.75	535.28	733.70
57	364.54	456.83	526.05	572.20	779.85
58	392.23	489.14	562.97	613.73	835.22
59	419.92	526.05	609.11	655.26	890.60
60	452.22	562.97	655.26	710.63	950.58
61	484.52	609.11	706.02	766.01	1019.80
62	521.44	655.26	761.39	825.99	1098.25
63	558.35	706.02	812.15	885.98	1176.69
64	595.27	747.55	867.52	945.97	1259.76
65	641.41	802.92	927.51	1010.57	1352.05
66	682.94	862.91	996.73	1084.41	1453.56
67	742.93	932.13	1084.41	1176.69	1587.38
68	807.54	1015.19	1181.31	1287.44	1730.43
69	872.14	1107.48	1292.06	1407.42	1887.33
70	955.20	1209.00	1416.65	1541.24	2067.29
71	1042.87	1328.97	1550.47	1693.52	2270.33
72	1144.39	1467.41	1716.59	1873.48	2501.05
73	1264.37	1619.69	1901.17	2071.91	2764.08
74	1402.81	1790.42	2099.59	2298.02	3050.18
75	1545.85	1975.00	2316.47	2542.58	3363.96
76	1702.75	2182.65	2556.43	2805.61	3710.05
77	1868.87	2399.53	2819.45	3096.32	4069.98
78	2039.60	2634.87	3096.32	3405.49	4462.21
79	2219.57	2888.67	3391.65	3728.51	4882.13
80	2408.76				
81	2611.80				
82	2824.07				
83	3040.95				
84	3267.06				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A45
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see the Certificate of Compliance included as a separate document on the Supporting Documentation tab below.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Product Checklist
Comments:	Please see attached.
Attachment(s):	lhindividltc-Signed.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Please see attached.
Attachment(s):	Actuarial Memorandum with Supporting Exhibits.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see attached.
Attachment(s):	ltcratereq_sum - Phase 1 - 70.0%.pdf ltcratereq_sum - Phase 2 - 49.8% (154.7% Cumulative).pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Cover Letter
Comments:	Please see attached.
Attachment(s):	Cover Letter - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	State Filing Status
Comments:	Please see attached.
Attachment(s):	Preferred Solution Filing Status as of 2018.10.15.xlsx Preferred Solution Filing Status as of 2018.10.15.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Response to Objection Dated 10/19/2018
Comments:	Please see attached.
Attachment(s):	VA - PS - RA16 - Objection #1 Response with Supporting Attachments.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Excel Exhibits
Comments:	Please see the attached excel exhibits. Please note, Virginia-specific experience is not fully credible, but is being provided for reference.
Attachment(s):	Nationwide - Excel Workbook.xlsx VA Specific - Excel Workbook.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Response to Objection Dated 11/8/2018
Comments:	Please see the attached response letter.
Attachment(s):	VA - PS - RA16 - Objection #2 Response.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Contingent Non-Forfeiture Benefit Election Form
Comments:	Please see the attached Contingent Non-Forfeiture Benefit Election Form that was approved on November 23, 2015 under the SERFF # MILL-128834437.
Attachment(s):	VA CNF Rider - FINAL revised 8-14-15.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Policy Endorsement Form
Comments:	Please see the revised Policy Endorsement Form, on the Form Schedule tab, that includes ICNF.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Response to Objection Dated 11/26/2018
Comments:	Please see attached.

State: Virginia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment(s):	VA - PS - RA16 - Objection #3 Response Letter with Supporting Attachments.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2020

Satisfied - Item:	Statement of Variability
Comments:	Please see the revised statement of variability for the notification letter and change request form.
Attachment(s):	Statement of Variability - PS VA Policy Change Endorsement.pdf Statement of Variability - PS VA Policyholder Notification Letter - Revised 2-3-20.pdf Statement of Variability - PS VA Change Request Form - Revised 2-3-20.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2020

Satisfied - Item:	Frequently Asked Questions
Comments:	The FAQ's have been removed as most of the information is now included in the notification letter and the other questions/answers are no longer applicable.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Certificate of Compliance
Comments:	Please see attached Certificate of Compliance for the revised notification letter, change request form, and ICNF rider.
Attachment(s):	VA - Certification of Compliance - Signed.pdf VA PS16 Certificate of Compliance - Notice Letter.pdf VA PS16 Certificate of Compliance - Change Request Form.pdf VA PS16 Certificate of Compliance - ICNF Rider.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Increased Contingent Non-Forfeiture Offering
Comments:	
Attachment(s):	20171231 - ICNF Addendum - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Readability Certifications
Comments:	The readability certifications for the forms included on the Form Schedule tab, are attached here.
Attachment(s):	VA - PS ICNF Letter - Readability Signed.pdf VA - PS Endorsement Form - Readability - Signed.pdf

State: *Virginia* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *ILTC*
Project Name/Number: *VA-PS-RA16-R1/*

Item Status:	Received & Acknowledged
Status Date:	03/08/2019

Satisfied - Item:	Response to Objection Dated March 8, 2019
Comments:	
Attachment(s):	VA - PS - RA16 - Objection #9 Response Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Response to Objection Dated December 9, 2019
Comments:	Our response letter and the requested redlined, and "John Doe" versions of the various forms are attached here,.
Attachment(s):	VA - PS - RA16 - Objection #10 Response Letter.pdf PS VA Policy Change Endorsement - John Doe Version Assuming Elect ICNF.pdf VA PS16 Notification Letter - John Doe Version.pdf VA PS16 Change Request Form - John Doe Version.pdf VA Policy Change Endorsement - Redlined Version.pdf
Item Status:	Received & Acknowledged
Status Date:	02/03/2020

Satisfied - Item:	Response to Objection Dated March 2, 2020
Comments:	Our response letter and supporting documents are included here.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Change Request Form - VA PS.pdf Statement of Variability - ICNF Rider - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf VA - PS - RA16 - Objection #13 Response Letter.pdf Policyholder Notification Letter - John Doe Version - VA PS.pdf
Item Status:	Received & Acknowledged
Status Date:	04/22/2020

Satisfied - Item:	Response to Objection Dated June 9, 2020
Comments:	Attached are the revised Statement of Variability documents for the policyholder notification letter and policy change endorsement along with a sample schedule of benefits.
Attachment(s):	Statement of Variability - Policyholder Notification Letter - VA PS.pdf Statement of Variability - Policy Change Endorsement - VA PS.pdf Sample Schedule of Benefits.pdf
Item Status:	
Status Date:	

State: Virginia
Filing Company: Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: ILTC
Project Name/Number: VA-PS-RA16-R1/

Attachment Preferred Solution Filing Status as of 2018.10.15.xlsx is not a PDF document and cannot be reproduced here.

Attachment Nationwide - Excel Workbook.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA Specific - Excel Workbook.xlsx is not a PDF document and cannot be reproduced here.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.***
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language **in bold print**.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer**, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

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, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: _____

Name (please print): Saira Makhani

Company Name: Continental Casualty Company (CCC)

Date: 10/16/2018 Phone No: (312) 822-2375

E-Mail Address: saira.makhani@cna.com

Continental Casualty Company (CCC)

Actuarial Memorandum

In Support of a Premium Rate Increase Request

Virginia

The following individual long term care policy forms subject to this rate increase request were originally issued nationwide during the calendar years referenced below:

Policy Form*	Name	Originally Issued	Closed to New Business
P1-N0080-A	Comprehensive Long Term Care	1998	2003
P1-N0081-A	Comprehensive Long Term Care	1998	2003
P1-N0085-A	Comprehensive Long Term Care	1998	2003
P1-N0086-A	Comprehensive Long Term Care	1998	2003
P1-N0095-A	Comprehensive Long Term Care	1998	2003
P1-N0096-A	Comprehensive Long Term Care	1998	2003
P1-N0100-A	Comprehensive Long Term Care	1998	2003
P1-N0101-A	Comprehensive Long Term Care	1998	2003
P1-N0075-A	Nursing Home Only	1998	2003
P1-N0076-A	Nursing Home Only	1998	2003
P1-N0090-A	Nursing Home Only	1998	2003
P1-N0091-A	Nursing Home Only	1998	2003

*Policies with compound automatic increase rider R1-N0088/R1-N0078 series or simple automatic increase rider R1-N0098/ R1-N0079 series only.

1. Purpose and Justification of Filing

The purpose of this memorandum is to provide actuarial information supporting CCC's request for a 154.7% rate increase for the "Preferred Solution" product portfolio on policies with an automatic increase benefit rider issued under the policy forms listed in the table above. Policies without an automatic increase benefit rider issued under the policy forms listed in the table above will not receive a rate increase. This rate filing is not intended to be used for other purposes.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders. Because the requested rate increase applies to policies with an automatic benefit increase rider, insureds with an automatic increase rider who choose to drop it will:

- Not be subject to this rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and
- Be charged an original issue age premium based on the original non-inflated benefits.

Available options will depend upon the insured's current coverage level, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

In addition, the Company is making a non-forfeiture option available for all insureds in conjunction with this rate increase. This option provides a paid-up policy with a shortened benefit period equal to the total of premiums paid, less any claims paid since the original policy was issued.

Please note:

- The proposed rate increase represents the future premium rate required to produce a 100% after-interest lifetime loss ratio;
- The requested rate increase amount is less than the amount CCC can justify in total; and
- CCC will continue to monitor the experience of this block and will react accordingly to the experience development.

2. Description of Benefits

This rate increase applies only to Preferred Solution policies with an optional automatic increase benefit rider.

- All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy's lifetime maximum, which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1,095x, 1,460x, 1,825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

- Long Term Care Benefits: These policies pay the long term care daily benefit amount, as shown on insured's policy schedule, for each day of long term care confinement in a nursing home or assisted living facility, limited to the benefit lifetime maximum.

- Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80% (percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for adult day care or alternate care facility. The total benefits payable each day for home health care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's benefit lifetime maximum.

- Other Benefits: The policies may include a bed reservation, waiver of premium, non-forfeiture, and alternate plan of care benefit.

- Optional Benefits: Optional riders may include survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms provide the insured guaranteed renewable individual long term care coverage.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms for policies that include automatic benefit increase riders only.

5. Actuarial Assumptions

The actuarial assumptions used to project the future premiums and claims are described in this section. Exhibit 3 provides further details of the experience studies conducted that were used to develop the actuarial assumptions.

These current assumptions, developed in 2017, are CCC's best-estimate expectations of future experience and do not include any provisions for adverse experience. The assumptions are consistent with the assumptions being used in the company's GAAP and statutory reserve adequacy testing.

The liability assumptions that are part of the annual best-estimate experience studies are as follows:

a) Frequency (Incidence)
b) Severity (Recovery, Disabled Mortality, Utilization)
c) Persistency (Healthy Mortality, Voluntary Lapse, Shock Lapse and Reduced Benefit Options (RBOs))
d) Discount Rate
e) Expenses

a) Frequency

The frequency of claim is the probability that a healthy insured will go into disabled status, also known as 'claim incidence'. The final incidence rate that gets modeled is comprised of a base incidence table, adjustment factors based on policy features and demographics, adjustments for policyholder behavior to rate actions, incidence improvement and model calibration.

Base Incidence

The base incidence rates are single-dimensional tables that vary by attained age. These base incidence tables vary by the following:

- Whether the policy covers comprehensive or facility only benefits
- The situs of the claim (Nursing Home, Home Health Care, Assisted Living Facility)
- Gender

A sample table is shown below:

Plan Type: Comprehensive
Gender: Male
Situs: Assisted Living Facility

Attained Age	Annual Incidence Rate (%)
44 and Prior	0.0030%
45	0.0031%
46	0.0034%
47	0.0038%
…	…
55	0.0062%
56	0.0067%
57	0.0074%
…	…
65	0.0169%
66	0.0189%
67	0.0218%
…	…
75	0.0997%
76	0.1272%
77	0.1570%
…	…
85	0.6584%
86	0.7566%
87	0.8910%
…	…
95	2.3029%
96 to 120	2.5766%

Incidence Rate Adjustment Factors

There are a number of incidence rate adjustment factors that are applied to adjust the base incidence tables for various policy features. The annual experience study reviews these adjustment factors and provides updates as needed. The incidence adjustment factors are shown below:

Category	Variable/Benefit Feature	Adjustment Factor
Underwriting Class	Preferred	0.88
	Standard	1.18
	Substandard	1.26
Elimination Period	0 Days	1.15

	1-89 Days	0.97
	90+ Days	0.83
Benefit Period	Lifetime	1.19
	Non-Lifetime	0.95
Plan Type	Comprehensive	1.08
	Facility Only	0.72
	Home Health Care Only	0.97
Spousal Discount	Yes	0.96
	No	1.05
Product Portfolio	Preferred Solution	1.15
Policy Duration	1	0.50
	2	0.55
	3	0.60
	4	0.65
	5	0.70
	6	0.75
	7	0.80
	8	0.85
	9	0.90
	10	0.95
	11+	1.00

Temporary Anti-Selection

As part of the company's annual experience study, the relationship between premium rate actions and incidence rates were developed into an assumption set. When a rate increase is approved in a state, the company has observed an uptick in claims in that state, which is estimated to be driven by insureds that already qualify for their long term care benefits, but have not yet gone on claim. This observed uptick in claims following a rate action is theorized to be driven by this subset of insureds that currently qualify for benefits going on claim to avoid paying the increased premium, since their premium rates will be waived. This anti-selection is believed to be temporary in nature and that incidence rates will eventually return to a more normalized level.

The below tables outline the assumed incidence rate adjustment factors resulting from temporary anti-selection:

Years Since Rate Increase	Temporary Anti-Selection Factors
0	1.40

1	1.60
2	1.65
3	1.20
4	1.10
5	1.05
6+	1.00

Incidence Improvement

An incidence improvement factor is applied to the incidence rates to reflect studies that examine the improvement of population morbidity over time, with consideration for specific company experience. The incidence improvement factor is 1.0% per year for 10 years, beginning 1/1/2012.

Dynamic Validation & Model Calibration

In order to ensure incidence assumptions appropriately replicate historical experience from the Company's IBNR models, a dynamic validation was performed by modeling best-estimate assumptions with inforce liability data as of December 31, 2011. Incidence calibration was performed to ensure an appropriate model fit with historical experience from the dynamic validation analysis, along with ensuring the starting point of the projection is reasonable compared to recently observed trends.

b) Severity

In the projection system, the severity of claim is the associated length and cost of a claim once an insured becomes disabled (or is already disabled). The severity of a claim is driven by three key assumptions:

- Recovery
- Utilization
- Disabled Life Mortality

A further breakdown of these three components is described below.

Recovery

Once an insured is on claim, there is an associated probability that the insured will recover back in to a 'healthy' status prior to death or exhausting benefits. This is the recovery rate assumption in the projection model. The recovery tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. The recovery tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- Gender
- Whether or not there are restoration of benefits
- The situs of the claim (Nursing Home, Home Health Care or Assisted Living Facility)

- Diagnosis of the claim (for policies currently on claim)

Policies that are currently in claim status have a known situs of care, so the recovery rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Disabled
Benefit Period: Lifetime
Gender: Female
Restoration of Benefits: No
Situs: Assisted Living Facility (current, since policy is disabled)
Diagnosis: Dementia & Parkinson's

Disability Month	Disablement Age			
	65	75	85	95
1	0.11%	0.08%	0.05%	0.05%
2	0.17%	0.12%	0.07%	0.07%
3	0.19%	0.13%	0.08%	0.08%
4	0.18%	0.12%	0.07%	0.08%
5	0.22%	0.15%	0.09%	0.09%
6	0.19%	0.13%	0.08%	0.08%
7	0.22%	0.15%	0.09%	0.10%
8	0.20%	0.14%	0.09%	0.09%
9	0.15%	0.11%	0.06%	0.07%
10	0.14%	0.09%	0.06%	0.06%
11	0.13%	0.09%	0.05%	0.06%
12	0.12%	0.08%	0.05%	0.05%
…	…	…	…	…

Utilization

The utilization assumption in the model for expense reimbursement policies represent the amounts, or severity, of paid claims and include components for cost of care, coverage available and the intensity of care ("health trend"). For example, if the initial benefit of $100 a day is available, the policy has been in force for 14 years with 3.0% cost of care inflation and the health trend factor is 80%, then $121 (100 x (1.03)^14 x 80%) will be projected as the paid claim. The available benefit is also considered by capping paid claims at the daily benefit amount.

Indemnity policies have separate utilization assumptions from expense reimbursement policies because they pay their full available benefits and are not dependent on cost or intensity of care. Although indemnity policies pay the full maximum daily benefit, utilization rates are still below 100% because insureds are not in facilities 100% of the time. For example, if an insured is only in a facility 28 out of the 30 days in each month,

then they would have a utilization rate equal to 28/30 = 93%. This is because benefit periods are based on service days and not strictly calendar days.

The health trend component of utilization tables are two-dimensional that vary by age of disability and disability duration. The first five years of the tables contain monthly rates and are annual thereafter. These tables vary by the following:

- The situs of the claim (Nursing Home, Home Health Care or Assisted Living Facility)
- Benefit period (lifetime vs non-lifetime)
- Inflation type (simple, compound, none)
- Home health care percentage
- Payment type (indemnity vs reimbursement)
- Diagnosis of the claim (for policies currently on claim)

Policies that are currently in claim status have a known situs of care, so the utilization rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample health trend table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Disabled
Benefit Period: Non-Lifetime
Inflation Type: Compound
Home Health Care Percentage: N/A (since policy is disabled)
Situs: Assisted Living Facility (current, since policy is disabled)
Payment Type: Reimbursement
Diagnosis: Other

Disability Month	Disablement Age			
	65	75	85	95
1	99%	91%	88%	90%
2	60%	66%	72%	74%
3	69%	75%	80%	85%
4	63%	65%	72%	77%
5	70%	72%	79%	82%
6	71%	75%	79%	82%
7	76%	76%	81%	85%
8	76%	77%	82%	85%
9	76%	77%	81%	83%
10	79%	77%	82%	85%
11	80%	80%	83%	86%
12	79%	80%	83%	86%
…	…	…	…	…

The cost of care inflation table varies by product and policy inflation type (none, simple, or compound) for reimbursement policies. A sample cost of care inflation table is provided below:

Inflation Type: Compound

Time Period	Cost of Care Inflation Rate
Historic (Prior to Projection Date)	3.97%
Prospective (After Projection Date)	4.80%

We note that projected paid claims will never exceed an insured's available daily benefit (i.e. total utilization will not exceed 100%).

Disabled Life Mortality

Once an insured is on claim, there is an associated probability that the insured will decrement due to death, which influences the overall length of a claim. Generally, the probability of death from a currently disabled insured is greater than the probability associated with a currently healthy insured, so separate assumptions are developed and modeled. The disabled life mortality rates are two-dimensional tables that vary by age of disability and disability duration. Similar to the other severity assumptions, the first five years of the tables contain monthly rates and are annual thereafter. The disabled life mortality tables vary by the following:

- Benefit period (lifetime vs non-lifetime)
- The situs of the claim (Nursing Home, Home Health Care, or Assisted Living Facility)
- Gender
- Diagnosis of the claim (for policies currently on claim)

Policies that are currently in claim status have a known situs of care, so the disabled life mortality rates will be different than a policy currently in healthy status, since the future claim situs is unknown.

A sample table is shown below for sample ages of disablement (rates shown are on a monthly basis):

Insured Status: Disabled
Benefit Period: Lifetime
Gender: Male
Situs: Nursing Home (current, since policy is disabled)
Diagnosis: Dementia & Parkinson's

Disability Month	Disablement Age			
	65	75	85	95
1	1.29%	1.90%	2.16%	2.56%
2	1.72%	2.53%	2.88%	3.41%

3	1.86%	2.73%	3.10%	3.68%
4	2.11%	3.09%	3.51%	4.17%
5	1.87%	2.75%	3.13%	3.71%
6	1.64%	2.41%	2.73%	3.25%
7-12	1.65%	2.43%	2.76%	3.27%
13-24	1.42%	2.09%	2.41%	2.98%
25-36	1.63%	2.38%	2.78%	3.63%
37-48	1.75%	2.51%	2.96%	4.11%
49-60	1.94%	2.68%	3.19%	4.75%
…	…	…	…	…

Transitions of Situs

Following the annual claim reserve review, adjustments were made to the assumptions to account for transitions of situs. For 2017, a multiplier of 120% was applied to utilization and a multiplier of 90% was applied to disabled life mortality and recovery rates for current claims. Further, a multiplier of 80% was applied to the first six claim durations for both current and future claims. The result of these adjustments produced smoother claim development.

c) Persistency

In the projection system, the persistency assumptions estimate the probability of a healthy insured remaining inforce from non-claim related decrements. The persistency of an insured is driven by four key assumptions:

- Voluntary Lapse
- Shock Lapse and Reduced Benefit Option (RBO)
- Healthy Life Mortality
- Healthy Life Mortality Improvement

A further breakdown of these three components is described below.

Voluntary Lapse

The voluntary lapse assumption reflects the probability associated with an insured voluntarily canceling their policy. The voluntary lapse rates differ from shock lapse rates in that the policy cancelation is not due to a rate increase notification. The voluntary lapse tables are two-dimensional varying by issue age and policy duration. The voluntary lapse assumptions vary by the following:

- Benefit Period (1 year, 2-6 years, or lifetime)
- Inflation type (yes or no)

A sample voluntary lapse table is shown below for sample issue ages:

Benefit Period: Lifetime
Inflation: Yes

Policy Duration	Issue Age			
	35	45	55	65
1	2.52%	1.68%	1.51%	1.68%
2	2.35%	1.57%	1.41%	1.57%
3	1.76%	1.18%	1.06%	1.18%
4	1.37%	0.91%	0.82%	0.91%
5	1.26%	0.84%	0.76%	0.84%
6	1.18%	0.78%	0.71%	0.78%
7	1.07%	0.71%	0.64%	0.71%
8	1.05%	0.70%	0.63%	0.70%
9	0.84%	0.56%	0.50%	0.56%
10	1.01%	0.67%	0.60%	0.67%
11	1.01%	0.67%	0.60%	0.67%
12	1.01%	0.67%	0.60%	0.67%
13	1.01%	0.67%	0.60%	0.67%
14	1.01%	0.67%	0.60%	0.67%
15	1.01%	0.67%	0.60%	0.67%
16	1.01%	0.67%	0.60%	0.67%
17+ (Ultimate)	0.84%	0.56%	0.50%	0.56%

Shock Lapse and Reduced Benefit Option (RBO)

An assumption to estimate an insured's behavior related to this rate increase is included in the rate indication and is based on internal experience studies. This covers both the probability of a full lapse (shock lapse) and a reduction in benefit features (RBO). The assumed rates for each of these components are outlines in the below table:

Rate Increase	Shock Lapse %	Reduced Benefit Option (RBO) %	Total Additional Lapse % from Shock and RBO*
0%	0.00%	0.00%	0.00%
5%	0.00%	0.09%	0.09%
10%	0.11%	0.70%	0.81%
15%	0.83%	1.31%	2.13%
20%	1.54%	1.92%	3.44%
25%	2.26%	2.53%	4.74%
30%	2.98%	3.14%	6.03%
35%	3.69%	3.75%	7.31%
40%	4.41%	4.37%	8.58%
45%	5.13%	4.98%	9.85%
50%	5.84%	5.59%	11.10%
55%	6.56%	6.20%	12.35%
60%	7.27%	6.81%	13.59%
65%	7.99%	7.42%	14.82%

70%	8.71%	8.03%	16.04%
75%	9.42%	8.64%	17.25%
80%	10.14%	9.26%	18.46%
85%	10.86%	9.87%	19.65%
90%	11.57%	10.48%	20.84%
95%	12.29%	11.09%	22.01%
100%	13.00%	11.70%	23.18%
…	…	…	…

Total Additional Lapse % from Shock and RBO = 1 – (1 – Shock Lapse %)(1 – RBO %)

Healthy Life Mortality

The healthy life mortality assumption is the probability of death associated with currently healthy insureds. The base healthy life mortality tables are one-dimensional tables based on the 2012 IAM tables adjusted at the ages greater than 100 from the 2000 Annuity Table, which vary based on gender and attained age. There are additional multipliers to these base tables based on CCC's experience as follows:

Category	Variable/Benefit Feature	Adjustment Factors
Gender	Male	0.59
	Female	0.51
Underwriting Class	Preferred	0.59
	Standard	1.00
	Substandard	1.49

Healthy Life Mortality Improvement

A healthy life mortality improvement factor is applied to the base healthy mortality table to reflect studies that examine the improvement of population mortality over time. The healthy life mortality improvement varies by gender and attained age with improvement beginning 1/1/2012 for 10 years. An example is shown below for reference:

Gender: Female

Attained Age	Annualized Improvement
<=50	1.00%
50	1.00%
60	1.30%
70	1.30%
80	1.30%
90	0.60%
100	0.20%

105	0.00%

d) Discount Rate

The inforce count-weighted average maximum statutory valuation interest rate for contract reserves of 4.50% is used to accumulate past actual experience and discount future experience.

e) Expenses

This filing is based on loss ratios and expense levels have not been considered. Commissions are not paid on rate increase premium.

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

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

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and the selection of any other options or riders.

9. Modal Premium Factors

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium.

Payment Mode	Modal Factor	Nationwide Distribution at Dec. 31, 2017
Annual	1.00	62.5%
Semi-Annual	0.52	7.7%
Quarterly	0.27	10.6%
Monthly	0.09	19.2%

10. Issue Age Range

Nationwide issue ages range from 18 to 84.

11. Area Factors

Area factors are not used for these products.

12. Average Annualized Premium

The average annualized premium for the policy forms subject to the rate increase request, both before and after the impact of the requested rate increase, is included in Exhibit 1.

13. Number of Insureds

The current number of insureds as of December 31, 2017 can be found in Exhibit 1.

14. Distribution of Business

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of December 31, 2017 to project future experience. Exhibit 2 contains the distribution of the inforce insureds by key demographic and benefit characteristics.

15. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2017 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve ("IBNR") balances and terminated but not reported reserve ("TBNR") balances as of December 31, 2017 have been allocated to a calendar year of incurral and included in historical incurred claims.

16. Trend Assumptions

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

17. Experience – Past and Future

Earned premiums and incurred claims, projected through 2077 are developed from a first-principles actuarial model representing actual contracts in-force as of December 31, 2017. The assumptions described in Section 5 above are used to project earned premiums, incurred claims, and insured counts.

Waived premiums are not included as premiums nor claims in either the actual historical or the projected future experience.

Historical results reflect earned premium by calendar year with claims captured by incurral year. That is, incurred claims for a calendar year represent all payments through December 31, 2017 for a claim incurred in a particular calendar year plus any claim reserve held as of

December 31, 2017. Incurred claims also include IBNR and TBNR held as of December 31, 2017.

Exhibit 4 presents nationwide experience through December 31, 2017 for all forms affected by this rate increase to ensure maximum credibility. Although we believe Virginia only data is not credible on its own, we are including Virginia specific experience through December 31, 2017 for reference in Exhibit 5.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2017 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting use the nationwide inforce count-weighted average maximum statutory valuation interest rate for contract reserves of 4.50%.

18. History of Rate Adjustments

See Exhibit 1 for a history of rate increases on inforce insureds with these policy forms in your state.

19. Ensuring No Cross-Subsidization Between States

We have ensured no state's rate increase approvals will subsidize other states' experience. Rate increases will vary by state, but only to reflect the timing and amount of prior rate increases approved by that state. This is accomplished by first backing-out all prior rate increases from our nationwide premium data. We then reintroduce prior rate increases with the amount and timing based on your state's prior approvals (as referenced in Section 17). The current proposed rate increase(s) are then determined.

Although some states may have capped our previous inforce rate increase filings, in each case, this was done with the understanding that CCC would be refiling for the remainder at a later date. In instances where the remainder remains unapproved, it has been included in the current filings.

20. Requested Rate Increase and Demonstration of Satisfaction of Requirements

CCC is requesting a 154.7% increase for all policies with an automatic increase benefit rider issued under the policy forms included in this rate increase request. Corresponding rate schedules reflecting the 154.7% increase are included with this filing. Although this request is less than CCC can justify, we are limiting our rate increase request at this time. CCC will continue to monitor the experience of this block.

Upon approval of this rate revision, CCC will communicate to insureds their options to reduce the impact of the rate increase. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit or eliminating optional riders. Available options will depend upon the insured’s current coverage level, benefit options available under their specific policy form, and any statutory minimum benefit levels in your state.

Because the requested rate increase applies to policies with an automatic benefit increase rider, insureds with an automatic increase rider who choose to drop it will:

- Not be subject to this rate increase;
- Retain their inflated benefits as of the effective date of the coverage change; and
- Be charged an original issue age premium based on the original non-inflated benefits.

In addition, the Company is making a non-forfeiture option available for all insureds in conjunction with this rate increase. This option provides a paid-up policy with a shortened benefit period equal to the total of premiums paid, less any claims paid since the original policy was issued.

Note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms.

Satisfaction of minimum required loss ratio requirements is demonstrated in Exhibit 1. This approach shows that, with the requested rate increase, the expected lifetime loss ratio exceeds the minimum loss ratio requirement.

21. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a notification period at least as long as required by your state following approval. No insured will receive more than one rate increase in a 12 month period.

22. Relationship of Renewal Premium to New Business Premium

CCC is no longer selling any new long term care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

23. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the filing requirements for long term care insurance premium and rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice ("ASOP"), including the following:

- ASOP 7, "Analysis of Life, Health, or Property/Casualty Insurer Cash Flows";
- ASOP 8, "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits";
- ASOP 18, "Long Term Care Insurance";
- ASOP 23, "Data Quality"; and
- ASOP 41, "Actuarial Communications".

I hereby certify that, to the best of my knowledge and judgement, this rate filing is in compliance with the applicable laws and regulations of your state. In my opinion, the actuarial assumptions are appropriate and the rates are neither excessive nor unfairly discriminatory.

Saira Makhani, ASA, MAAA
Actuarial Senior Consultant, LTC Pricing

October 16, 2018

Date

24. Exhibit Listing

- Exhibit 1: State Specific Information
- Exhibit 2: Distribution of the Inforce Policies
- Exhibit 3: 2017 Experience Analysis Summary
- Exhibit 4: Nationwide Experience and Projections
- Exhibit 5: Virginia Specific Experience and Projections
- Exhibit 6: Nationwide Historical Experience by Calendar Year and Issue Year
- Exhibit 7: Virginia Specific Historical Experience by Calendar Year and Issue Year

Exhibit 1
Continental Casualty Company
Preferred Solution
Virginia

12 Average Annualized Premium

	Nationwide	Virginia
Without Increase	$2,527	$2,148
With Increase	$6,436	$5,469

13 Insured Count and Premium

Insureds Eligible for Rate Increase

	Nationwide	Virginia
Insureds Not on Claim	54,705	2,778
Insureds on Claim	1,947	61
Total Insureds	56,652	2,839
2017 Annualized Premium	$138,247,768	$5,966,153

Insureds Not Eligible for Rate Increase

	Nationwide	Virginia
Non-Forfeiture Insureds Not on Claim	-	-
Non-Forfeiture Insureds on Claim	-	-
Paid-Up Limited Pay Insureds Not on Claim	528	24
Paid-Up Limited Pay Insureds on Claim	14	2
Total Non-Forfeiture and Paid-Up Insureds	542	26

Permanent Waiver Insureds Not on Claim	-	-
Permanent Waiver Insureds on Claim	-	-
Total Permanent Waiver Insureds	-	-

18 History of Rate Adjustments

SERFF Number	Approval Date	Rate Increase Approved
MILL-128834437	11/23/2015	*44.96%

*Phased in over two years, with 20.4% per year.

20 Satisfaction of Minimum Loss Ratio Requirements

1)	Expected Lifetime Loss Ratio with Increase	100%
2)	Minimum Required Loss Ratio	60%
Is 1 greater than 2?		Yes

Exhibit 2
Continental Casualty Company
Preferred Solution
Virginia
Distribution of Inforce Eligible for Rate Increase

	Nationwide				Virginia			
Issue Year	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
1997	-	0%	$0	0%	-	0%	$0	0%
1998	112	0%	$260,850	0%	3	0%	$5,257	0%
1999	7,121	13%	$16,848,403	12%	289	10%	$578,905	10%
2000	11,959	21%	$28,530,130	21%	472	17%	$957,508	16%
2001	14,852	26%	$36,354,972	26%	647	23%	$1,321,721	22%
2002	17,468	31%	$43,366,366	31%	1,109	39%	$2,410,476	40%
2003	5,140	9%	$12,887,048	9%	319	11%	$692,287	12%
2004	-	0%	$0	0%	-	0%	$0	0%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Issue Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
<35	146	0%	$234,760	0%	9	0%	$12,548	0%
35-39	373	1%	$581,793	0%	25	1%	$35,553	1%
40-44	1,409	2%	$2,259,333	2%	84	3%	$113,336	2%
45-49	4,679	8%	$8,235,018	6%	234	8%	$367,038	6%
50-54	11,275	20%	$22,344,476	16%	611	22%	$1,041,184	17%
55-59	16,718	30%	$38,126,427	28%	906	32%	$1,833,422	31%
60-64	13,326	24%	$36,167,757	26%	617	22%	$1,480,225	25%
65-69	6,791	12%	$21,764,341	16%	266	9%	$738,114	12%
70-74	1,746	3%	$7,379,840	5%	78	3%	$287,188	5%
75-79	181	0%	$1,112,444	1%	9	0%	$57,546	1%
80+	8	0%	$41,580	0%	-	0%	$0	0%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Attained Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
<45	30	0%	$57,728	0%	-	0%	$0	0%
45-49	76	0%	$122,206	0%	4	0%	$6,655	0%
50-54	269	0%	$422,008	0%	27	1%	$35,016	1%
55-59	992	2%	$1,583,176	1%	59	2%	$84,240	1%
60-64	3,217	6%	$5,610,561	4%	168	6%	$261,358	4%
65-69	8,177	14%	$16,020,996	12%	446	16%	$744,201	12%
70-74	15,964	28%	$34,198,060	25%	875	31%	$1,675,514	28%
75-79	14,833	26%	$37,823,038	27%	738	26%	$1,657,965	28%
80-84	9,268	16%	$27,537,922	20%	375	13%	$991,941	17%
85-89	3,277	6%	$12,049,729	9%	126	4%	$399,214	7%
90+	549	1%	$2,822,343	2%	21	1%	$110,048	2%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Gender	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Male	23,478	41%	$58,341,225	42%	1,210	43%	$2,581,912	43%
Female	33,174	59%	$79,906,544	58%	1,629	57%	$3,384,241	57%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Inflation Option	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
None	-	0%	$0	0%	-	0%	$0	0%
5% Simple	20,329	36%	$48,823,863	35%	770	27%	$1,562,878	26%
5% Compound	36,323	64%	$89,423,906	65%	2,069	73%	$4,403,275	74%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Elimination Period	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
0-Day	5,329	9%	$14,891,737	11%	226	8%	$576,708	10%
30-Day	21,150	37%	$52,462,269	38%	1,059	37%	$2,319,899	39%
60-Day	572	1%	$1,298,814	1%	-	0%	$0	0%
90-Day	27,863	49%	$65,594,722	47%	1,451	51%	$2,895,696	49%
180-Day	1,445	3%	$3,312,176	2%	83	3%	$137,053	2%
365-Day	293	1%	$688,051	0%	20	1%	$36,797	1%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
Benefit Period (days)	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
365x	-	0%	$0	0%	-	0%	$0	0%
548x	1	0%	$2,229	0%	-	0%	$0	0%
730x	2,455	4%	$4,471,888	3%	110	4%	$149,529	3%
913x	3	0%	$9,467	0%	-	0%	$0	0%
1,095x	11,465	20%	$23,057,601	17%	517	18%	$915,296	15%
1,460x	7,110	13%	$16,200,772	12%	426	15%	$812,936	14%
1,825x	13,043	23%	$30,698,792	22%	687	24%	$1,424,972	24%
Lifetime	22,575	40%	$63,807,020	46%	1,099	39%	$2,663,420	45%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	
HHC Reimbursement Level	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
0%	1,974	3%	$4,011,810	3%	80	3%	$141,272	2%
50%	5,879	10%	$12,253,941	9%	308	11%	$548,271	9%
75%	3,522	6%	$7,980,228	6%	247	9%	$492,258	8%
100%	45,277	80%	$114,001,789	82%	2,204	78%	$4,784,353	80%
Total	**56,652**		**$138,247,768**		**2,839**		**$5,966,153**	

Continental Casualty Company (CCC)

Exhibit 3 – 2017 Experience Analysis Summary

Individual Long Term Care

1. Background

CCC performs an annual experience study to develop new best-estimate assumptions that are primarily used for the company's GAAP and statutory reserve adequacy analysis. These assumptions are also used to determine the rate increases requested in this filing.

For the 2017 experience study, an actual to expected (A/E) experience study was performed using nationwide company data from 2010 to 2016. Adjustment factors were developed to produce A/E ratios close to 100% through an iterative calibration process.

The experience study is performed using the combined experience of CCC's entire individual long-term care insurance (ILTC) block—not just the product included in this filing.

Each section below summarizes the results of the annual experience study by each major assumption category.

2. Frequency (Incidence)

Base Incidence

A/E experience studies demonstrated increased incidence beginning in 2012, which coincided with the implementation of premium rate actions. Because of this, experience was bifurcated into pre-rate increase era and post-rate increase era. Base incidence assumptions were developed using pre-rate increase era experience to ensure the impact of rate increases are not included as base incidence but isolated as temporary anti-selection (described below).

Table 1 compares the actual historical and current best-estimate based pricing claim counts, incidence rates, and A/E ratios for all of CCC's ILTC business. Since the best-estimate assumptions reasonably match the historical actual experience, the assumptions are appropriate to use for inforce projections.

Exhibit 3 - Table 1						
Best-Estimate Base Incidence Actual-to-Expected Experience Analysis						
CCC Total Individual Long Term Care						
Attained Age	**Exposures (Years)**	**Actual Claim Count**	**Expected New Claim Count**	**Actual Incidence Rate**	**Expected Incidence Rate**	**Actual/Expected**
Under 50	7,719	9	3	0.12%	0.04%	284%
50-54	19,193	16	12	0.08%	0.06%	134%
55-59	57,151	63	51	0.11%	0.09%	124%
60-64	143,539	214	203	0.15%	0.14%	106%
65-69	235,654	702	642	0.30%	0.27%	109%
70-74	276,434	1,915	1,909	0.69%	0.69%	100%
75-79	279,111	4,854	4,836	1.74%	1.73%	100%
80-84	219,309	8,811	8,987	4.02%	4.10%	98%
85-89	112,101	8,970	9,185	8.00%	8.19%	98%
90 and Older	35,155	4,937	4,663	14.04%	13.26%	106%
Total	**1,385,367**	**30,491**	**30,491**	**2.20%**	**2.20%**	**100%**

Notes:

1. Base Incidence refers to incidence rates that exclude temporary anti-selection due to policyholder response to rate actions, based on pre-rate increase experience at the total ILTC level.
2. Best-estimate claim counts are developed by applying current best-estimate assumptions to historical exposures.
3. Incidence rates are calculated as new claim counts divided by exposures.
4. Actual/Expected ratios are calculated as actual new claim counts divided by expected claim counts.

Incidence Improvement

The incidence improvement assumption is based on the National Long-Term Care Survey results presented at the Society of Actuaries 2004 Spring Meeting, “Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation”. Progress updates of the research presented at the 2011 and 2014 Intercompany Long-Term Care Insurance Conferences further confirm the appropriateness of including incidence improvement. Further detail is provided in section 5 of the actuarial memorandum.

Temporary Anti-Selection

The temporary anti-selection assumption was developed from the observed spike in incidence actual-to-expected ratios during the post-rate increase era. This increase is believed to be temporary in nature and is assumed to ultimately revert to a steady state. Further detail is provided in section 5 of the actuarial memorandum.

3. Severity Assumptions

Severity assumptions include disabled mortality, claim recovery and benefit utilization rates, which were developed by fitting actual-to-expected ratios for the variables on which the assumption is based.

Table 2 compares the actual historical and current best-estimate death counts, mortality rates, and A/E ratios of all of CCC's ILTC business.

Exhibit 3 - Table 2						
Best-Estimate Future Claim Disabled Life Mortality Actual-to-Expected Experience Analysis						
CCC Total Individual Long Term Care						
Calendar Year	**Exposures (Months)**	**Actual Disabled Deaths**	**Expected Disabled Deaths**	**Actual Disabled Mortality Rate**	**Expected Disabled Mortality Rate**	**Actual/Expected**
2010	123,042	3,034	2,890	29.59%	28.18%	105%
2011	129,729	2,956	3,070	27.34%	28.39%	96%
2012	137,737	3,339	3,296	29.09%	28.72%	101%
2013	146,249	3,412	3,536	28.00%	29.01%	96%
2014	155,587	3,755	3,808	28.96%	29.37%	99%
2015	163,304	4,166	4,045	30.61%	29.73%	103%
2016	169,019	4,162	4,196	29.55%	29.79%	99%
Total	**1,024,666**	**24,824**	**24,840**	**29.07%**	**29.09%**	**100%**

Notes:

1. Based on an experience study period of 2010-2016 at the total ILTC level.
2. Best-estimate claim disabled death counts are developed by applying current best-estimate assumptions to historical exposures.
3. Future Disabled Mortality rates are calculated as disabled death counts divided by exposures.
4. Actual/Expected ratios are calculated as actual disabled death counts divided by expected disabled death counts.

Table 3 compares the actual historical and current best-estimate recovery counts, recovery rates, and A/E ratios of all of CCC's ILTC business.

Exhibit 3 - Table 3						
Best-Estimate Future Claim Recovery Actual-to-Expected Experience Analysis						
CCC Total Individual Long Term Care						
Calendar Year	**Exposures (Months)**	**Actual Claim Recovery Count**	**Expected Claim Recovery Count**	**Actual Recovery Rate**	**Expected Recovery Rate**	**Actual/Expected**
2010	123,042	1,260	1,232	12.29%	12.02%	102%
2011	129,729	1,373	1,262	12.70%	11.67%	109%
2012	137,737	1,244	1,303	10.84%	11.36%	95%
2013	146,249	1,397	1,368	11.46%	11.22%	102%
2014	155,587	1,391	1,433	10.73%	11.05%	97%
2015	163,304	1,435	1,505	10.54%	11.06%	95%
2016	169,019	1,513	1,491	10.74%	10.59%	101%
Total	**1,024,666**	**9,613**	**9,594**	**11.26%**	**11.24%**	**100%**

Notes:

1. Based on an experience study period of 2010-2016 at the total ILTC level.

2. Best-estimate future claim recovery assumptions are developed by applying current best-estimate assumptions to historical exposures.
3. Recovery rates are calculated as claim recovery counts divided by exposures.
4. Actual/Expected ratios are actual recovery counts divided by expected recovery counts.

Table 4 compares the actual historical and current best-estimate paid claims, utilization rates, and A/E ratios of all of CCC's ILTC business.

Exhibit 3 - Table 4						
Best-Estimate Benefit Utilization Actual-to-Expected Experience Analysis						
CCC Total Individual Long Term Care						
Calendar Year	**Exposures (Maximum Daily Benefit)**	**Actual Paid Claims**	**Expected Paid Claims**	**Actual Utilization Rate**	**Expected Utilization Rate**	**Actual/Expected**
2010	$326,108,684	$206,858,382	$205,914,057	63.43%	63.14%	100%
2011	$366,114,190	$231,386,092	$231,033,808	63.20%	63.10%	100%
2012	$415,651,610	$260,969,436	$260,821,074	62.79%	62.75%	100%
2013	$478,293,171	$297,627,193	$297,554,533	62.23%	62.21%	100%
2014	$534,215,475	$330,071,251	$330,599,533	61.79%	61.89%	100%
2015	$601,630,016	$366,037,326	$367,175,348	60.84%	61.03%	100%
2016	$671,302,397	$413,536,580	$410,361,739	61.60%	61.13%	101%
Total	**$3,393,315,544**	**$2,106,486,259**	**$2,103,460,091**	**62.08%**	**61.99%**	**100%**

Notes:
1. Based on an experience study period of 2010-2016 at the total ILTC level.
2. Best-estimate benefit utilization assumption for expense incurred policies is developed based on initial benefits available, health trends and cost of care inflation.
3. Utilization rates are calculated as paid claims divided by maximum daily benefit.
4. Actual/Expected ratios are actual paid claims divided by expected paid claims.

4. Persistency

Due to there not being a precise method to distinguish lapses from unreported deaths, the termination assumptions were developed as follows:

- The 2012 IAM mortality table was used as the healthy-life base mortality assumption, with adjustments at ages above 100 from the 2000 annuity table.
- Develop the adjusted actual death counts by taking into account late-reporting of death.
- Shock lapses and unreported deaths were estimated.
- Adjust death and lapses to take into account estimated unreported deaths.
- Subtract developed deaths and shock lapses from total terminations to determine a base lapse rate.
- Adjustment factors were applied to healthy-life mortality to calibrate total termination A/E ratios.

A healthy life mortality improvement factor is applied to the base healthy mortality table to reflect studies that examine the improvement of population mortality over time. The healthy life

mortality improvement varies by gender and attained age with improvement beginning 1/1/2012 for 10 years.

Table 5 compares the actual historical, current best-estimate counts, termination rates, and A/E ratios of all of CCC's ILTC business. Since the best-estimate assumptions reasonably match the historical actual experience, the assumptions are appropriate to use for inforce projections.

Exhibit 3 - Table 5						
Best-Estimate Policy Termination Actual-to-Expected Experience Analysis						
CCC Total Individual Long Term Care						
Calendar Years	**Exposures (Years)**	**Actual Policy Termination Counts**	**Expected Policy Termination Counts**	**Actual Termination Rate**	**Expected Termination Rate**	**Actual/Expected**
2010	236,123	6,492	5,882	2.75%	2.49%	110%
2011	220,144	6,038	5,752	2.74%	2.61%	105%
2012	192,030	5,673	5,399	2.95%	2.81%	105%
2013	183,961	5,301	5,318	2.88%	2.89%	100%
2014	165,803	5,119	5,086	3.09%	3.07%	101%
2015	160,159	5,004	5,017	3.12%	3.13%	100%
2016	148,331	4,577	4,844	3.09%	3.27%	94%
Total	**1,306,550**	**38,206**	**37,298**	**2.92%**	**2.85%**	**102%**

Notes:

1. Policy termination refers to healthy mortality and base lapse.
2. The assumption is based on an experience study period of 2010-2016.
3. Best-estimate base lapse assumptions are set at Individual LTC level and vary by duration, inflation protection, benefit period and issue age.
4. Best-estimate healthy mortality assumptions are set at aggregate LTC level and by gender, underwriting status and attained age.
5. Actual base lapse counts (by calendar year) are adjusted downward to account for late reporting of death.
6. Actual healthy death counts (by calendar year) are adjusted upward to account for late reporting of death.
7. Policy termination rates are calculated as policy termination counts divided by exposures.
8. Actual/Expected ratios are calculated as actual policy termination counts divided by expected policy termination counts.
9. For assumption setting purposes, estimated shock lapses are removed from the policy termination experience analysis.

Exhibit 4
Continental Casualty Company
Preferred Solution - Simple and Compound Inflation Policy Forms
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	36,170	-	0%	0%	36,170	-	0%	0%
1999	7,804,805	5,088	0%	0%	7,804,805	5,088	0%	0%
2000	40,022,245	1,320,397	3%	3%	40,022,245	1,320,397	3%	3%
2001	78,254,931	2,986,443	4%	3%	78,254,931	2,986,443	4%	3%
2002	123,814,885	6,469,388	5%	4%	123,814,885	6,469,388	5%	4%
2003	158,909,661	8,311,534	5%	5%	158,909,661	8,311,534	5%	5%
2004	150,527,647	12,371,336	8%	6%	150,527,647	12,371,336	8%	6%
2005	147,913,785	14,530,691	10%	7%	147,913,785	14,530,691	10%	7%
2006	136,046,642	22,501,297	17%	8%	136,046,642	22,501,297	17%	8%
2007	137,321,583	19,919,272	15%	9%	137,321,583	19,919,272	15%	9%
2008	134,284,757	35,274,310	26%	11%	134,284,757	35,274,310	26%	11%
2009	130,683,948	34,829,323	27%	13%	130,683,948	34,829,323	27%	13%
2010	126,977,381	43,719,474	34%	15%	126,977,381	43,719,474	34%	15%
2011	124,058,719	52,548,033	42%	17%	124,058,719	52,548,033	42%	17%
2012	118,827,395	67,854,241	57%	20%	118,827,395	67,854,241	57%	20%
2013	113,316,139	83,123,019	73%	23%	113,316,139	83,123,019	73%	23%
2014	109,612,646	112,737,190	103%	28%	109,612,646	112,737,190	103%	28%
2015	103,003,010	127,076,555	123%	33%	103,003,010	127,076,555	123%	33%
2016	105,744,948	146,142,025	138%	39%	105,744,948	146,142,025	138%	39%
2017	121,446,227	163,839,185	135%	44%	121,446,227	163,839,185	135%	44%
Total Actual	2,168,607,523	955,558,799	44%	44%	2,168,607,523	955,558,799	44%	44%
Projected								
2018	131,691,723	238,702,114	181%	52%	131,691,723	238,702,114	181%	52%
2019	126,395,463	197,790,813	156%	57%	139,468,157	191,445,358	137%	57%
2020	120,972,607	205,378,978	170%	63%	181,497,092	171,914,622	95%	59%
2021	115,341,844	220,543,724	191%	68%	215,132,969	167,080,384	78%	61%
2022	109,604,191	230,282,158	210%	74%	208,918,147	172,359,739	83%	62%
2023	103,798,551	246,478,694	237%	80%	197,851,932	184,482,392	93%	64%
2024	97,987,459	267,878,106	273%	86%	186,775,325	200,499,253	107%	67%
2025	92,067,226	294,846,315	320%	93%	175,490,683	220,684,201	126%	69%
2026	86,063,222	321,674,476	374%	101%	164,046,363	240,764,327	147%	73%
2027	80,015,303	348,014,953	435%	109%	152,518,336	260,479,436	171%	77%
2028	73,978,875	373,324,511	505%	118%	141,012,213	279,422,930	198%	81%
2029	67,993,054	396,487,898	583%	127%	129,602,552	296,760,076	229%	85%
2030	62,101,968	416,690,190	671%	137%	118,373,468	311,880,926	263%	90%
2031	56,350,922	433,468,964	769%	147%	107,411,314	324,439,367	302%	95%
2032	50,783,098	446,133,609	879%	158%	96,798,403	333,918,499	345%	101%
2033	45,440,041	453,644,381	998%	168%	86,613,926	339,540,101	392%	106%
2034	40,362,174	455,141,527	1128%	179%	76,934,928	340,660,673	443%	112%
2035	35,583,339	451,404,994	1269%	190%	67,825,922	337,863,983	498%	117%
2036	31,125,932	443,017,734	1423%	200%	59,329,593	331,586,354	559%	123%
2037	27,004,979	429,158,687	1589%	210%	51,474,585	321,213,246	624%	128%
2038	23,237,686	409,662,086	1763%	220%	44,293,691	306,620,586	692%	133%
2039	19,832,695	385,895,279	1946%	229%	37,803,389	288,831,798	764%	138%
2040	16,789,925	359,423,957	2141%	237%	32,003,521	269,018,755	841%	143%
2041	14,095,578	331,893,603	2355%	245%	26,867,787	248,413,057	925%	147%
2042	11,731,708	303,189,413	2584%	252%	22,361,980	226,928,776	1015%	151%
2043	9,681,417	272,983,992	2820%	259%	18,453,891	204,320,865	1107%	154%
2044	7,924,774	242,116,128	3055%	265%	15,105,527	181,217,134	1200%	157%
2045	6,437,717	211,997,204	3293%	270%	12,271,026	158,673,964	1293%	160%
2046	5,191,603	184,034,545	3545%	274%	9,895,790	137,744,698	1392%	162%
2047	4,156,267	158,533,893	3814%	278%	7,922,321	118,658,175	1498%	164%
2048	3,303,940	135,376,822	4097%	281%	6,297,689	101,325,756	1609%	166%
2049	2,608,732	114,479,326	4388%	284%	4,972,543	85,684,566	1723%	168%
2050	2,047,283	95,890,626	4684%	286%	3,902,355	71,771,446	1839%	169%
2051	1,597,878	79,609,475	4982%	288%	3,045,739	59,585,460	1956%	170%
2052	1,240,973	65,619,197	5288%	290%	2,365,437	49,114,129	2076%	171%
2053	959,579	53,771,199	5604%	291%	1,829,068	40,246,235	2200%	172%
2054	739,318	43,758,215	5919%	292%	1,409,225	32,751,797	2324%	172%
2055	567,786	35,434,443	6241%	293%	1,082,266	26,521,687	2451%	173%
2056	434,952	28,560,471	6566%	294%	829,068	21,376,712	2578%	173%
2057	332,614	22,964,374	6904%	295%	633,999	17,188,190	2711%	174%
2058	254,108	18,445,386	7259%	295%	484,359	13,805,854	2850%	174%
2059	194,097	14,729,841	7589%	295%	369,971	11,024,873	2980%	174%
2060	148,293	11,749,009	7923%	296%	282,663	8,793,804	3111%	174%
2061	113,423	9,373,184	8264%	296%	216,197	7,015,565	3245%	174%
2062	86,865	7,496,498	8630%	296%	165,575	5,610,918	3389%	174%
2063	66,645	5,998,699	9001%	296%	127,034	4,489,858	3534%	174%
2064	51,248	4,801,881	9370%	296%	97,685	3,594,073	3679%	175%
2065	39,464	3,845,267	9744%	297%	75,224	2,878,074	3826%	175%
2066	30,442	3,104,258	10197%	297%	58,026	2,323,450	4004%	175%
2067	23,495	2,498,771	10635%	297%	44,785	1,870,260	4176%	175%
2068	18,139	2,032,677	11206%	297%	34,576	1,521,402	4400%	175%
2069	13,996	1,639,381	11713%	297%	26,679	1,227,030	4599%	175%
2070	10,784	1,329,521	12328%	297%	20,556	995,109	4841%	175%
2071	8,282	1,072,295	12948%	297%	15,786	802,583	5084%	175%
2072	6,332	870,449	13747%	297%	12,069	651,507	5398%	175%
2073	4,807	700,108	14565%	297%	9,162	524,011	5719%	175%
2074	3,623	560,242	15465%	297%	6,905	419,326	6073%	175%
2075	2,704	438,854	16228%	297%	5,155	328,470	6372%	175%
2076	1,994	342,047	17153%	297%	3,801	256,013	6736%	175%
2077	1,449	260,823	18006%	297%	2,761	195,219	7070%	175%
Total Projected	1,688,654,587	10,496,546,262	622%	297%	2,944,172,911	7,980,019,166	271%	175%
Total Lifetime	3,857,262,111	11,452,105,062	297%	297%	5,112,780,434	8,935,577,965	175%	175%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	3,289,824,098	1,121,640,256	34%	34%	3,289,824,098	1,121,640,256	34%	34%
Future	1,188,879,143	5,426,144,396	456%	456%	2,006,413,084	4,178,702,493	208%	208%
Lifetime	4,478,703,241	6,547,784,653	146%	146%	5,296,237,182	5,300,342,749	100%	100%

Exhibit 5
Continental Casualty Company
Preferred Solution - Simple and Compound Inflation Policy Forms
Virginia Historical and Projected Experience Restated with Approved Virginia Rate Increases

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	2,145	-	0%	0%	2,145	-	0%	0%
1999	298,264	-	0%	0%	298,264	-	0%	0%
2000	1,271,960	-	0%	0%	1,271,960	-	0%	0%
2001	2,566,119	-	0%	0%	2,566,119	-	0%	0%
2002	4,270,986	3,008	0%	0%	4,270,986	3,008	0%	0%
2003	6,276,383	177,760	3%	1%	6,276,383	177,760	3%	1%
2004	5,966,568	162,436	3%	2%	5,966,568	162,436	3%	2%
2005	5,950,458	537,945	9%	3%	5,950,458	537,945	9%	3%
2006	5,597,413	1,187,004	21%	6%	5,597,413	1,187,004	21%	6%
2007	5,564,507	866,942	16%	8%	5,564,507	866,942	16%	8%
2008	5,512,090	621,362	11%	8%	5,512,090	621,362	11%	8%
2009	5,374,561	1,924,606	36%	11%	5,374,561	1,924,606	36%	11%
2010	5,259,025	870,661	17%	12%	5,259,025	870,661	17%	12%
2011	5,184,742	1,458,955	28%	13%	5,184,742	1,458,955	28%	13%
2012	5,017,464	3,339,630	67%	17%	5,017,464	3,339,630	67%	17%
2013	4,812,217	3,100,935	64%	21%	4,812,217	3,100,935	64%	21%
2014	4,706,294	2,684,350	57%	23%	4,706,294	2,684,350	57%	23%
2015	4,624,641	2,800,330	61%	25%	4,624,641	2,800,330	61%	25%
2016	4,854,113	6,477,525	133%	32%	4,854,113	6,477,525	133%	32%
2017	5,546,791	5,428,409	98%	36%	5,546,791	5,428,409	98%	36%
Total Actual	88,656,742	31,641,857	36%	36%	88,656,742	31,641,857	36%	36%
Projected								
2018	5,944,157	9,766,342	164%	44%	5,944,157	9,766,342	164%	44%
2019	5,727,904	8,167,729	143%	49%	6,320,323	7,905,695	125%	49%
2020	5,505,184	8,562,368	156%	55%	8,259,514	7,167,219	87%	52%
2021	5,275,294	9,286,213	176%	61%	9,839,357	7,035,086	71%	53%
2022	5,035,255	9,775,261	194%	66%	9,597,773	7,316,508	76%	55%
2023	4,795,487	10,571,039	220%	73%	9,140,747	7,912,126	87%	57%
2024	4,549,686	11,621,834	255%	79%	8,672,222	8,698,617	100%	60%
2025	4,296,965	12,922,754	301%	87%	8,190,508	9,672,319	118%	63%
2026	4,038,368	14,235,532	353%	95%	7,697,592	10,654,897	138%	66%
2027	3,776,100	15,527,758	411%	103%	7,197,679	11,622,091	161%	70%
2028	3,512,008	16,821,387	479%	113%	6,694,290	12,590,337	188%	75%
2029	3,247,674	18,066,311	556%	123%	6,190,439	13,522,127	218%	80%
2030	2,984,875	19,183,468	643%	133%	5,689,514	14,358,288	252%	85%
2031	2,725,888	20,156,823	739%	144%	5,195,854	15,086,817	290%	91%
2032	2,472,849	20,954,391	847%	156%	4,713,533	15,683,775	333%	96%
2033	2,227,638	21,540,742	967%	167%	4,246,133	16,122,641	380%	102%
2034	1,992,129	21,872,401	1098%	179%	3,797,226	16,370,879	431%	108%
2035	1,768,164	21,934,710	1241%	191%	3,370,323	16,417,515	487%	114%
2036	1,557,228	21,754,734	1397%	203%	2,968,254	16,282,808	549%	120%
2037	1,360,333	21,290,120	1565%	214%	2,592,950	15,935,058	615%	126%
2038	1,178,666	20,517,016	1741%	225%	2,246,672	15,356,411	684%	132%
2039	1,012,911	19,509,888	1926%	236%	1,930,725	14,602,605	756%	138%
2040	863,584	18,337,532	2123%	246%	1,646,091	13,725,129	834%	143%
2041	730,163	17,115,040	2344%	255%	1,391,774	12,810,128	920%	148%
2042	611,927	15,804,330	2583%	263%	1,166,402	11,829,098	1014%	152%
2043	508,482	14,401,057	2832%	271%	969,224	10,778,788	1112%	156%
2044	419,089	12,907,436	3080%	278%	798,831	9,660,854	1209%	160%
2045	342,936	11,422,483	3331%	285%	653,676	8,549,408	1308%	163%
2046	278,703	10,037,378	3601%	290%	531,241	7,512,696	1414%	166%
2047	224,935	8,793,794	3909%	295%	428,752	6,581,908	1535%	169%
2048	180,298	7,633,815	4234%	299%	343,668	5,713,697	1663%	171%
2049	143,623	6,556,248	4565%	303%	273,762	4,907,168	1792%	173%
2050	113,810	5,564,778	4890%	306%	216,934	4,165,081	1920%	175%
2051	89,785	4,702,392	5237%	309%	171,141	3,519,608	2057%	176%
2052	70,513	3,978,940	5643%	311%	134,407	2,978,125	2216%	177%
2053	55,107	3,371,505	6118%	313%	105,041	2,523,477	2402%	179%
2054	42,863	2,831,992	6607%	314%	81,701	2,119,666	2594%	179%
2055	33,169	2,359,598	7114%	316%	63,225	1,766,093	2793%	180%
2056	25,558	1,943,402	7604%	317%	48,716	1,454,582	2986%	181%
2057	19,618	1,593,232	8121%	318%	37,393	1,192,490	3189%	181%
2058	14,987	1,295,886	8647%	318%	28,567	969,934	3395%	182%
2059	11,383	1,037,019	9110%	319%	21,698	776,180	3577%	182%
2060	8,577	830,769	9686%	320%	16,348	621,807	3804%	182%
2061	6,396	652,985	10210%	320%	12,191	488,741	4009%	182%
2062	4,718	502,206	10644%	320%	8,993	375,887	4180%	183%
2063	3,442	379,896	11037%	320%	6,561	284,342	4334%	183%
2064	2,483	278,987	11236%	321%	4,733	208,814	4412%	183%
2065	1,767	203,700	11526%	321%	3,369	152,464	4526%	183%
2066	1,239	145,214	11722%	321%	2,361	108,688	4603%	183%
2067	853	101,356	11883%	321%	1,626	75,862	4666%	183%
2068	576	69,191	12008%	321%	1,098	51,787	4715%	183%
2069	381	45,141	11839%	321%	727	33,787	4649%	183%
2070	247	28,641	11588%	321%	471	21,437	4550%	183%
2071	157	17,731	11329%	321%	298	13,271	4449%	183%
2072	96	10,667	11058%	321%	184	7,984	4342%	183%
2073	58	6,218	10761%	321%	110	4,654	4226%	183%
2074	33	3,505	10487%	321%	64	2,624	4118%	183%
2075	19	1,906	10244%	321%	35	1,426	4023%	183%
2076	10	988	9975%	321%	19	740	3917%	183%
2077	5	486	9681%	321%	10	364	3801%	183%
Total Projected	79,796,350	509,006,264	638%	321%	139,667,226	386,068,949	276%	183%
Total Lifetime	168,453,091	540,648,121	321%	321%	228,323,968	417,710,806	183%	183%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	132,479,726	36,969,114	28%	28%	132,479,726	36,969,114	28%	28%
Future	55,560,445	253,863,599	457%	457%	94,145,446	194,842,701	207%	207%
Lifetime	188,040,171	290,832,712	155%	155%	226,625,172	231,811,814	102%	102%

Exhibit 6
Continental Casualty Company
Preferred Solution Experience by Calendar and Issue Year - Nationwide
Simple and Compound Inflation Policy Forms

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
1998	1998	0	-	36,170	0.0%	10.0%	0.000	3,838	38,430
Total			**-**	**36,170**	**0.0%**	**10.0%**	**0.000**	3,838	38,430
1999	1999	0	5,088	7,535,495	0.1%	11.0%	0.006	922,987	8,357,087
	1998	1	-	269,310	0.0%	10.8%	0.000	30,189	279,759
Total			**5,088**	**7,804,805**	**0.1%**	**11.0%**	**0.006**	953,176	8,636,846
2000	2000	0	41,727	18,349,071	0.2%	10.8%	0.021	2,080,715	19,265,809
	1999	1	1,278,669	21,415,494	6.0%	11.7%	0.512	2,504,710	21,485,156
	1998	2	-	257,680	0.0%	12.7%	0.000	33,434	263,433
Total			**1,320,397**	**40,022,245**	**3.3%**	**11.3%**	**0.293**	4,618,860	41,014,398
2001	2001	0	391,731	22,293,135	1.8%	10.9%	0.161	2,575,949	23,661,173
	2000	1	951,117	36,187,026	2.6%	11.7%	0.224	4,377,392	37,342,919
	1999	2	1,566,678	19,521,236	8.0%	13.8%	0.583	2,784,165	20,236,971
	1998	3	76,917	253,533	30.3%	14.7%	2.062	36,767	249,895
Total			**2,986,443**	**78,254,930**	**3.8%**	**12.0%**	**0.318**	9,774,273	81,490,958
2002	2002	0	180,474	26,603,946	0.7%	10.6%	0.064	2,976,218	28,159,771
	2001	1	1,571,451	44,895,186	3.5%	11.7%	0.299	5,424,896	46,277,964
	2000	2	3,032,432	33,382,268	9.1%	13.8%	0.659	4,854,927	35,242,497
	1999	3	1,685,031	18,698,336	9.0%	16.2%	0.556	3,106,185	19,154,751
	1998	4	-	235,149	0.0%	17.2%	0.000	40,737	236,745
Total			**6,469,388**	**123,814,886**	**5.2%**	**12.7%**	**0.411**	16,402,964	129,071,728
2003	2003	0	191	12,820,707	0.0%	10.6%	0.000	1,419,678	13,403,957
	2002	1	2,186,226	54,026,746	4.0%	11.4%	0.355	6,323,824	55,540,342
	2001	2	2,791,720	41,410,800	6.7%	13.7%	0.491	6,005,013	43,699,560
	2000	3	1,933,122	32,192,901	6.0%	16.1%	0.372	5,389,892	33,374,034
	1999	4	1,400,276	18,220,473	7.7%	19.1%	0.403	3,452,261	18,102,975
	1998	5	-	238,033	0.0%	20.2%	0.000	45,224	223,962
Total			**8,311,534**	**158,909,661**	**5.2%**	**13.8%**	**0.380**	22,635,893	164,344,830
2004	2004	0	-	-	0.0%	0.0%	0.000	-	-
	2003	1	21,450	13,685,441	0.2%	12.1%	0.013	1,770,315	14,653,552
	2002	2	1,975,874	49,066,641	4.0%	13.3%	0.303	6,984,953	52,499,727
	2001	3	3,762,106	39,191,935	9.6%	16.1%	0.597	6,658,202	41,396,744
	2000	4	4,655,165	30,892,868	15.1%	18.9%	0.797	5,969,154	31,558,901
	1999	5	1,956,740	17,460,992	11.2%	22.4%	0.500	3,824,501	17,079,769
	1998	6	-	229,769	0.0%	23.6%	0.000	49,963	211,584
Total			**12,371,336**	**150,527,647**	**8.2%**	**16.0%**	**0.512**	25,257,088	157,400,276
2005	2005	0	-	-	0.0%	0.0%	0.000	-	-
	2004	1	-	-	0.0%	0.0%	0.000	-	-
	2003	2	2,056,839	13,212,332	15.6%	14.0%	1.111	1,948,891	13,910,910
	2002	3	2,460,474	47,865,927	5.1%	15.5%	0.331	7,726,533	49,768,563
	2001	4	2,604,525	38,670,120	6.7%	18.8%	0.357	7,378,624	39,160,550
	2000	5	4,365,937	30,596,632	14.3%	22.2%	0.643	6,614,136	29,794,299
	1999	6	2,797,283	17,344,998	16.1%	26.3%	0.614	4,227,028	16,084,281
	1998	7	245,633	223,775	109.8%	27.7%	3.968	55,190	199,528
Total			**14,530,691**	**147,913,784**	**9.8%**	**18.8%**	**0.523**	27,950,402	148,918,132
2006	2006	0	-	-	0.0%	0.0%	0.000	-	-
	2005	1	-	-	0.0%	0.0%	0.000	-	-
	2004	2	-	-	0.0%	0.0%	0.000	-	-
	2003	3	260,501	12,245,457	2.1%	16.2%	0.131	2,144,351	13,203,580
	2002	4	4,086,268	43,718,477	9.3%	18.1%	0.515	8,550,006	47,118,528
	2001	5	8,244,045	35,590,149	23.2%	22.1%	1.050	8,161,052	36,986,998
	2000	6	5,520,219	28,293,409	19.5%	26.1%	0.748	7,319,180	28,078,192
	1999	7	4,370,881	15,989,398	27.3%	31.0%	0.883	4,681,221	15,116,190
	1998	8	19,384	209,752	9.2%	32.3%	0.286	60,717	187,799
Total			**22,501,298**	**136,046,642**	**16.5%**	**22.0%**	**0.753**	30,916,528	140,691,287

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2007	2007	0	-	-	0.0%	0.0%	0.000	-	-
	2006	1	-	-	0.0%	0.0%	0.000	-	-
	2005	2	-	-	0.0%	0.0%	0.000	-	-
	2004	3	-	-	0.0%	0.0%	0.000	-	-
	2003	4	36,979	12,205,090	0.3%	18.8%	0.016	2,347,657	12,517,308
	2002	5	4,547,464	44,232,861	10.3%	21.2%	0.486	9,431,667	44,544,081
	2001	6	4,518,716	35,993,463	12.6%	25.8%	0.486	9,012,572	34,874,112
	2000	7	7,669,733	28,593,229	26.8%	30.6%	0.876	8,090,787	26,409,641
	1999	8	3,146,379	16,094,881	19.5%	36.6%	0.535	5,183,270	14,175,110
	1998	9	-	202,059	0.0%	38.2%	0.000	67,326	176,402
Total			**19,919,272**	**137,321,584**	**14.5%**	**25.7%**	**0.564**	34,133,279	132,696,654
2008	2008	0	-	-	0.0%	0.0%	0.000	-	-
	2007	1	-	-	0.0%	0.0%	0.000	-	-
	2006	2	-	-	0.0%	0.0%	0.000	-	-
	2005	3	-	-	0.0%	0.0%	0.000	-	-
	2004	4	-	-	0.0%	0.0%	0.000	-	-
	2003	5	1,815,746	11,935,572	15.2%	21.7%	0.700	2,575,092	11,851,226
	2002	6	8,498,093	43,218,043	19.7%	24.7%	0.797	10,375,254	42,042,770
	2001	7	7,703,052	35,264,824	21.8%	30.3%	0.722	9,928,557	32,820,479
	2000	8	10,859,544	27,909,177	38.9%	36.1%	1.077	8,952,280	24,787,969
	1999	9	6,246,107	15,755,201	39.6%	43.2%	0.917	5,734,512	13,260,788
	1998	10	151,768	201,940	75.2%	45.3%	1.660	74,855	165,306
Total			**35,274,310**	**134,284,757**	**26.3%**	**30.1%**	**0.872**	37,640,550	124,928,537
2009	2009	0	-	-	0.0%	0.0%	0.000	-	-
	2008	1	-	-	0.0%	0.0%	0.000	-	-
	2007	2	-	-	0.0%	0.0%	0.000	-	-
	2006	3	-	-	0.0%	0.0%	0.000	-	-
	2005	4	-	-	0.0%	0.0%	0.000	-	-
	2004	5	-	-	0.0%	0.0%	0.000	-	-
	2003	6	475,862	11,636,935	4.1%	25.1%	0.163	2,813,889	11,204,485
	2002	7	7,679,281	42,110,879	18.2%	28.8%	0.632	11,427,861	39,612,370
	2001	8	9,124,797	34,331,201	26.6%	35.6%	0.747	10,971,879	30,825,540
	2000	9	9,686,875	27,099,023	35.7%	42.7%	0.838	9,900,496	23,212,180
	1999	10	7,862,509	15,308,391	51.4%	51.1%	1.004	6,325,585	12,370,102
	1998	11	-	197,519	0.0%	53.3%	0.000	82,361	154,502
Total			**34,829,323**	**130,683,948**	**26.7%**	**35.4%**	**0.753**	41,522,073	117,379,179
2010	2010	0	-	-	0.0%	0.0%	0.000	-	-
	2009	1	-	-	0.0%	0.0%	0.000	-	-
	2008	2	-	-	0.0%	0.0%	0.000	-	-
	2007	3	-	-	0.0%	0.0%	0.000	-	-
	2006	4	-	-	0.0%	0.0%	0.000	-	-
	2005	5	-	-	0.0%	0.0%	0.000	-	-
	2004	6	-	-	0.0%	0.0%	0.000	-	-
	2003	7	1,336,634	11,367,843	11.8%	29.2%	0.402	3,091,441	10,576,824
	2002	8	11,562,134	40,924,805	28.3%	33.9%	0.833	12,626,920	37,251,357
	2001	9	11,852,806	33,385,703	35.5%	42.0%	0.845	12,130,741	28,888,079
	2000	10	11,064,703	26,313,211	42.0%	50.4%	0.834	10,927,636	21,670,128
	1999	11	7,896,002	14,792,015	53.4%	60.6%	0.881	6,956,911	11,486,683
	1998	12	7,196	193,804	3.7%	63.2%	0.059	91,092	144,028
Total			**43,719,474**	**126,977,380**	**34.4%**	**41.7%**	**0.827**	45,824,740	110,017,100
2011	2011	0	-	-	0.0%	0.0%	0.000	-	-
	2010	1	-	-	0.0%	0.0%	0.000	-	-
	2009	2	-	-	0.0%	0.0%	0.000	-	-
	2008	3	-	-	0.0%	0.0%	0.000	-	-
	2007	4	-	-	0.0%	0.0%	0.000	-	-
	2006	5	-	-	0.0%	0.0%	0.000	-	-
	2005	6	-	-	0.0%	0.0%	0.000	-	-
	2004	7	-	-	0.0%	0.0%	0.000	-	-
	2003	8	2,916,708	11,217,032	26.0%	34.1%	0.762	3,400,132	9,967,242
	2002	9	13,346,294	40,203,718	33.2%	40.0%	0.831	13,972,050	34,958,475
	2001	10	12,518,685	32,403,001	38.6%	49.9%	0.774	13,387,164	26,804,512
	2000	11	12,728,096	25,633,912	49.7%	59.8%	0.830	12,043,763	20,133,275
	1999	12	10,864,230	14,412,623	75.4%	71.6%	1.052	7,634,572	10,655,977
	1998	13	174,020	188,433	92.4%	75.0%	1.231	100,418	133,879
Total			**52,548,033**	**124,058,720**	**42.4%**	**49.2%**	**0.860**	50,538,099	102,653,360

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2012	2012	0	-	-	0.0%	0.0%	0.000	-	-
	2011	1	-	-	0.0%	0.0%	0.000	-	-
	2010	2	-	-	0.0%	0.0%	0.000	-	-
	2009	3	-	-	0.0%	0.0%	0.000	-	-
	2008	4	-	-	0.0%	0.0%	0.000	-	-
	2007	5	-	-	0.0%	0.0%	0.000	-	-
	2006	6	-	-	0.0%	0.0%	0.000	-	-
	2005	7	-	-	0.0%	0.0%	0.000	-	-
	2004	8	-	-	0.0%	0.0%	0.000	-	-
	2003	9	4,093,449	10,951,410	37.4%	39.9%	0.936	3,745,404	9,375,423
	2002	10	11,532,921	38,213,661	30.2%	47.9%	0.630	15,429,374	32,202,023
	2001	11	15,669,150	30,970,951	50.6%	59.5%	0.850	14,722,980	24,732,175
	2000	12	18,006,786	24,639,679	73.1%	70.8%	1.032	13,237,823	18,701,768
	1999	13	18,258,881	13,866,089	131.7%	84.8%	1.554	8,351,813	9,854,201
	1998	14	293,054	185,606	157.9%	89.0%	1.773	110,448	124,057
Total			**67,854,241**	**118,827,396**	**57.1%**	**58.5%**	**0.976**	55,597,841	94,989,647
2013	2013	0	-	-	0.0%	0.0%	0.000	-	-
	2012	1	-	-	0.0%	0.0%	0.000	-	-
	2011	2	-	-	0.0%	0.0%	0.000	-	-
	2010	3	-	-	0.0%	0.0%	0.000	-	-
	2009	4	-	-	0.0%	0.0%	0.000	-	-
	2008	5	-	-	0.0%	0.0%	0.000	-	-
	2007	6	-	-	0.0%	0.0%	0.000	-	-
	2006	7	-	-	0.0%	0.0%	0.000	-	-
	2005	8	-	-	0.0%	0.0%	0.000	-	-
	2004	9	-	-	0.0%	0.0%	0.000	-	-
	2003	10	3,186,306	10,221,899	31.2%	48.6%	0.642	4,112,374	8,468,561
	2002	11	21,287,976	36,137,236	58.9%	57.5%	1.024	16,984,020	29,526,934
	2001	12	22,566,971	29,821,985	75.7%	70.3%	1.077	16,163,639	22,994,252
	2000	13	21,943,595	23,715,998	92.5%	83.8%	1.104	14,509,255	17,315,870
	1999	14	14,130,375	13,240,073	106.7%	100.2%	1.065	9,099,082	9,081,841
	1998	15	7,796	178,948	4.4%	105.6%	0.041	121,017	114,581
Total			**83,123,019**	**113,316,139**	**73.4%**	**69.7%**	**1.052**	60,989,387	87,502,039
2014	2014	0	-	-	0.0%	0.0%	0.000	-	-
	2013	1	-	-	0.0%	0.0%	0.000	-	-
	2012	2	-	-	0.0%	0.0%	0.000	-	-
	2011	3	-	-	0.0%	0.0%	0.000	-	-
	2010	4	-	-	0.0%	0.0%	0.000	-	-
	2009	5	-	-	0.0%	0.0%	0.000	-	-
	2008	6	-	-	0.0%	0.0%	0.000	-	-
	2007	7	-	-	0.0%	0.0%	0.000	-	-
	2006	8	-	-	0.0%	0.0%	0.000	-	-
	2005	9	-	-	0.0%	0.0%	0.000	-	-
	2004	10	-	-	0.0%	0.0%	0.000	-	-
	2003	11	5,686,307	9,866,412	57.6%	57.4%	1.004	4,527,494	7,884,409
	2002	12	27,956,166	35,107,139	79.6%	68.1%	1.170	18,708,786	27,491,367
	2001	13	30,479,596	28,869,013	105.6%	83.1%	1.270	17,715,794	21,313,076
	2000	14	30,399,618	22,853,769	133.0%	99.2%	1.341	15,857,160	15,981,920
	1999	15	18,215,502	12,738,679	143.0%	118.3%	1.209	9,863,273	8,339,778
	1998	16	-	177,633	0.0%	125.1%	0.000	131,967	105,491
Total			**112,737,190**	**109,612,644**	**102.9%**	**82.4%**	**1.249**	66,804,474	81,116,042

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2015	2015	0	-	-	0.0%	0.0%	0.000	-	-
	2014	1	-	-	0.0%	0.0%	0.000	-	-
	2013	2	-	-	0.0%	0.0%	0.000	-	-
	2012	3	-	-	0.0%	0.0%	0.000	-	-
	2011	4	-	-	0.0%	0.0%	0.000	-	-
	2010	5	-	-	0.0%	0.0%	0.000	-	-
	2009	6	-	-	0.0%	0.0%	0.000	-	-
	2008	7	-	-	0.0%	0.0%	0.000	-	-
	2007	8	-	-	0.0%	0.0%	0.000	-	-
	2006	9	-	-	0.0%	0.0%	0.000	-	-
	2005	10	-	-	0.0%	0.0%	0.000	-	-
	2004	11	-	-	0.0%	0.0%	0.000	-	-
	2003	12	5,852,945	9,314,310	62.8%	67.6%	0.930	4,975,348	7,362,701
	2002	13	32,953,701	33,031,515	99.8%	80.6%	1.237	20,575,666	25,522,064
	2001	14	38,673,691	27,099,425	142.7%	98.4%	1.450	19,375,394	19,691,326
	2000	15	29,485,735	21,395,527	137.8%	117.2%	1.175	17,232,293	14,698,376
	1999	16	19,894,204	11,994,740	165.9%	139.4%	1.190	10,632,630	7,629,212
	1998	17	216,280	167,491	129.1%	147.2%	0.877	142,416	96,746
Total			**127,076,555**	**103,003,008**	**123.4%**	**97.2%**	**1.269**	72,933,747	75,000,426
2016	2016	0	-	-	0.0%	0.0%	0.000	-	-
	2015	1	-	-	0.0%	0.0%	0.000	-	-
	2014	2	-	-	0.0%	0.0%	0.000	-	-
	2013	3	-	-	0.0%	0.0%	0.000	-	-
	2012	4	-	-	0.0%	0.0%	0.000	-	-
	2011	5	-	-	0.0%	0.0%	0.000	-	-
	2010	6	-	-	0.0%	0.0%	0.000	-	-
	2009	7	-	-	0.0%	0.0%	0.000	-	-
	2008	8	-	-	0.0%	0.0%	0.000	-	-
	2007	9	-	-	0.0%	0.0%	0.000	-	-
	2006	10	-	-	0.0%	0.0%	0.000	-	-
	2005	11	-	-	0.0%	0.0%	0.000	-	-
	2004	12	-	-	0.0%	0.0%	0.000	-	-
	2003	13	5,521,631	9,714,303	56.8%	79.9%	0.711	5,478,572	6,856,479
	2002	14	39,920,525	33,991,256	117.4%	95.7%	1.228	22,604,507	23,626,252
	2001	15	40,826,631	27,788,943	146.9%	116.3%	1.264	21,085,476	18,134,532
	2000	16	33,225,705	21,919,252	151.6%	138.4%	1.095	18,640,121	13,467,632
	1999	17	26,461,112	12,158,766	217.6%	164.2%	1.325	11,415,827	6,951,215
	1998	18	186,421	172,429	108.1%	175.7%	0.616	155,213	88,364
Total			**146,142,025**	**105,744,948**	**138.2%**	**114.8%**	**1.203**	79,379,716	69,124,475
2017	2017	0	-	-	0.0%	0.0%	0.000	-	-
	2016	1	-	-	0.0%	0.0%	0.000	-	-
	2015	2	-	-	0.0%	0.0%	0.000	-	-
	2014	3	-	-	0.0%	0.0%	0.000	-	-
	2013	4	-	-	0.0%	0.0%	0.000	-	-
	2012	5	-	-	0.0%	0.0%	0.000	-	-
	2011	6	-	-	0.0%	0.0%	0.000	-	-
	2010	7	-	-	0.0%	0.0%	0.000	-	-
	2009	8	-	-	0.0%	0.0%	0.000	-	-
	2008	9	-	-	0.0%	0.0%	0.000	-	-
	2007	10	-	-	0.0%	0.0%	0.000	-	-
	2006	11	-	-	0.0%	0.0%	0.000	-	-
	2005	12	-	-	0.0%	0.0%	0.000	-	-
	2004	13	-	-	0.0%	0.0%	0.000	-	-
	2003	14	8,495,365	11,294,182	75.2%	94.4%	0.797	6,010,839	6,365,662
	2002	15	43,173,805	39,155,692	110.3%	113.3%	0.973	24,695,030	21,799,094
	2001	16	38,531,541	31,893,702	120.8%	137.2%	0.880	22,837,101	16,639,850
	2000	17	39,369,908	25,082,639	157.0%	163.1%	0.962	20,047,884	12,292,000
	1999	18	34,238,103	13,823,766	247.7%	193.1%	1.283	12,176,113	6,306,719
	1998	19	30,463	196,247	15.5%	206.9%	0.075	166,285	80,353
Total			**163,839,185**	**121,446,228**	**134.9%**	**135.4%**	**0.997**	85,933,252	63,483,678
Grand Total			**955,558,799**	**2,168,607,522**	**44.1%**	**39.9%**	**1.105**	**769,810,178**	**1,930,498,021**

Duration Totals							
Calendar Duration	Incurred Claims	Earned Premium	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
0	619,211	87,638,524	0.7%	10.7%	0.066	9,979,385	92,886,227
1	6,008,913	170,479,204	3.5%	11.6%	0.303	20,431,326	175,579,692
2	11,423,543	156,850,959	7.3%	13.6%	0.534	22,611,384	165,853,098
3	10,178,150	150,448,090	6.8%	15.9%	0.424	25,061,929	157,147,568
4	12,783,213	143,942,176	8.9%	18.7%	0.476	27,738,439	148,695,006
5	20,929,932	140,054,239	14.9%	21.8%	0.685	30,651,672	140,480,335
6	21,810,174	136,716,617	16.0%	25.5%	0.625	33,797,885	132,495,424
7	29,005,214	133,549,949	21.7%	29.9%	0.727	37,275,057	124,735,031
8	37,628,946	130,686,848	28.8%	35.2%	0.819	41,195,199	117,195,019
9	45,225,530	127,597,113	35.4%	41.5%	0.855	45,550,529	109,871,347
10	46,316,891	122,662,103	37.8%	49.4%	0.764	50,256,988	101,680,632
11	63,267,531	117,598,045	53.8%	58.9%	0.913	55,317,530	93,917,978
12	85,254,294	113,489,539	75.1%	69.6%	1.079	60,811,259	87,350,094
13	109,331,424	109,385,352	100.0%	82.4%	1.213	66,731,519	80,995,569
14	131,912,627	108,664,310	121.4%	97.6%	1.244	73,057,430	74,871,059
15	131,709,469	101,257,788	130.1%	115.7%	1.124	72,997,089	63,086,361
16	91,651,450	65,985,327	138.9%	138.1%	1.006	52,241,819	37,842,186
17	66,047,300	37,408,896	176.6%	163.4%	1.080	31,606,127	19,339,961
18	34,424,524	13,996,195	246.0%	192.8%	1.276	12,331,325	6,395,084
19	30,463	196,247	15.5%	206.9%	0.075	166,285	80,353
Total	**955,558,799**	**2,168,607,522**	**44.1%**	**39.9%**	**1.105**	**769,810,178**	**1,930,498,021**

Exhibit 7
Continental Casualty Company
Preferred Solution Experience by Calendar and Issue Year - Virginia Specific
Simple and Compound Inflation Policy Forms

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
1998	1998	0	-	2,145	0.0%	5.5%	0.000	51	920
Total			**-**	**2,145**	**0.0%**	**5.5%**	**0.000**	51	920
1999	1999	0	-	294,760	0.0%	11.2%	0.000	36,072	322,797
	1998	1	-	3,504	0.0%	5.9%	0.000	268	4,525
Total			**-**	**298,264**	**0.0%**	**11.1%**	**0.000**	36,340	327,322
2000	2000	0	-	558,198	0.0%	11.6%	0.000	70,201	604,736
	1999	1	-	709,062	0.0%	11.9%	0.000	84,191	708,794
	1998	2	-	4,700	0.0%	6.8%	0.000	293	4,304
Total			**-**	**1,271,959**	**0.0%**	**11.7%**	**0.000**	154,685	1,317,834
2001	2001	0	-	784,508	0.0%	10.7%	0.000	90,642	844,166
	2000	1	-	1,124,059	0.0%	11.9%	0.000	138,308	1,157,913
	1999	2	-	652,857	0.0%	14.0%	0.000	93,384	668,207
	1998	3	-	4,696	0.0%	7.5%	0.000	307	4,103
Total			**-**	**2,566,120**	**0.0%**	**12.1%**	**0.000**	322,641	2,674,388
2002	2002	0	-	1,032,345	0.0%	11.0%	0.000	126,733	1,155,340
	2001	1	-	1,541,033	0.0%	11.9%	0.000	186,392	1,564,924
	2000	2	-	1,062,457	0.0%	13.9%	0.000	152,159	1,095,898
	1999	3	3,008	630,456	0.5%	16.4%	0.029	103,441	632,345
	1998	4	-	4,696	0.0%	8.9%	0.000	347	3,908
Total			**3,008**	**4,270,986**	**0.1%**	**12.8%**	**0.006**	569,072	4,452,414
2003	2003	0	-	579,805	0.0%	11.0%	0.000	65,487	594,679
	2002	1	-	2,586,049	0.0%	11.4%	0.000	285,377	2,508,184
	2001	2	177,505	1,445,354	12.3%	13.9%	0.882	205,785	1,478,008
	2000	3	-	1,049,123	0.0%	16.2%	0.000	167,974	1,040,010
	1999	4	254	611,531	0.0%	19.2%	0.002	114,668	597,573
	1998	5	-	4,521	0.0%	10.2%	0.000	379	3,719
Total			**177,760**	**6,276,383**	**2.8%**	**13.5%**	**0.210**	839,670	6,222,172
2004	2004	0	-	-	0.0%	0.0%	0.000	-	-
	2003	1	-	630,273	0.0%	12.6%	0.000	81,413	648,319
	2002	2	-	2,387,285	0.0%	13.2%	0.000	313,708	2,373,575
	2001	3	156,425	1,380,178	11.3%	16.3%	0.695	228,248	1,400,329
	2000	4	-	972,211	0.0%	18.8%	0.000	185,145	985,759
	1999	5	6,011	592,198	1.0%	22.6%	0.045	127,403	563,726
	1998	6	-	4,423	0.0%	12.4%	0.000	438	3,535
Total			**162,436**	**5,966,568**	**2.7%**	**15.7%**	**0.174**	936,355	5,975,243
2005	2005	0	-	-	0.0%	0.0%	0.000	-	-
	2004	1	-	-	0.0%	0.0%	0.000	-	-
	2003	2	425,373	625,489	68.0%	14.5%	4.677	89,549	615,868
	2002	3	4,998	2,392,335	0.2%	15.3%	0.014	345,753	2,252,620
	2001	4	107,575	1,370,269	7.9%	19.0%	0.413	252,102	1,324,840
	2000	5	-	960,670	0.0%	21.8%	0.000	203,548	933,030
	1999	6	-	597,843	0.0%	26.5%	0.000	140,914	530,801
	1998	7	-	3,851	0.0%	14.7%	0.000	493	3,357
Total			**537,945**	**5,950,457**	**9.0%**	**18.2%**	**0.496**	1,032,360	5,660,516
2006	2006	0	-	-	0.0%	0.0%	0.000	-	-
	2005	1	-	-	0.0%	0.0%	0.000	-	-
	2004	2	-	-	0.0%	0.0%	0.000	-	-
	2003	3	247,863	596,968	41.5%	16.9%	2.462	98,635	584,830
	2002	4	402,669	2,239,696	18.0%	17.8%	1.010	380,127	2,135,416
	2001	5	-	1,293,772	0.0%	22.2%	0.000	277,668	1,251,525
	2000	6	408,942	900,316	45.4%	25.4%	1.788	223,981	881,739
	1999	7	127,530	563,232	22.6%	31.3%	0.724	155,916	498,833
	1998	8	-	3,430	0.0%	17.1%	0.000	546	3,184
Total			**1,187,004**	**5,597,413**	**21.2%**	**21.2%**	**0.999**	1,136,872	5,355,528

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2007	2007	0	-	-	0.0%	0.0%	0.000	-	-
	2006	1	-	-	0.0%	0.0%	0.000	-	-
	2005	2	-	-	0.0%	0.0%	0.000	-	-
	2004	3	-	-	0.0%	0.0%	0.000	-	-
	2003	4	-	603,898	0.0%	19.6%	0.000	108,493	554,764
	2002	5	390,675	2,249,121	17.4%	20.6%	0.843	416,794	2,021,667
	2001	6	96,322	1,271,300	7.6%	26.0%	0.292	306,538	1,180,262
	2000	7	263,321	890,567	29.6%	29.6%	1.001	245,802	831,812
	1999	8	116,623	546,130	21.4%	36.8%	0.580	172,152	467,752
	1998	9	-	3,493	0.0%	20.4%	0.000	615	3,015
Total			**866,942**	**5,564,508**	**15.6%**	**24.7%**	**0.630**	1,250,394	5,059,271
2008	2008	0	-	-	0.0%	0.0%	0.000	-	-
	2007	1	-	-	0.0%	0.0%	0.000	-	-
	2006	2	-	-	0.0%	0.0%	0.000	-	-
	2005	3	-	-	0.0%	0.0%	0.000	-	-
	2004	4	-	-	0.0%	0.0%	0.000	-	-
	2003	5	-	589,675	0.0%	22.6%	0.000	118,553	525,557
	2002	6	-	2,205,554	0.0%	23.9%	0.000	456,623	1,911,365
	2001	7	307,944	1,295,639	23.8%	30.4%	0.782	337,819	1,110,968
	2000	8	188,369	880,812	21.4%	34.7%	0.617	271,573	783,320
	1999	9	125,049	536,912	23.3%	43.4%	0.537	189,916	437,594
	1998	10	-	3,497	0.0%	25.4%	0.000	724	2,850
Total			**621,362**	**5,512,089**	**11.3%**	**28.8%**	**0.391**	1,375,208	4,771,653
2009	2009	0	-	-	0.0%	0.0%	0.000	-	-
	2008	1	-	-	0.0%	0.0%	0.000	-	-
	2007	2	-	-	0.0%	0.0%	0.000	-	-
	2006	3	-	-	0.0%	0.0%	0.000	-	-
	2005	4	-	-	0.0%	0.0%	0.000	-	-
	2004	5	-	-	0.0%	0.0%	0.000	-	-
	2003	6	7,247	580,989	1.2%	26.0%	0.048	129,121	497,189
	2002	7	127,475	2,171,570	5.9%	27.7%	0.212	499,745	1,804,263
	2001	8	1,621,009	1,230,915	131.7%	35.7%	3.685	372,949	1,043,593
	2000	9	168,873	856,743	19.7%	40.5%	0.486	298,409	736,112
	1999	10	-	530,848	0.0%	51.4%	0.000	210,141	408,440
	1998	11	-	3,495	0.0%	30.8%	0.000	827	2,689
Total			**1,924,605**	**5,374,560**	**35.8%**	**33.6%**	**1.065**	1,511,193	4,492,286
2010	2010	0	-	-	0.0%	0.0%	0.000	-	-
	2009	1	-	-	0.0%	0.0%	0.000	-	-
	2008	2	-	-	0.0%	0.0%	0.000	-	-
	2007	3	-	-	0.0%	0.0%	0.000	-	-
	2006	4	-	-	0.0%	0.0%	0.000	-	-
	2005	5	-	-	0.0%	0.0%	0.000	-	-
	2004	6	-	-	0.0%	0.0%	0.000	-	-
	2003	7	-	567,112	0.0%	29.9%	0.000	140,471	469,673
	2002	8	751,993	2,131,245	35.3%	32.3%	1.091	549,926	1,700,403
	2001	9	-	1,198,319	0.0%	42.0%	0.000	411,165	978,145
	2000	10	26,058	838,239	3.1%	47.6%	0.065	328,643	690,206
	1999	11	92,611	520,615	17.8%	60.5%	0.294	230,003	380,221
	1998	12	-	3,495	0.0%	38.2%	0.000	967	2,532
Total			**870,661**	**5,259,024**	**16.6%**	**39.4%**	**0.421**	1,661,176	4,221,180
2011	2011	0	-	-	0.0%	0.0%	0.000	-	-
	2010	1	-	-	0.0%	0.0%	0.000	-	-
	2009	2	-	-	0.0%	0.0%	0.000	-	-
	2008	3	-	-	0.0%	0.0%	0.000	-	-
	2007	4	-	-	0.0%	0.0%	0.000	-	-
	2006	5	-	-	0.0%	0.0%	0.000	-	-
	2005	6	-	-	0.0%	0.0%	0.000	-	-
	2004	7	-	-	0.0%	0.0%	0.000	-	-
	2003	8	-	563,745	0.0%	34.8%	0.000	154,130	443,000
	2002	9	565,398	2,116,790	26.7%	37.9%	0.704	606,616	1,599,683
	2001	10	610,191	1,158,178	52.7%	50.6%	1.041	453,364	895,783
	2000	11	112,464	828,774	13.6%	56.0%	0.242	361,723	645,628
	1999	12	170,903	513,716	33.3%	71.3%	0.467	251,665	352,924
	1998	13	-	3,540	0.0%	47.3%	0.000	1,124	2,379
Total			**1,458,955**	**5,184,742**	**28.1%**	**46.4%**	**0.606**	1,828,621	3,939,396

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2012	2012	0	-	-	0.0%	0.0%	0.000	-	-
	2011	1	-	-	0.0%	0.0%	0.000	-	-
	2010	2	-	-	0.0%	0.0%	0.000	-	-
	2009	3	-	-	0.0%	0.0%	0.000	-	-
	2008	4	-	-	0.0%	0.0%	0.000	-	-
	2007	5	-	-	0.0%	0.0%	0.000	-	-
	2006	6	-	-	0.0%	0.0%	0.000	-	-
	2005	7	-	-	0.0%	0.0%	0.000	-	-
	2004	8	-	-	0.0%	0.0%	0.000	-	-
	2003	9	105,938	557,390	19.0%	40.5%	0.469	168,935	417,087
	2002	10	629,793	2,038,506	30.9%	45.2%	0.684	669,087	1,480,624
	2001	11	1,045,320	1,099,925	95.0%	60.6%	1.568	497,655	820,853
	2000	12	36,741	811,332	4.5%	66.0%	0.069	397,448	602,412
	1999	13	1,521,837	506,766	300.3%	84.3%	3.562	275,292	326,575
	1998	14	-	3,544	0.0%	56.9%	0.000	1,269	2,228
Total			**3,339,630**	**5,017,465**	**66.6%**	**55.1%**	**1.209**	2,009,686	3,649,779
2013	2013	0	-	-	0.0%	0.0%	0.000	-	-
	2012	1	-	-	0.0%	0.0%	0.000	-	-
	2011	2	-	-	0.0%	0.0%	0.000	-	-
	2010	3	-	-	0.0%	0.0%	0.000	-	-
	2009	4	-	-	0.0%	0.0%	0.000	-	-
	2008	5	-	-	0.0%	0.0%	0.000	-	-
	2007	6	-	-	0.0%	0.0%	0.000	-	-
	2006	7	-	-	0.0%	0.0%	0.000	-	-
	2005	8	-	-	0.0%	0.0%	0.000	-	-
	2004	9	-	-	0.0%	0.0%	0.000	-	-
	2003	10	59,698	538,397	11.1%	48.0%	0.231	184,851	384,971
	2002	11	934,713	1,923,372	48.6%	54.7%	0.888	736,324	1,346,064
	2001	12	1,191,603	1,079,517	110.4%	71.6%	1.542	546,554	763,548
	2000	13	873,646	779,721	112.0%	78.0%	1.437	436,896	560,457
	1999	14	41,274	487,582	8.5%	99.6%	0.085	300,076	301,213
	1998	15	-	3,627	0.0%	68.2%	0.000	1,421	2,083
Total			**3,100,935**	**4,812,216**	**64.4%**	**65.7%**	**0.981**	2,206,122	3,358,336
2014	2014	0	-	-	0.0%	0.0%	0.000	-	-
	2013	1	-	-	0.0%	0.0%	0.000	-	-
	2012	2	-	-	0.0%	0.0%	0.000	-	-
	2011	3	-	-	0.0%	0.0%	0.000	-	-
	2010	4	-	-	0.0%	0.0%	0.000	-	-
	2009	5	-	-	0.0%	0.0%	0.000	-	-
	2008	6	-	-	0.0%	0.0%	0.000	-	-
	2007	7	-	-	0.0%	0.0%	0.000	-	-
	2006	8	-	-	0.0%	0.0%	0.000	-	-
	2005	9	-	-	0.0%	0.0%	0.000	-	-
	2004	10	-	-	0.0%	0.0%	0.000	-	-
	2003	11	411,722	531,673	77.4%	56.2%	1.379	202,289	360,245
	2002	12	978,406	1,891,599	51.7%	64.4%	0.803	810,134	1,257,807
	2001	13	598,318	1,047,515	57.1%	84.5%	0.676	598,527	708,152
	2000	14	433,186	756,983	57.2%	92.2%	0.621	479,132	519,841
	1999	15	262,718	474,811	55.3%	117.9%	0.469	326,315	276,844
	1998	16	-	3,712	0.0%	89.4%	0.000	1,733	1,939
Total			**2,684,350**	**4,706,293**	**57.0%**	**77.4%**	**0.737**	2,418,130	3,124,830

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Earned Premiums	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
2015	2015	0	-	-	0.0%	0.0%	0.000	-	-
	2014	1	-	-	0.0%	0.0%	0.000	-	-
	2013	2	-	-	0.0%	0.0%	0.000	-	-
	2012	3	-	-	0.0%	0.0%	0.000	-	-
	2011	4	-	-	0.0%	0.0%	0.000	-	-
	2010	5	-	-	0.0%	0.0%	0.000	-	-
	2009	6	-	-	0.0%	0.0%	0.000	-	-
	2008	7	-	-	0.0%	0.0%	0.000	-	-
	2007	8	-	-	0.0%	0.0%	0.000	-	-
	2006	9	-	-	0.0%	0.0%	0.000	-	-
	2005	10	-	-	0.0%	0.0%	0.000	-	-
	2004	11	-	-	0.0%	0.0%	0.000	-	-
	2003	12	230,789	525,926	43.9%	65.4%	0.670	220,557	336,989
	2002	13	1,150,222	1,861,554	61.8%	76.1%	0.812	892,120	1,172,293
	2001	14	687,868	1,029,329	66.8%	99.9%	0.669	653,827	654,702
	2000	15	530,767	740,435	71.7%	108.8%	0.659	522,961	480,518
	1999	16	200,685	463,774	43.3%	138.4%	0.313	350,931	253,502
	1998	17	-	3,624	0.0%	105.1%	0.000	1,890	1,799
Total			**2,800,331**	**4,624,642**	**60.6%**	**91.1%**	**0.665**	2,642,286	2,899,803
2016	2016	0	-	-	0.0%	0.0%	0.000	-	-
	2015	1	-	-	0.0%	0.0%	0.000	-	-
	2014	2	-	-	0.0%	0.0%	0.000	-	-
	2013	3	-	-	0.0%	0.0%	0.000	-	-
	2012	4	-	-	0.0%	0.0%	0.000	-	-
	2011	5	-	-	0.0%	0.0%	0.000	-	-
	2010	6	-	-	0.0%	0.0%	0.000	-	-
	2009	7	-	-	0.0%	0.0%	0.000	-	-
	2008	8	-	-	0.0%	0.0%	0.000	-	-
	2007	9	-	-	0.0%	0.0%	0.000	-	-
	2006	10	-	-	0.0%	0.0%	0.000	-	-
	2005	11	-	-	0.0%	0.0%	0.000	-	-
	2004	12	-	-	0.0%	0.0%	0.000	-	-
	2003	13	1,488,174	556,562	267.4%	76.8%	3.481	241,546	314,484
	2002	14	1,095,161	1,963,342	55.8%	90.2%	0.618	983,142	1,089,544
	2001	15	1,043,773	1,070,245	97.5%	118.2%	0.825	713,134	603,303
	2000	16	745,358	781,123	95.4%	128.7%	0.741	569,800	442,684
	1999	17	2,105,059	478,904	439.6%	163.5%	2.688	378,192	231,258
	1998	18	-	3,938	0.0%	138.2%	0.000	2,295	1,660
Total			**6,477,525**	**4,854,115**	**133.4%**	**107.6%**	**1.240**	2,888,108	2,682,933
2017	2017	0	-	-	0.0%	0.0%	0.000	-	-
	2016	1	-	-	0.0%	0.0%	0.000	-	-
	2015	2	-	-	0.0%	0.0%	0.000	-	-
	2014	3	-	-	0.0%	0.0%	0.000	-	-
	2013	4	-	-	0.0%	0.0%	0.000	-	-
	2012	5	-	-	0.0%	0.0%	0.000	-	-
	2011	6	-	-	0.0%	0.0%	0.000	-	-
	2010	7	-	-	0.0%	0.0%	0.000	-	-
	2009	8	-	-	0.0%	0.0%	0.000	-	-
	2008	9	-	-	0.0%	0.0%	0.000	-	-
	2007	10	-	-	0.0%	0.0%	0.000	-	-
	2006	11	-	-	0.0%	0.0%	0.000	-	-
	2005	12	-	-	0.0%	0.0%	0.000	-	-
	2004	13	-	-	0.0%	0.0%	0.000	-	-
	2003	14	248,541	632,525	39.3%	90.5%	0.434	265,081	292,793
	2002	15	1,842,194	2,251,288	81.8%	106.9%	0.765	1,079,713	1,009,615
	2001	16	351,576	1,226,538	28.7%	139.5%	0.206	772,648	553,959
	2000	17	1,316,247	892,011	147.6%	151.7%	0.973	616,409	406,269
	1999	18	1,669,850	539,690	309.4%	192.6%	1.606	404,794	210,153
	1998	19	-	4,738	0.0%	172.3%	0.000	2,625	1,524
Total			**5,428,409**	**5,546,790**	**97.9%**	**127.0%**	**0.771**	3,141,271	2,474,313
Grand Total			**31,641,857**	**88,656,739**	**35.7%**	**38.5%**	**0.927**	**27,960,238**	**72,660,117**

Duration Totals							
Calendar Duration	Incurred Claims	Earned Premium	Loss Ratio	Expected Loss Ratio	Actual to Expected	Expected Incurred Claims	Expected Earned Premium
0	-	3,251,760	0.0%	11.0%	0.000	389,186	3,522,638
1	-	6,593,980	0.0%	11.8%	0.000	775,948	6,592,658
2	602,878	6,178,142	9.8%	13.7%	0.712	854,877	6,235,859
3	412,294	6,053,756	6.8%	16.0%	0.427	944,358	5,914,237
4	510,499	5,802,301	8.8%	18.6%	0.474	1,040,882	5,602,260
5	396,686	5,689,956	7.0%	21.6%	0.323	1,144,345	5,299,224
6	512,511	5,560,424	9.2%	25.1%	0.367	1,257,616	5,004,891
7	826,271	5,491,970	15.0%	29.2%	0.514	1,380,246	4,718,905
8	2,677,994	5,356,277	50.0%	34.3%	1.460	1,521,276	4,441,251
9	965,258	5,269,647	18.3%	40.2%	0.456	1,675,656	4,171,636
10	1,325,740	5,107,666	26.0%	47.8%	0.543	1,846,810	3,862,875
11	2,596,829	4,907,853	52.9%	57.1%	0.927	2,028,822	3,555,700
12	2,608,442	4,825,585	54.1%	67.2%	0.805	2,227,325	3,316,212
13	5,632,198	4,755,658	118.4%	79.3%	1.494	2,445,503	3,084,340
14	2,506,030	4,873,305	51.4%	93.8%	0.548	2,682,527	2,860,322
15	3,679,452	4,540,406	81.0%	111.4%	0.727	2,643,544	2,372,363
16	1,297,619	2,475,147	52.4%	135.4%	0.387	1,695,112	1,252,084
17	3,421,306	1,374,539	248.9%	155.9%	1.597	996,491	639,325
18	1,669,850	543,628	307.2%	192.2%	1.598	407,089	211,813
19	-	4,738	0.0%	172.3%	0.000	2,625	1,524
Total	**31,641,857**	**88,656,739**	**35.7%**	**38.5%**	**0.927**	**27,960,238**	**72,660,117**

Reset Form

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

Company Name and NAIC Number: Continental Casualty Company - NAIC # 218-20443

SERFF Tracking Number: CNAB-131651014

Effective Date: The rate increase will apply to policies on their next premium due date following a notification period of at least as long as required by your state following approval.

Revised Rates

Average Annual Premium Per Member: $2,148

Average Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Minimum Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Maximum Requested Percentage Rate Change Per Member: +70.0% (Phase 1)

Number of Policy Holders Affected : 2,839

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
P1-N0075-A45, P1-N0076-A45, P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0090-A45, P1-N0091-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45	"Preferred Solution"
Rider:	Rider Description:
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Continental Casualty Company (CCC)
Address: 151 N Franklin St, Chicago, IL 60606

Virginia Long Term Care Insurance Rate Request Summary Narrative
November 6, 2018

This is a supporting narrative for 'Preferred Solution' rate increase filing, SERFF Tracking # CNAB-131651014, on policies with automatic increase benefit rider issued under the policy forms listed in the table above.

The rate increase requested is reflective of the rate required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. The proposed rate increases are less than what can be actuarially justified.

CNA, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, CNA, and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

Comparisons of the company's best estimate assumptions to actual experience can be found in Exhibit 3 of the Actuarial Memorandum submitted with this filing. Section 5 of the Actuarial Memorandum highlights the Company's best estimate assumptions used in this filing and also the company's 2017 GAAP and statutory reserve adequacy testing.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders.

Reset Form

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

Company Name and NAIC Number: Continental Casualty Company - NAIC # 218-20443

SERFF Tracking Number: CNAB-131651014

Effective Date: The rate increase will apply to policies on their next premium due date following a notification period of at least as long as required by your state following approval.

Revised Rates

Average Annual Premium Per Member: $2,148

Average Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Minimum Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Maximum Requested Percentage Rate Change Per Member: +49.8% (Phase 2); +154.7% (Cumulative)

Number of Policy Holders Affected : 2,839

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
P1-N0075-A45, P1-N0076-A45, P1-N0080-A45, P1-N0081-A45, P1-N0085-A45, P1-N0086-A45, P1-N0090-A45, P1-N0091-A45, P1-N0095-A45, P1-N0096-A45, P1-N0100-A45, P1-N0101-A45	"Preferred Solution"
Rider:	Rider Description:
R1-N0078-A, R1-N0088-A	Compound Automatic Increase Rider
R1-N0079-A, R1-N0098-A	Simple Automatic Increase Rider
R1-N0103-A	Survivorship Benefit Rider
R1-N0104-A	Dual Waiver of Premium Rider
R1-N0105-A	Shared Advantage Rider
R1-N0106-A, R1-N0108-A	Restoration of Benefits Rider
R1-N0107-A	Cost of Living Increase Rider

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.

Continental Casualty Company (CCC)
Address: 151 N Franklin St, Chicago, IL 60606

Virginia Long Term Care Insurance Rate Request Summary Narrative
November 6, 2018

This is a supporting narrative for 'Preferred Solution' rate increase filing, SERFF Tracking # CNAB-131651014, on policies with automatic increase benefit rider issued under the policy forms listed in the table above.

The rate increase requested is reflective of the rate required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. The proposed rate increases are less than what can be actuarially justified.

CNA, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, CNA, and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

Comparisons of the company's best estimate assumptions to actual experience can be found in Exhibit 3 of the Actuarial Memorandum submitted with this filing. Section 5 of the Actuarial Memorandum highlights the Company's best estimate assumptions used in this filing and also the company's 2017 GAAP and statutory reserve adequacy testing.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders.

151 N Franklin St
Chicago, IL 60606

Saira Makhani, ASA, MAAA

Actuarial Senior Consultant
Long Term Care Pricing
Phone: (312) 822-2375
Email: saira.makhani@cna.com

October 16, 2018

Honorable Scott A. White
Commissioner
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Commissioner:

The purpose of this filing is to request a 154.7% rate increase on **insureds with an automatic benefit increase rider** for the above captioned individual long term care policy forms. These policy forms were issued in Virginia from August 1998 through July 2003 and are no longer being marketed in any jurisdiction.

The 154.7% rate increase request is reflective of the rate relief required to restore this block of policies to a lifetime loss ratio of 100%, an actuarially appropriate level in excess of the originally priced targets. In recognition of the poor performance of the block to date, the Company is no longer seeking to restore the block to profitability, but is merely seeking to ensure the premiums

collected will cover claims. The 154.7% rate increase will be implemented over two years as 70.0% in the first year and 49.8% in the second year.

The proposed premium rates will be effective on the insured's next premium due date following a notification period at least as long as required by your state following approval. Insureds will be notified of each of the premium rate increases prior to implementation of the first increase. No insured will receive more than one rate increase in a 12-month period.

When insureds are notified of the rate increase, they will be encouraged to call our customer service staff to discuss a ***Freeze and Drop*** option, which allows them to retain (freeze) inflated to-date available benefits and drop their policy's automatic benefit increase rider. Should an insured select this option, they will not be subject to the rate increase, and will typically experience a premium decrease, as their new premium will be based on their original issue age for coverage without an automatic benefit increase rider. As many insureds have inflated daily benefits that exceed the typical daily cost of care, this may be considered an attractive option. Additional benefit reduction options are also available and will depend upon the insured's current plan of benefits and any statutory minimum benefit levels in your state.

In addition, the Company is making a non-forfeiture option available for all policyholders in conjunction with this rate increase. This option provides a paid-up policy with a shortened benefit period equal to the total of premiums paid, less any claims paid.

For states that do not approve the full requested increase, the Company anticipates that additional rate increase filings will be necessary in the near future. The exact timing of when an additional filing will be made and the amount that will be requested will be determined by the attributes of these policy forms, the Company's experience, and applicable laws and regulations.

Included with this request are the following items:

- this cover letter;
- the Review Requirements Checklist;
- an actuarial memorandum including supporting exhibits;
- current rate sheets;
- rate sheets reflecting the proposed rate increase request; and
- the filing state status listing.

No filing fee is required for this submission.

We respectfully request your favorable consideration and approval of this filing.

Saira Makhani, ASA, MAAA

Preferred Solution State Status Listing as of 10/15/2018

State	Annual Premium As of YE2017	Prior Rate Action							Current Rate Action									
		Round 1		Round 2		Round 3		All Rounds Cumulative Rate Increase	Round 1				Round 2				All Rounds Cumulative Rate Increase	Total Cumulative Rate Increase
		Disposition Date	Cumulative Rate Increase	Disposition Date	Cumulative Rate Increase	Disposition Date	Cumulative Rate Increase		Status	Disposition Date	Implemented Date	Cumulative Rate Increase	Status	Disposition Date	Implemented Date	Cumulative Rate Increase		
AK	$272,200	12/18/2012	80.0%					80.0%	Closed	2/1/2017	8/1/2017	119.3%					119.3%	294.7%
AL	$1,042,814	3/18/2013	80.0%					80.0%	Approved	2/9/2018	8/1/2018	60.0%					60.0%	188.0%
AR	$984,168	9/30/2013	15.0%	3/10/2015	20.0%	5/17/2016	25.0%	72.5%	Approved	3/21/2017	12/1/2017	25.0%					25.0%	115.6%
AZ	$1,648,911	2/7/2013	50.0%	10/23/2014	16.0%			74.0%	Approved	9/24/2018		67.5%					67.5%	191.5%
CA-LR	$8,922,308	8/19/2014	20.0%					20.0%										20.0%
CA-RS	$2,515,511	Withdrawn																
CO	$3,057,870	3/1/2013	22.0%	8/18/2015	25.0%			52.5%	Disapproved									52.5%
CT*	$1,017,549	Disapproved	0.0%	Disapproved	0.0%	2/4/2016	15.0%	15.0%	Approved	4/11/2017	10/1/2017	52.1%					52.1%	74.9%
DC*	$189,195	5/9/2013	10.0%	2/12/2015	21.0%			33.1%	Approved	5/3/2017	10/1/2017	10.0%	Pending				10.0%	46.4%
DE	$138,795	3/21/2013	25.0%	5/20/2015	25.0%	1/28/2016	25.0%	95.3%	Approved	10/16/2017	4/1/2018	25.0%					25.0%	144.1%
FL	$5,485,214	3/11/2016	12.5%					12.5%	Approved	4/25/2018	2/1/2019	88.2%					88.2%	111.7%
GA*	$2,711,961	3/27/2013	15.0%	1/28/2015	15.0%	2/26/2016	12.0%	48.1%	Approved	5/22/2017	10/1/2017	15.0%					15.0%	70.3%
HI**	$819,433	7/18/2014	32.3%					32.3%	Approved	3/29/2018	10/1/2018	82.0%					82.0%	140.7%
IA	$1,067,460	5/13/2013	18.0%	12/23/2014	56.1%			84.2%										84.2%
ID	$281,517	5/29/2013	25.0%	1/15/2015	20.0%	1/8/2016	15.0%	72.5%										72.5%
IL	$10,032,122	4/16/2013	76.5%					76.5%	Reviewed & Closed	8/16/2017	1/1/2018	127.8%					127.8%	302.1%
IN	$398,454	Disapproved	0.0%	6/5/2015	10.0%			10.0%	Approved	8/31/2017	3/1/2018	20.0%					20.0%	32.0%
KS	$2,539,721	4/11/2014	60.0%					60.0%										60.0%
KY	$1,303,708	2/4/2013	16.1%	1/8/2015	25.9%	4/1/2016	13.4%	65.8%	Approved	6/28/2017	12/1/2017	126.1%					126.1%	274.8%
LA*	$802,280	11/7/2013	20.0%	12/21/2015	20.0%			44.0%	Approved	5/8/2018	2/1/2019	25.0%					25.0%	80.0%
MA	$2,345,220	Disapproved	0.0%	9/7/2017	39.8%			39.8%										39.8%
MD	$8,955,409	6/26/2013	15.0%	3/25/2015	15.0%	1/28/2016	15.0%	52.1%	Approved	11/7/2017	5/1/2018	32.3%					32.3%	101.1%
ME	$1,025,045	5/14/2013	38.9%	4/8/2016	23.5%			71.5%										71.5%
MI	$6,931,117	11/19/2012	80.0%					80.0%	Approved	3/10/2017	9/1/2017	117.6%					117.6%	291.7%
MN	$1,927,247	2/20/2014	25.0%	2/5/2016	31.4%			64.3%										64.3%
MO	$3,019,054	5/7/2013	25.0%	8/28/2014	25.0%	5/13/2015	22.1%	90.8%	Reviewed & Closed	9/18/2017	3/1/2018	117.6%					117.6%	315.1%
MS	$485,107	4/23/2013	25.0%	12/9/2014	25.0%	12/21/2015	15.0%	79.7%	Approved	8/14/2017	2/1/2018	25.0%					25.0%	124.6%
MT	$371,686	3/11/2013	20.0%	3/31/2015	18.5%	2/17/2016	5.4%	49.9%	Approved	8/17/2017	2/1/2018	39.4%					39.4%	108.9%
NC	$3,413,941	7/23/2013	30.0%	12/16/2014	16.9%	2/24/2016	6.0%	61.1%	Pending									61.1%
ND	$162,539	9/6/2013	20.0%	3/30/2015	20.0%	11/1/2016	20.0%	72.8%	Approved	11/2/2017	4/1/2018	72.8%					72.8%	198.6%
NE	$1,545,417	5/21/2013	80.0%					80.0%	Approved	6/28/2017	11/1/2017	70.0%					70.0%	206.0%
NH	$576,010	10/10/2013	33.1%					33.1%										33.1%
NJ	$4,634,942	7/28/2014	23.1%					23.1%	Approved	11/6/2017	4/1/2018	33.1%					33.1%	63.8%
NM-CCC	$17,900	10/24/2013	15.0%	1/23/2015	15.0%	1/12/2016	12.0%	48.1%	Approved	7/17/2017	2/1/2018	11.0%					11.0%	64.4%
NM-JNL	$415,259	10/24/2013	15.0%	1/23/2015	15.0%	1/12/2016	12.0%	48.1%	Approved	7/17/2017	2/1/2018	10.0%					10.0%	62.9%
NV	$647,453	8/9/2013	80.0%					80.0%	Approved	5/25/2017	11/1/2017	85.4%					85.4%	233.7%
NY	$7,616,226	Disapproved	0.0%	2/20/2015	2.0%	11/15/2016	5.0%	7.1%										7.1%
OH	$5,968,959	11/27/2013	116.2%					116.2%	Approved	1/11/2018	6/1/2018	59.9%					59.9%	245.7%
OK	$977,633	3/25/2013	25.0%	2/10/2015	25.0%	2/9/2016	10.0%	71.9%	Approved	6/9/2017	1/1/2018	10.0%					10.0%	89.1%
OR	$3,927,928	3/26/2014	30.0%	4/13/2015	15.0%			49.5%	Approved	12/28/2017	6/1/2018	87.9%					87.9%	180.9%
PA	$12,463,817	3/14/2013	20.0%	12/3/2014	25.0%	1/11/2016	29.5%	94.3%										94.3%
RI	$163,127	10/27/2016	80.0%					80.0%										80.0%
SC	$1,457,083	8/2/2013	20.0%	3/25/2015	20.0%	4/6/2016	20.0%	72.8%	Approved	5/12/2017	12/1/2017	20.0%	Pending				20.0%	107.4%
SD	$584,240	1/28/2013	80.0%					80.0%	Approved	3/10/2017	9/1/2017	119.3%					119.3%	294.7%
TN	$4,278,986	2/20/2013	77.2%					77.2%	Approved	12/12/2017	5/1/2018	90.7%					90.7%	237.8%
TX-LR	$5,275,254	5/24/2013	50.0%	9/21/2015	30.0%			95.0%										95.0%
TX-RS	$1,450,244	9/10/2013	80.0%					80.0%	Disapproved	7/24/2017								80.0%
UT	$388,389	6/26/2013	50.0%	Disapproved	0.0%	6/16/2016	25.1%	87.7%	Approved	8/22/2018	3/1/2019	113.0%					113.0%	299.7%
VA	$5,966,153	11/23/2015	45.0%					45.0%	Pending									45.0%
VT	$99,374	Disapproved	0.0%					0.0%	Disapproved	12/18/2017								0.0%
WA	$4,281,135	10/23/2013	80.0%					80.0%	Approved	5/3/2018	10/1/2018	28.0%					28.0%	130.4%
WI	$1,367,928	2/6/2013	80.0%					80.0%	Reviewed & Closed	7/5/2017	3/1/2018	120.0%					120.0%	296.0%
WV	$188,583	4/18/2014	88.4%					88.4%	Disapproved	8/8/2017								88.4%
WY	$88,174	8/16/2013	80.0%					80.0%	Approved	2/8/2017	8/1/2017	122.7%					122.7%	300.9%

*Rate increases in these states are approved on all policies.
**Rate increase shown is a weighted average approval by benefit feature (Lifetime verus Non-Lifetime).

151 N Franklin St
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Saira Makhani, ASA, MAAA

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Long Term Care Pricing
Phone: (312) 822-2375
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November 7, 2018

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated October 19, 2018. The items in the objections are stated below in italics and response in blue for your convenience.

Objection 1
Please provide a completed Rate Request Summary along with a consumer-friendly narrative explaining the reason for the rate revision. Since the Company proposes to implement the rate increase over two years, please complete a Rate Request Summary for each series.

Please see the revised rate request summaries and narrative in the Supporting Documentation tab of SERFF.

Objection 2

1. *Please provide the original actuarial memorandum along with the assumptions and factors utilized in the initial rate development.*

   The original actuarial memorandum, including assumptions and factors utilized in the initial rate development, are attached to this response letter.

2. *Has the previously approved rate increase been fully implemented? If so, please provide the implementation date(s) for each series.*

   The previously approved rate increase was implemented over two years, with 20.4% in each year. Implementation occurs over a 12-month period beginning on each implementation date listed in the table below, as increases are applied during premium renewal for each policy.

SERFF Number	Approval Date	Implementation Date	Rate Increase Approved
*MILL-128834437	11/23/2015	8/1/2016	20.4%
*MILL-128834437	11/23/2015	8/1/2017	20.4%

*44.96% approved rate increase, phased in over two years as 20.4% each year.

   Based on the implementation date mentioned in the table above, 2nd round was fully implemented by 8/1/2018.

3. *Provide a copy of all projections along with calculations and formulas in Excel so that these projections can be recreated.*

   Please see nationwide and Virginia-specific excel workbooks uploaded along with this response letter. Please note, Virginia-specific experience is not fully credible, but is being provided for reference.

4. *Provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.*

   Please see Attachment 1 to this response letter. Anticipated loss ratios calculated with the numerator equal to anticipated incurred claims less policy reserves and the denominator equal to anticipated earned premium assuming a 154.7% rate increase are shown for nationwide and Virginia-specific experience. Please note that Virginia-specific experience is not considered fully credible, but is being provided for reference.

5. *Please provide an explanation of the reserve basis and justification for the reserve levels provided.*

Claim Liability and Reserves:

Reserves for known open claims are computed on a first-principles basis using company-specific experience for utilization, disabled mortality, and recovery assumptions. Claim reserves for claims that have been opened but final eligibility determination has not been completed are adjusted by applying a factor that reflects the likelihood of the claim ultimately being approved.

The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below:

Incurral Year	
1995-2005	4.5%
2006-2012	4.0%
2013+	3.5%

The company's incurred but not reported (IBNR) reserve, is a reserve for true unreported claims, which is calculated as the estimated count of unreported claims times an average new claim reserve. The unreported claim counts are developed using the Bornhuetter-Ferguson approach, which uses an a priori incurral estimate based on GPV assumptions and then grades into experience triangles that are based on claim completion trends are applied to recent claim history to estimate ultimate expected claim counts by loss year and month. The reported claims are subtracted from the ultimate expected claim counts to get the unreported claim count. The average new claim reserve is based on expected average reserves for new incurred claims.

The company's terminated but not reported (TBNR) reserve is an offset claim reserve, which accounts for unprocessed terminated claims and reopened claims. The unprocessed claim termination counts are developed using the Bornheutter-Ferguson approach, which uses an a prior claim closure estimate based on true closure rates and then grades into experience triangles that are based on claim termination completion experience by claim closure period (year + month). The processed claim terminations are subtracted from the ultimate expected claim termination counts to get the unprocessed claim termination count. The total TBNR reserve is calculated as the estimated count of unprocessed terminated claims times an average terminating claim reserve. The average terminated claim reserve is based on recently terminated claim reserves.

The various factors in this calculation are reviewed by the company at least annually and adjusted accordingly.

6. *The filing does not include a description of the benefits applicable for each type of policy as required by 14VAC5-130-70 B 1. Please include a description of benefits by policy type.*

   In addition to Section 2 of the Actuarial Memorandum, which provides detail description covering renewability and available benefits, Attachment 2 also provides comparison of benefits by policy forms.

7. *Provide a comparison of the differences in the assumptions used in the original filing with those actually experienced and those included or revised in this filing.*

   Please see Attachment 3 to this response letter.

8. *Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force 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.*

   Please see Attachment 4 to this response letter.

9. *Provide a loss ratio projection (both past and future) which reflects all 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.*

   Please see Attachment 5 to this response letter.

   Note: Original Pricing projections are based on original pricing assumption reproduction. In 2015, CCC's modeling platform was converted from a total claim cost model to a first principles model. As part of this conversion, more granular best-estimate assumptions were developed. Additionally, original pricing assumptions, which were based on claim cost basis, were reproduced on first-principles basis. The original pricing included a total termination assumption and did not split the assumptions into separate mortality and voluntary lapse assumptions.

10. *Provide the active life reserves on a nationwide basis related to these policies.*

Nationwide	
*Statutory Active Life Reserves	$2,800,329,848

*As of 12/31/2017

11. *Please provide the original interest rate used in the original pricing of these plans.*

    The interest rate used in original pricing was 5.0%.

Objection 3
In accordance with 14VAC5-200-75 D, please confirm that the Company will provide at least 75 days notice prior to the implementation of the premium rate schedule increase.

The Company agrees to provide at least 75 days notice prior to implementation of the premium rate increase.

Objection 4
Pursuant to 14VAC5-200-75, policyholder notifications regarding rate increases are required to be filed with the Bureau of Insurance at the time the premium rate increase is filed.

If the Company intends to use previously approved policyholder notifications, please attach the approved letters and forms under the Supporting Documentation tab and provide the SERFF tracking number under which the letter(s) and form(s) were approved.

If new letters and forms are to be used and are to become part of the policy, please attach these documents under the Form Schedule tab.

Please ensure that the policyholder notification fully complies with 14AC5-200-75.

Please see the policyholder notification letter, frequently asked questions, and statement of variability documents on the Form Schedule tab.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Saira Makhani, ASA, MAAA

Attachment Listing

- Original Actuarial Memoranda
- Attachment 1: Nationwide & Virginia-Specific Anticipated Loss Ratio
- Attachment 2: Benefits Comparison by Policy Form
- Attachment 3: Actual vs Expected with Comparison of Original & Current Assumptions
- Attachment 4: Actual History and Original Pricing Projections at 12/31/2017 Inforce
- Attachment 5: Nationwide Loss Ratio Projections with Original Pricing Assumptions

CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0085-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.6%	11	72.2%
2	10.3	12	83.6
3	15.1	13	97.0
4	23.9	14	114.1
5	29.1	15	132.5
6	33.8	16	153.8
7	39.0	17	177.7
8	45.2	18	205.5
9	53.3	19	238.3
10	62.0	20	276.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1600.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

11. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0080-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.5%	11	71.3%
2	10.2	12	82.6
3	14.9	13	95.8
4	23.5	14	112.8
5	28.7	15	131.0
6	33.3	16	152.1
7	38.5	17	175.8
8	44.6	18	203.2
9	52.6	19	235.8
10	61.2	20	273.8

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1400.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefit Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

9. Optional Benefits:

   a. 5% Simple or Compound Automatic Increase Benefit Riders.

   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0075-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.7%	11	69.8%
2	9.0	12	81.3
3	13.4	13	94.9
4	21.5	14	112.7
5	26.6	15	131.5
6	31.2	16	153.1
7	36.4	17	177.8
8	42.5	18	206.5
9	50.8	19	240.7
10	59.5	20	280.4

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1200.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
5. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0086-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.4%	11	77.3%
2	8.4	12	88.6
3	16.6	13	101.6
4	25.2	14	117.6
5	31.1	15	134.8
6	36.6	16	154.3
7	42.6	17	175.9
8	49.4	18	200.7
9	57.9	19	229.6
10	67.0	20	263.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $2000.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

11. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

12. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0081-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.3%	11	76.2%
2	8.2	12	87.4
3	16.3	13	100.3
4	24.8	14	116.2
5	30.6	15	133.1
6	36.0	16	152.4
7	41.9	17	173.8
8	48.7	18	198.3
9	57.1	19	227.0
10	66.0	20	260.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1750.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefits Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

9. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

10. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0076-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0108-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	4.6%	11	75.2%
2	7.3	12	86.6
3	15.2	13	99.8
4	23.2	14	116.4
5	29.0	15	133.7
6	34.4	16	153.6
7	40.3	17	175.8
8	47.2	18	201.3
9	55.8	19	231.3
10	64.9	20	265.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1500.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.
5. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
6. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0100-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.6%	11	72.2%
2	10.3	12	83.6
3	15.1	13	97.0
4	23.9	14	114.1
5	29.1	15	132.5
6	33.8	16	153.8
7	39.0	17	177.7
8	45.2	18	205.5
9	53.3	19	238.3
10	62.0	20	276.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1600.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

11. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0095-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	6.5%	11	71.3%
2	10.2	12	82.6
3	14.9	13	95.8
4	23.5	14	112.8
5	28.7	15	131.0
6	33.3	16	152.1
7	38.5	17	175.8
8	44.6	18	203.2
9	52.6	19	235.8
10	61.2	20	273.8

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1400.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefit Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

9. Optional Benefits:

   a. 5% Simple or Compound Automatic Increase Benefit Riders.

   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0090-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 82.5%
Years 2-10: 17.5%
Years 11+: 7.0%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.7%	11	69.8%
2	9.0	12	81.3
3	13.4	13	94.9
4	21.5	14	112.7
5	26.6	15	131.5
6	31.2	16	153.1
7	36.4	17	177.8
8	42.5	18	206.5
9	50.8	19	240.7
10	59.5	20	280.4

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1200.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
5. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0101-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.4%	11	77.3%
2	8.4	12	88.6
3	16.6	13	101.6
4	25.2	14	117.6
5	31.1	15	134.8
6	36.6	16	154.3
7	42.6	17	175.9
8	49.4	18	200.7
9	57.9	19	229.6
10	67.0	20	263.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $2000.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Weekly Benefit: 50%, 75% or 100% of facility daily benefit times 7

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: Expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to weekly limit for total weekly expenses for therapy, nursing care, services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

4. Independent Caregiver Training Benefit: pays for training of a person needing certification to provide care. Services of such trained individual would then be a covered expense.

Benefit Provisions (cont.):

5. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; and up to the weekly home and community-based care benefit for each week of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

6. Home Medical Technology Benefit: monthly expense up to 10% of the weekly home and community-based care limit for rental or lease of medical monitoring, diagnostic, or medication compliance equipment during a plan of care.

7. Flexible Home Care Benefit: If care manager is used, may pay for alternate services in the home not specifically covered in the policy.

8. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to the weekly home and community-based care benefit limit in a plan of care.

9. Waiver of Premium: after 12 days of covered facility or home and community-based care.

10. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

11. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

12. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0096-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY
RIDER R1-N0088-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0098-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	5.3%	11	76.2%
2	8.2	12	87.4
3	16.3	13	100.3
4	24.8	14	116.2
5	30.6	15	133.1
6	36.0	16	152.4
7	41.9	17	173.8
8	48.7	18	198.3
9	57.1	19	227.0
10	66.0	20	260.0

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1750.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Home and Community-Based Care Maximum Daily Benefit: 50%, 75% or 100% of facility daily benefit

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.

2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.

3. Home and Community-Based Care Benefit: Up to daily limit for total of (a) 100% of daily expenses for therapy or nursing care, and (b) 80% of daily expenses for services of a medical social worker, home health aide or homemaker, home delivered meals, special meals, and nutrition services, and adult day care, including transportation.

Benefits Provisions (cont.):

4. Respite Care: pays up to 30 times facility daily benefit in a calendar year for respite care. Pays 100% of expense up to facility daily benefit for each day of respite care in a nursing home or alternate care facility; or 80% of expense up to the daily home and community-based care benefit for each day of respite care in an adult day care center or the home. The elimination period does not apply to this benefit.

5. Home Medical Help Benefit: monthly expense up to 25% of the daily home and community-based care limit for rental or lease of medical help system during a plan of care.

6. Caregiver Training Benefit: Expense incurred to train any informal caregiver up to five times the daily home and community-based care benefit limit in a plan of care.

7. Waiver of Premium: after 12 days of covered facility care.

8. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.

9. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.

10. Optional Benefits:

    a. 5% Simple or Compound Automatic Increase Benefit Riders.

    b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.

    c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.

    d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.

    e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.

    f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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CONTINENTAL CASUALTY COMPANY
METHOD OF PREMIUM CALCULATION
POLICY FORM P1-N0091-SERIES
GUARANTEED RENEWABLE LONG TERM CARE POLICY: FACILITY ONLY COVERAGE
RIDER R1-N0078-SERIES: COMPOUND AUTOMATIC INCREASE RIDER,
RIDER R1-N0079-SERIES: SIMPLE AUTOMATIC INCREASE RIDER,
RIDER R1-N0103-SERIES: SURVIVORSHIP BENEFIT RIDER,
RIDER R1-N0104-SERIES: DUAL WAIVER OF PREMIUM RIDER,
RIDER R1-N0105-SERIES: SHARED ADVANTAGE RIDER,
RIDER R1-N0106-SERIES: RESTORATION OF BENEFITS RIDER,
RIDER R1-N0107-SERIES: COST OF LIVING INCREASE RIDER

Assumptions

Claim Costs

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of convalescent care policy forms P1-54076, P1-59433 and P1-15203, issued from 1984 to 1993.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P1-54076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-59433 and P1-15203.

Voluntary Lapse Rates

Age	*Year 1*	*Year 2*	*Years 3+*
18-59	4.0%	4.0%	4.0%
60-64	4.8%	4.0%	4.0%
65-69	5.9%	4.0%	4.0%
70-74	7.2%	4.0%	4.0%
75-79	9.0%	4.1%	4.0%
80-84	10.0%	5.4%	4.0%

Lapse rates are based on company experience for similarly marketed forms.

Mortality

1983 GAM, 60% female/40% male

Expenses

Acquisition: $290 per policy, first year only
Maintenance/Overhead: $60 per policy, all years
Claims: 4.0% of claims, all years
Premium/State taxes: 2.0% of premium, all years

Average Commissions:

1st year: 67.0%
Years 2-10: 14.0%
Years 11+: 5.5%

Investment Earnings Rate

5% after Federal Income Tax

Federal Income Tax:

30.0% marginal rate

Underwriting Selection Factors

Year 1: 40%
Year 2: 55%
Year 3: 70%
Year 4: 95%
Years 5+: 100%

Distribution of Sales

Age	*%*	*IPR*	*%*	*Ben. Per*	*%*	*Sp. Disc*	*%*
0-54	12	None	34	2 year	9	0%	30%
55-59	14	Simple	37	3 year	25	20%	70%
60-64	24	Compound	29	4 year	17		
65-69	25			5 year	17		
70-74	17			Lifetime	32		
75+	8						

Loss Ratio

The loss ratios for each of the first twenty policy years, defined as incurred claims divided by earned premium, are as follows:

Policy Year	*Loss Ratio*	*Policy Year*	*Loss Ratio*
1	4.6%	11	75.2%
2	7.3	12	86.6
3	15.2	13	99.8
4	23.2	14	116.4
5	29.0	15	133.7
6	34.4	16	153.6
7	40.3	17	175.8
8	47.2	18	201.3
9	55.8	19	231.3
10	64.9	20	265.7

The loss ratio for this form is anticipated to be at least 60% over the life of the policy.

Average Annual Premium:

The average annual premium for this form is expected to be approximately $1500.

Benefit Amounts:

Facility Maximum Daily Benefit: $50-$250

Maximum Lifetime Benefit Amount: 730x, 1095x, 1460x, or 1825x the Facility Maximum Daily Benefit, or Unlimited.

Elimination Period: 0, 30, 60, 90, 100, 180, or 365 Days.

Benefit Provisions:

1. Long Term Care Facility Benefit: Expense incurred up to daily limit.
2. Alternate Care Facility Benefit: 80% of expense incurred up to daily limit.
3. Waiver of Premium: after 12 days of covered facility care.
4. Nonforfeiture Benefit Shortened Benefit Period: If policy lapses after at least three years, continues coverage with lifetime maximum equal to greater of 30 times the facility daily benefit or 100% of the premiums paid for the policy.
5. Other provisions: Right to decrease benefits, unintentional lapse protection, optional care management services, alternate plan of care.
6. Optional Benefits:
   a. 5% Simple or Compound Automatic Increase Benefit Riders.
   b. Cost of Living Increase Rider - right to purchase additional benefit amounts every three years.
   c. Survivorship Rider - continues policy as paid up if insured spouse dies after policies in force at least seven years.
   d. Dual Waiver of Premium Rider - waives the premium for both insured spouses if either qualifies for waiver of premium.
   e. Restoration of Benefits Rider - restores used benefits 180 days after recovery.
   f. Shared Advantage Rider - provides an additional pool of benefits that can be accessed by either or both insured spouses after individual policy maximum is exhausted.

Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with all applicable laws and regulations of the state, and the premiums charged are reasonable in relation to benefits provided.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

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Attachment 1
Continental Casualty Company
Preferred Solution - Simple and Compound Inflation Policy Forms
Nationwide & Virginia-Specific Anticipated Loss Ratio

Nationwide Anticipated Loss Ratio with 154.7% Increase		
1	Present Value of Future Claims	$4,178,702,493
2	Statutory Active Life Reserves	$2,800,329,848
3	Present Value of Future Premium	$2,006,413,084
	Aniticpated Loss Ratio = (1 - 2) / 3	68.7%

*Virginia-Specific Anticipated Loss Ratio with 154.7% Increase		
1	Present Value of Future Claims	$194,842,701
2	Statutory Active Life Reserves	$127,110,079
3	Present Value of Future Premium	$94,145,446
	Aniticpated Loss Ratio = (1 - 2) / 3	71.9%

*Please note that Virginia-specific experience is not considered fully credible, but is being provided for reference.

Attachment 2
Continental Casualty Company
Preferred Solution - All Policy Forms
Benefits Comparison by Policy Form

Policy Form to Product Mapping	
Product	Policy Form
Preferred Solution 1	P1-N0100 P1-N0101 P1-N0085 P1-N0086
Preferred Solution 2	P1-N0095 P1-N0096 P1-N0080 P1-N0081
Preferred Solution 3	P1-N0090 P1-N0091 P1-N0075 P1-N0076

CNA PREFERRED SOLUTION TAX-QUALIFIED PRODUCTS

CATEGORY	PREFERRED SOLUTION 1	PREFERRED SOLUTION 2	PREFERRED SOLUTION 3
Facility Benefits:			
Daily Benefit	Expense Incurred Up To Daily Benefit	Expense Incurred Up To Daily Benefit	Expense Incurred Up To Daily Benefit
Alternate Care Facility	100% Up To Facility Daily Benefit	80% Up To Facility Daily Benefit	80% Up To Facility Daily Benefit
Bed Reservation	30X Daily Facility Benefit /All Absences- Per Calendar Year	30X Daily Facility Benefit /All Absences - Per Calendar Year	30X Daily Facility Benefit /All Absences- Per Calendar Year
Home Care Benefits:			
Daily/Weekly Benefit	Expense Incurred Up To Weekly HHC Benefit	Expense Incurred Up To Daily HHC Benefit	None
Skilled Care	100%	100%	None
Personal Care	100%	80%	None
Respite Care	100% 30X Daily Facility Benefit /Before EP - Per Calendar Year	80% 30X Daily Facility Benefit /Before EP - Per Calendar Year	None
Medical Help/Technology	Up To 10% Weekly HHC Benefit -Per Month	Up To 25% Daily HHC Benefit -Per Month	None
Informal Caregiver Training	Up To Weekly HHC Benefit - Once Per Claim	5X Daily HHC Benefit - Once Per Claim	None
Independent Caregiver	✓	None	None
Flexible Home Care Benefit	✓	None	None
Community-Based Care:			
Daily/Weekly Benefit	Expense Incurred Up To Weekly HHC Benefit	Expense Incurred Up To Daily HHC Benefit	None
Adult Day Care	100% Up To Weekly HHC Benefit	80% Up To Daily HHC Benefit	None
Alternate Plan of Care	✓	✓	None
Waiver of Premium	12 days of FC/HHC	12 days of FC	12 days of FC
Benefit Triggers:			
ADL Assistance	2 of 6	2 of 6	2 of 6
Cognitive Impairment	✓	✓	✓

CATEGORY	PREFERRED SOLUTION 1	PREFERRED SOLUTION 2	PREFERRED SOLUTION 3
Opt'l Inflation Benefits Simple or Compound	✓	✓	✓
Benefit Limits:			
Maximum Benefit	Lifetime Dollar Limit	Lifetime Dollar Limit	Lifetime Dollar Limit
Benefit Period Choices	FC&HHC: 730x, 1,095x, 1,460x, 1,825x, Unlimited	FC&HHC: 730x, 1,095x, 1,460x, 1,825x, Unlimited	FC: 730x, 1,095x, 1,460x, 1,825x, Unlimited
Elimination Periods:			
Accumulation period	Lifetime	Lifetime	Lifetime
Once in Lifetime?	Yes	Yes	Yes
Elim Period Choices (days)	FC&HHC: 0, 30, 90, 180, 365	FC&HHC: 0, 30, 90, 180, 365	FC: 0, 30, 90, 180, 365
Nonforfeiture Benefit	Yes (SBP)	Yes (SBP)	Yes (SBP)
Optional Riders:			
Shared Advantage Rider	✓	✓	✓
Survivorship Rider	✓	✓	✓
Dual Waiver of Prem	✓	✓	✓
Restoration of Benefits	✓	✓	✓
Christian Science	✓	✓	✓
Limited Pay Options	✓	✓	✓
Cost Of Living Increase	✓	✓	✓

Attachment 3
Table 1
Best-Estimate Base Incidence Actual-to-Expected Experience Analysis
CCC Total Individual Long Term Care

Policy Duration	Exposures (Years)	Actual Claim Count	Expected New Claim Count - Best Estimate	Expected New Claim Count - Original Pricing	Actual Incidence Rate	Expected Incidence Rate - Best Estimate	Expected Incidence Rate - Original Pricing	Actual/Expected - Best Estimate	Actual/Expected - Original Pricing
<=6	56,558	248	200	120	0.44%	0.35%	0.21%	124%	207%
7-12	733,485	7,710	7,354	5,390	1.05%	1.00%	0.73%	105%	143%
13-18	537,393	15,778	14,428	13,382	2.94%	2.68%	2.49%	109%	118%
19-24	112,837	7,008	6,391	5,497	6.21%	5.66%	4.87%	110%	127%
25-30	3,720	386	362	324	10.36%	9.74%	8.71%	106%	119%
31-36	150	11	18	20	7.36%	12.10%	13.38%	61%	55%
>=37	6	0	1	1	0.00%	13.20%	17.14%	0%	0%
Total	**1,444,149**	**31,141**	**28,755**	**24,734**	**2.16%**	**1.99%**	**1.71%**	**108%**	**126%**

Notes:
1. Base Incidence refers to incidence rates that exclude temporary anti-selection due to policyholder response to rate actions, based on pre-rate increase experience at the total ILTC level.
2. Best-estimate claim counts are developed by applying current best-estimate assumptions to historical exposures.
3. Incidence rates are calculated as new claim counts divided by exposures.
4. Actual/Expected ratios are calculated as actual new claim counts divided by expected claim counts.
5. Exposures and Counts are based on policy year.

Attachment 3
Table 2
Best-Estimate Disabled Mortality Actual-to-Expected Experience Analysis
CCC Total Individual Long Term Care

Claim Duration	Exposures (Months)	Actual Disabled Deaths	Expected Disabled Deaths - Best Estimate	Expected Disabled Deaths - Original Pricing	Actual Disabled Mortality Rate	Expected Disabled Mortality Rate - Best Estimate	Expected Disabled Mortality Rate - Original Pricing	Actual/Expected - Best Estimate	Actual/Expected - Original Pricing
<=6	216,099	7,158	7,165	13,130	39.7%	39.8%	72.9%	99.9%	54.5%
7-12	158,085	3,775	3,783	4,392	28.7%	28.7%	33.3%	99.8%	86.0%
13-18	130,099	2,617	2,623	3,445	24.1%	24.2%	31.8%	99.8%	76.0%
19-24	110,117	2,196	2,204	2,894	23.9%	24.0%	31.5%	99.6%	75.9%
25-36	159,440	3,502	3,495	4,198	26.4%	26.3%	31.6%	100.2%	83.4%
37-48	100,703	2,243	2,239	2,498	26.7%	26.7%	29.8%	100.2%	89.8%
49-60	57,440	1,312	1,316	1,398	27.4%	27.5%	29.2%	99.7%	93.8%
>60	92,684	2,021	2,015	2,132	26.2%	26.1%	27.6%	100.3%	94.8%
Total	**1,024,666**	**24,824**	**24,840**	**34,087**	**29.1%**	**29.1%**	**39.9%**	**99.9%**	**72.8%**

Notes:
1. Based on an experience study period of 2010-2016 at the total ILTC level.
2. Best-estimate claim disabled death counts are developed by applying current best-estimate assumptions to historical exposures.
3. Future Disabled Mortality rates are calculated as disabled death counts divided by exposures.
4. Actual/Expected ratios are calculated as actual disabled death counts divided by expected disabled death counts.
5. Exposures and counts are shown by claim duration.

Attachment 3
Table 3
Best-Estimate Total Termination Actual-to-Expected Experience Analysis
CCC Total Individual Long Term Care

Policy Year	Exposures (Years)	Actual Policy Termination Counts	Expected Policy Termination Counts	Expected Terminations - Original Pricing	Actual Termination Rate	Expected Termination Rate - Best Estimate	Expected Termination Rate - Original Pricing	Actual to Expected - Best Estimate	Actual to Expected - Original Pricing
<=6	13	-	0	-	0.00%	1.81%	0.0%	0%	0.0%
7-12	444,402	7,635	8,218	25,844	1.72%	1.85%	5.8%	93%	29.5%
13-18	683,488	18,428	18,354	51,433	2.70%	2.69%	7.5%	100%	35.8%
19-24	257,200	11,048	9,993	29,363	4.30%	3.89%	11.4%	111%	37.6%
25-30	24,594	2,071	1,606	2,992	8.42%	6.53%	12.2%	129%	69.2%
31-36	120	21	20	5	17.20%	16.60%	4.0%	104%	431.5%
>=37	7	8	2	-	104.37%	23.28%	0.0%	448%	0.0%
Total	**1,409,826**	**39,209**	**38,193**	**109,637**	**2.78%**	**2.71%**	**7.78%**	**102.66%**	**35.8%**

Notes:
1. Policy termination refers to healthy mortality and base lapse.
2. The assumption is based on an experience study period of 2010-2016.
3. Best-estimate base lapse assumptions are set at Individual LTC level and vary by duration, inflation protection, benefit period and issue age.
4. Best-estimate healthy mortality assumptions are set at aggregate LTC level and by gender, underwriting status and attained age.
5. Actual base lapse counts are adjusted downward to account for late reporting of death.
6. Actual healthy death counts are adjusted upward to account for late reporting of death.
7. Policy termination rates are calculated as policy termination counts divided by exposures.
8. Actual/Expected ratios are calculated as actual policy termination counts divided by expected policy termination counts.
9. For assumption setting purposes, estimated shock lapses are removed from the policy termination experience analysis.
10. Exposures and counts shown above are by policy year.

Attachment 4
Continental Casualty Company
Preferred Solution - Simple and Compound Inflation Policy Forms
Nationwide Historical Restated with Virginia Rate Increases Approved Prior to 12/31/17; Original Pricing Projections calibrated at 12/31/2017 Inforce
Without Future Rate Increases

	Without Interest					With Interest						
Calendar Year	Earned Premium	Claims Paid	Ending Reserve	Incurred Claims	Loss Ratio	Earned Premium	Claims Paid	Ending Reserve	Incurred Claims	Loss Ratio	Interest Rate	Mid Year Accum/Disc Factors
1998	36,170	-	-	-	0.0%	85,333	-	-	-	0.0%	4.50%	2.3592
1999	7,804,805	5,088	-	5,088	0.1%	17,620,305	11,487	-	11,487	0.1%	4.50%	2.2576
2000	40,022,245	1,320,397	-	1,320,397	3.3%	86,464,240	2,852,591	-	2,852,591	3.3%	4.50%	2.1604
2001	78,254,931	2,986,443	-	2,986,443	3.8%	161,782,113	6,174,091	-	6,174,091	3.8%	4.50%	2.0674
2002	123,814,885	6,469,388	-	6,469,388	5.2%	244,948,825	12,798,696	-	12,798,696	5.2%	4.50%	1.9783
2003	158,909,661	6,679,075	1,632,458	8,311,534	5.2%	300,840,647	12,644,526	1,632,458	14,276,984	4.7%	4.50%	1.8932
2004	150,527,647	11,776,783	594,553	12,371,336	8.2%	272,700,663	21,335,194	594,553	21,929,747	8.0%	4.50%	1.8116
2005	147,913,785	13,222,416	1,308,275	14,530,691	9.8%	256,426,132	22,922,630	1,308,275	24,230,905	9.4%	4.50%	1.7336
2006	136,046,642	21,178,383	1,322,914	22,501,297	16.5%	225,696,678	35,134,206	1,322,914	36,457,120	16.2%	4.50%	1.6590
2007	137,321,583	19,388,023	531,248	19,919,272	14.5%	218,001,686	30,779,005	531,248	31,310,254	14.4%	4.50%	1.5875
2008	134,284,757	31,482,612	3,791,699	35,274,310	26.3%	204,000,615	47,827,261	3,791,699	51,618,960	25.3%	4.50%	1.5192
2009	130,683,948	29,840,170	4,989,153	34,829,323	26.7%	189,981,238	43,380,022	4,989,153	48,369,175	25.5%	4.50%	1.4537
2010	126,977,381	38,566,618	5,152,855	43,719,474	34.4%	176,643,858	53,651,731	5,152,855	58,804,586	33.3%	4.50%	1.3911
2011	124,058,719	43,748,721	8,799,312	52,548,033	42.4%	165,151,750	58,239,984	8,799,312	67,039,296	40.6%	4.50%	1.3312
2012	118,827,395	51,389,229	16,465,012	67,854,241	57.1%	151,375,703	65,465,382	16,465,012	81,930,393	54.1%	4.50%	1.2739
2013	113,316,139	56,600,104	26,522,915	83,123,019	73.4%	138,138,609	68,998,641	26,522,915	95,521,555	69.1%	4.50%	1.2191
2014	109,612,646	61,285,361	51,451,829	112,737,190	102.9%	127,869,709	71,493,040	51,451,829	122,944,869	96.1%	4.50%	1.1666
2015	103,003,010	50,748,031	76,328,524	127,076,555	123.4%	114,984,855	56,651,305	76,328,524	132,979,829	115.6%	4.50%	1.1163
2016	105,744,948	32,853,219	113,288,806	146,142,025	138.2%	112,962,440	35,095,576	113,288,806	148,384,381	131.4%	4.50%	1.0683
2017	121,446,227	7,466,735	156,372,450	163,839,185	134.9%	124,148,699	7,632,888	156,372,450	164,005,338	132.1%	4.50%	1.0223
2018	85,066,294			135,631,029	159.4%	83,016,203			132,362,331	159.4%	5.00%	0.9759
2019	77,537,645			145,617,431	187.8%	72,065,708			135,341,011	187.8%	5.00%	0.9294
2020	70,385,421			155,582,504	221.0%	62,303,072			137,716,986	221.0%	5.00%	0.8852
2021	63,618,976			165,160,718	259.6%	53,632,017			139,233,652	259.6%	5.00%	0.8430
2022	57,245,319			174,043,549	304.0%	45,960,859			139,735,285	304.0%	5.00%	0.8029
2023	51,260,022			182,324,702	355.7%	39,195,630			139,413,351	355.7%	5.00%	0.7646
2024	45,678,515			189,932,417	415.8%	33,264,541			138,314,799	415.8%	5.00%	0.7282
2025	40,498,295			196,471,765	485.1%	28,087,753			136,263,771	485.1%	5.00%	0.6936
2026	35,712,765			201,532,751	564.3%	23,589,266			133,117,941	564.3%	5.00%	0.6605
2027	31,317,981			204,824,886	654.0%	19,701,324			128,849,987	654.0%	5.00%	0.6291
2028	27,313,194			206,507,623	756.1%	16,363,826			123,722,432	756.1%	5.00%	0.5991
2029	23,684,144			206,528,661	872.0%	13,513,902			117,842,891	872.0%	5.00%	0.5706
2030	20,412,688			204,667,359	1002.6%	11,092,616			111,219,861	1002.6%	5.00%	0.5434
2031	17,484,926			201,019,710	1149.7%	9,049,160			104,035,870	1149.7%	5.00%	0.5175
2032	14,882,192			195,500,245	1313.7%	7,335,371			96,361,260	1313.7%	5.00%	0.4929
2033	12,587,495			188,146,243	1494.7%	5,908,880			88,320,479	1494.7%	5.00%	0.4694
2034	10,580,860			179,139,146	1693.0%	4,730,396			80,087,929	1693.0%	5.00%	0.4471
2035	8,838,738			168,939,376	1911.4%	3,763,375			71,931,340	1911.4%	5.00%	0.4258
2036	7,336,423			157,988,611	2153.5%	2,974,968			64,065,430	2153.5%	5.00%	0.4055
2037	6,049,486			146,265,741	2417.8%	2,336,292			56,487,361	2417.8%	5.00%	0.3862
2038	4,957,885			133,842,797	2699.6%	1,823,542			49,228,247	2699.6%	5.00%	0.3678
2039	4,039,732			121,136,851	2998.6%	1,415,085			42,433,255	2998.6%	5.00%	0.3503
2040	3,272,581			108,630,842	3319.4%	1,091,770			36,240,478	3319.4%	5.00%	0.3336
2041	2,635,794			96,784,001	3671.9%	837,458			30,750,703	3671.9%	5.00%	0.3177
2042	2,110,523			85,560,464	4054.0%	638,634			25,890,194	4054.0%	5.00%	0.3026
2043	1,680,560			74,825,892	4452.4%	484,314			21,563,774	4452.4%	5.00%	0.2882
2044	1,331,603			64,702,877	4859.0%	365,476			17,758,536	4859.0%	5.00%	0.2745
2045	1,050,456			55,384,636	5272.4%	274,582			14,477,167	5272.4%	5.00%	0.2614
2046	825,446			47,136,574	5710.4%	205,491			11,734,457	5710.4%	5.00%	0.2489
2047	646,267			39,936,146	6179.5%	153,224			9,468,514	6179.5%	5.00%	0.2371
2048	504,383			33,653,153	6672.1%	113,890			7,598,925	6672.1%	5.00%	0.2258
2049	392,552			28,170,332	7176.2%	84,418			6,057,997	7176.2%	5.00%	0.2150
2050	304,820			23,438,998	7689.5%	62,430			4,800,504	7689.5%	5.00%	0.2048
2051	236,265			19,403,632	8212.7%	46,085			3,784,788	8212.7%	5.00%	0.1951
2052	182,876			16,019,817	8759.9%	33,972			2,975,958	8759.9%	5.00%	0.1858
2053	141,367			13,186,252	9327.7%	25,011			2,332,928	9327.7%	5.00%	0.1769
2054	109,153			10,822,811	9915.3%	18,392			1,823,605	9915.3%	5.00%	0.1685
2055	84,214			8,869,258	10531.9%	13,514			1,423,274	10531.9%	5.00%	0.1605
2056	64,904			7,256,050	11179.6%	9,919			1,108,951	11179.6%	5.00%	0.1528
2057	49,994			5,929,433	11860.3%	7,277			863,050	11860.3%	5.00%	0.1456
2058	38,477			4,841,799	12583.6%	5,334			671,182	12583.6%	5.00%	0.1386
2059	29,602			3,941,836	13316.1%	3,908			520,406	13316.1%	5.00%	0.1320
2060	22,767			3,209,828	14098.6%	2,863			403,586	14098.6%	5.00%	0.1257
2061	17,486			2,610,671	14929.7%	2,094			312,621	14929.7%	5.00%	0.1197
2062	13,412			2,119,111	15799.9%	1,530			241,674	15799.9%	5.00%	0.1140
Past	2,168,607,523			955,558,799	44.1%	3,289,824,098			1,121,640,256	34.1%		
Future	732,234,499			4,617,238,526	630.6%	545,605,371			2,568,888,740	470.8%		
Lifetime	2,900,842,023			5,572,797,325	192.1%	3,835,429,469			3,690,528,996	96.2%		

Notes:

1) As requested, historical experience reflects actual experience at Virginia rate level.

2) Projections are based on original pricing model** calibrated to actual inforce level as of 12/31/2017.

3) The model calibration was achieved by performing the following steps

a) Calculate earned premium curve using the original pricing model and then applying that curve to 12/31/2017 actual earned premium (without any rate increases). This step provides projected earned premium following a similar trend as in the original pricing while scaled up to the year end 2017 inforce level.

b) Calculate annual loss ratio from original pricing and then applying it to earned premiums projections calculated in step 'a'. This step provides similar year-over-year loss ratio as in the original pricing.

4) The company believes this approach provides a reasonable estimate of the requested information.

** Original Pricing projections are based on original pricing assumption reproduction. In 2015, CCC's modeling platform was converted from a total claim cost model to a first principles model. As part of this conversion, more granular best-estimate assumptions were developed. Additionally, original pricing assumptions, which were based on claim cost basis, were reproduced on first-principles basis. The original pricing included a total termination assumption and did not split the assumptions into separate mortality and voluntary lapse assumptions.

Attachment 5
Continental Casualty Company
Preferred Solution - Simple and Compound Inflation Policy Forms
Nationwide Loss Ratio Projections with Original Pricing Assumptions

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
1998	38,430	3,838	10.0%
1999	8,636,846	953,176	11.0%
2000	41,014,398	4,618,860	11.3%
2001	81,453,098	9,774,273	12.0%
2002	129,026,795	16,402,964	12.7%
2003	164,298,779	22,635,893	13.8%
2004	157,357,068	25,257,088	16.1%
2005	148,877,714	27,950,402	18.8%
2006	140,653,612	30,916,528	22.0%
2007	132,661,649	34,133,279	25.7%
2008	124,896,186	37,640,550	30.1%
2009	117,349,435	41,522,073	35.4%
2010	109,989,924	45,824,740	41.7%
2011	102,628,690	50,538,099	49.2%
2012	94,967,359	55,597,841	58.5%
2013	87,481,953	60,989,387	69.7%
2014	81,098,080	66,804,474	82.4%
2015	74,984,498	72,933,747	97.3%
2016	69,110,478	79,379,716	114.9%
2017	63,471,484	85,933,252	135.4%
2018	58,077,560	92,599,770	159.4%
2019	52,937,504	99,417,816	187.8%
2020	48,054,445	106,221,300	221.0%
2021	43,434,770	112,760,661	259.6%
2022	39,083,265	118,825,263	304.0%
2023	34,996,905	124,479,078	355.7%
2024	31,186,227	129,673,116	415.8%
2025	27,649,520	134,137,744	485.1%
2026	24,382,281	137,593,046	564.3%
2027	21,381,817	139,840,695	654.0%
2028	18,647,617	140,989,555	756.1%
2029	16,169,945	141,003,918	872.0%
2030	13,936,415	139,733,146	1002.6%
2031	11,937,534	137,242,776	1149.7%
2032	10,160,563	133,474,456	1313.7%
2033	8,593,897	128,453,636	1494.7%
2034	7,223,902	122,304,194	1693.0%
2035	6,034,498	115,340,476	1911.4%
2036	5,008,818	107,864,028	2153.5%
2037	4,130,184	99,860,438	2417.8%
2038	3,384,911	91,378,886	2699.6%
2039	2,758,058	82,704,117	2998.6%
2040	2,234,299	74,165,853	3319.4%
2041	1,799,544	66,077,625	3671.9%
2042	1,440,924	58,414,946	4054.0%
2043	1,147,373	51,086,101	4452.4%
2044	909,129	44,174,785	4859.0%
2045	717,181	37,812,915	5272.4%
2046	563,559	32,181,691	5710.4%
2047	441,228	27,265,722	6179.5%
2048	344,359	22,976,116	6672.1%
2049	268,008	19,232,813	7176.2%
2050	208,111	16,002,576	7689.5%
2051	161,306	13,247,499	8212.7%
2052	124,856	10,937,257	8759.9%
2053	96,516	9,002,688	9327.7%
2054	74,522	7,389,090	9915.3%
2055	57,495	6,055,334	10531.9%
2056	44,312	4,953,944	11179.6%
2057	34,133	4,048,219	11860.3%
2058	26,269	3,305,655	12583.6%
2059	20,210	2,691,221	13316.1%
2060	15,544	2,191,455	14098.6%
2061	11,939	1,782,391	14929.7%
2062	9,157	1,446,787	15799.9%
LTLR	2,429,917,084	3,922,150,978	161.4%
*Disc. LTLR	1,307,827,517	1,038,369,171	79.4%

*The Discount Rate is from the original pricing assumptions, set at 5.0%.

151 N Franklin St
Chicago, IL 60606

Saira Makhani, ASA, MAAA

Actuarial Senior Consultant
Long Term Care Pricing
Phone: (312) 822-2375
Email: saira.makhani@cna.com

November 26, 2018

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated November 8, 2018. The items in the objections are stated below in italics and response in blue for your convenience.

Objection 1

1. *If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? This should be explained in the letter.*

Insureds who are currently on claim and whose premiums are currently being waived will not receive the rate increase notification until they come off of claim. These insureds, once off of claim, will receive rate increase notifications in order they were approved while the insureds were on claim, with only one rate increase occurring every 12 months.

Since these insureds will not receive the notification letter until they come off claim, the Company feels it is not necessary to include this information in the letter.

2. *Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt? If this form been approved and the Company plans to use an approved form, please provide the SERFF number under which the form was approved. Attach any approved forms for use with the policyholder notification in Supporting Documentation.*

   Please see the Supporting Documentation tab in SERFF for the Contingent Non-Forfeiture Benefit Election Form. The form was approved on November 23, 2015 under the SERFF # MILL-128834437.

3. *Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

   Please see the Supporting Documentation tab in SERFF for the Policy Endorsement Form. The form was approved on November 23, 2015 under the SERFF # MILL-128834437.

4. *Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.*

   No partnership policies on the above-referenced forms were issued in Virginia.

5. *A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.*

   Please see the Form Schedule tab in SERFF for the signed Certificate of Compliance.

6. *The full company name should appear directly below the "CNA" logo above the company address on page 1. Unless the company name is subject to change, it should not be in brackets since there is no corresponding explanation in the Statement of Variability ("SOV"). The need for "Company:" in the subject line is redundant and should be removed if previously stated.*

   See the attached revised notification letter and Statement of Variability. Please note that the company logo is variable. Additionally, the company name under the company logo is not included as it could be seen as redundant (e.g. Jackson National Life's logo is the company name).

7. *The date, November 6, 2018, should be removed and appear on the letter as "<<notification generation date>>" to be consistent with the SOV.*

   Please see the revised notification letter for this update.

8. *Please explain the reason for the <<POLICY NUMBER>> appearing in the Subject line and also in the first sentence of the letter.*

   Please see the revised notification letter, where we have removed <<POLICY NUMBER>> from the first sentence.

9. *There is no explanation on the SOV for the bracketed term, <<Continental Casualty Company>>. Please determine if the brackets should be removed.*

   Please see the revised notification letter and Statement of Variability, where the bracketed item is now <<Company>> to reflect the issuing company name.

10. *On the first page of the letter under "New <<frequency>> Premium" the "r_" should be removed from "<<r_default_modal_prem>>".*

    Please see the revised notification letter for this update.

11. *On pages 1 and 2, under "Percentage Increase", the terms XX% should be bracketed and added to the SOV.*

    Please see the revised notification letter and Statement of Variability for these updates.

12. *Please review the entire letter for bracket consistency. Some pages use "[ ]" and other pages use "<< >>". The SOV and the brackets and terms should match exactly. Any terms that are variable should be bracketed and explained on the SOV.*

    Please see the revised notification letter and Statement of Variability for these updates.

13. *The letter must include an explanation of the potential for future premiums rate revision(s) as required by 14VAC5-200-75 A 2.*

    Please see the revised notification letter for this update.

14. *On page 3, under "Choose the Option That is Best for You", the 5th line contains an abbreviation, "CCC". Please revise or provide an explanation for this abbreviation.*

    Please see the revised notification letter, where “CCC” has been replaced with <<Company>> to reflect the issuing company name.

15. *On the "Change Request Form" and the "Option 1 and Option 2" pages, different terminology ("Automatic Benefit Rider" vs."Inflation Protection") are used along with different options (5% Compound, 5% Simple and None). Please ensure consistency in language and in the use of the options and ensure that these terms/options are fully explained in the SOV.*

    Please see the revised notification letter and Statement of Variability for these consistency updates.

16. *Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.*

    We have reviewed the requirements of 14VAC5-200-75 D and 14VAC5-100 and believe the requirements have been adequately met.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Saira Makhani, ASA, MAAA

Continental Casualty Company

333 S. Wabash Ave.
Chicago, Illinois 60604

LONG-TERM CARE INSURANCE
CONTINGENT BENEFIT UPON LAPSE RIDER
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Rider Effective Date:

This Rider attaches to and becomes part of the Policy referenced above. **Please read this Rider carefully**. This Rider is provided only if Your Policy does not already include a nonforfeiture benefit. There is no additional premium for this Rider. Future premiums for the Policy remain payable under the terms of the Policy.

WHAT IS THE CONTINGENT BENEFIT UPON LAPSE AND HOW DOES IT WORK?

The Contingent Benefit Upon Lapse Rider provides for the continuation of coverage. This continuation of coverage will include a shortened Maximum Lifetime Benefit, and no further premiums will be due. The above will occur if the conditions listed below are met. The benefits payable will be subject to the limits below. The benefits payable are defined in and provided in Your Policy. These benefits will begin after the Contingent Benefit Upon Lapse Date defined below.

1. The maximum benefit payable (per day and/or per visit), as provided for in Your Policy, will remain at the levels in effect on the Contingent Benefit Upon Lapse Date.

2. The maximum benefit payable for all covered Long-Term Care You receive after the Contingent Benefit Upon Lapse Date is the greater of:

   a. 100% of the sum of all premiums paid for this Policy. This includes premiums paid prior to any change in benefits. It does not include any premiums that We refund to You for any reason; or
   b. 30 times the maximum daily facility benefit, as provided for in Your Policy, in effect on the Contingent Benefit Upon Lapse Date.

However, the total of all benefits payable under this Policy including this Contingent Benefit Upon Lapse will not exceed the amount that would have been payable under your Policy if You had continued to pay the premium.

Benefits will be payable in accordance with all other terms and conditions of the Policy.

WHEN DOES THE CONTINGENT BENEFIT UPON LAPSE APPLY?

The Contingent Benefit Upon Lapse will take effect when the following events occur:

1. We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage for Your Issue Age. The Substantial Premium Increase Percentage is shown in the table below. Your Issue Age was Your age on Your effective date of coverage; and
2. Your Policy lapses because of non-payment of premium within 120 days of the first due date of the increased premium.
3. Coverage must be in effect. All premiums due for periods of coverage prior to the effective date of the increased premium must be paid.

We will notify You at least 75 days prior to the first due date of the premium reflecting the rate increase.

Any premium increase which results from a change in benefits requested by You or by a change in premium payment mode or a change in applicable discounts to Your policy is not a premium increase for the purpose of determining a Substantial Premium Increase Percentage. However, for purpose of the calculation of the cumulative rate increase above, the portion of the premium for the additional coverage shall be added to and considered part of the initial annual premium.

If Your Policy has been in effect for 20 years, You do not need to meet the percentage increase amount shown in the table below to be eligible for the Contingent Benefit Upon Lapse.

WHAT IS THE CONTINGENT BENEFIT UPON LAPSE DATE?

If Your premium rate increases to a level which results in a cumulative increase equal to or exceeding the Substantial Premium Increase Percentage below, and You choose not to pay the premium within 120 days of the first due date of the increased premium, the Contingent Benefit Upon Lapse Date is the effective date of the premium increase. Your premium must be paid to the first due date of the premium increase.

TRIGGERS FOR A SUBSTANTIAL PREMIUM INCREASE
(Percentage increase is cumulative from date of original issue.)

ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM		ISSUE AGE	PERCENT INCREASE OVER INITIAL PREMIUM
29 and under	100%		72	36%
30-34	100%		73	34%
35-39	100%		74	32%
40-44	100%		75	30%
45-49	100%		76	28%
50-54	100%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%
68	44%		87	13%
69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

ALTERNATIVE OPTION TO DECREASE BENEFITS

In the event that We increase Your premium rate to a level which results in a cumulative increase of the annual premium equal to or exceeding the Substantial Premium Increase Percentage identified above, We will:

1. Offer You the alternative of decreasing Your Policy benefits provided by Your current coverage without underwriting so that the premium amount will not increase;

2. Offer to convert the coverage to a paid-up status with a shortened Maximum Lifetime Benefit based on the Nonforfeiture Benefit Amount. This option may be elected at any time during the 120-day period; and

3. Notify You that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert to a paid-up status.

If you elect to convert your coverage to a Reduced Maximum Lifetime Benefit, your decision is irrevocable. You will not be able to reinstate the benefit amounts of the original Policy.

If you lapse your policy at any time after the 120-day window following the first premium increase due date, **you will not be eligible for the Contingent Benefit Upon Lapse.** Your Policy will be terminated, and all benefits may be forfeited.

Except as specifically included in this Rider, this Rider does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Thomas F. Motamed

Chairman of the Board

[ ]

Jonathan Kanter

Secretary

[ ]

151 N Franklin St
Chicago, IL 60606

Saira Makhani, ASA, MAAA

Actuarial Senior Consultant
Long Term Care Pricing
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December 11, 2018

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated November 26, 2018. The items in the objections are stated below in italics and response in blue for your convenience.

Objection 1

1. *Since only a sample of voluntary lapse rates is supplied, please provide the range and weighted average of ultimate voluntary lapse rates assumed for this block of business.*

   The following table reflects the range and weighted average of ultimate voluntary lapse rates.

2017 Best Estimate ILTC Ultimate Lapse Rates						
Benefit Period	Inflation	Issue Age <45	Issue Age 45-49	Issue Age 50-64	Issue Age >64	Exposure-Weighted
Lifetime	N	1.20%	0.80%	0.72%	0.80%	0.73%
Non-Lifetime	N	1.50%	1.00%	0.90%	1.00%	0.93%
Lifetime	Y	0.84%	0.56%	0.50%	0.56%	0.52%
Non-Lifetime	Y	1.05%	0.70%	0.63%	0.70%	0.64%
Exposure-Weighted Average		0.93%	0.62%	0.62%	0.84%	0.64%

2. *For all projections requested in the next question, the baseline should comply with the following:*
   a. *Any limited-pay policies that have reached paid-up status should be removed, both from historical experience and future projections.*

      The Company sold very little limited pay contracts. As of December 2017, less than 1.0% of the total Nationwide inforce is paid-up limited pay. The table below provides a Nationwide and Virginia-specific summary of the paid-up inforce data.

Jurisdiction	# Paid-Up Limited Pay Insureds	Total # Insureds	%
Virginia	26	2,865	0.91%
Nationwide	542	57,194	0.95%

      Removing these insureds from the experience will have negligible impact on the lifetime loss ratio and would not impact the justification for this 154.7% rate increase request.

   b. *Assumptions should be on a best-estimate basis without margins for moderately adverse conditions.*

      For all the projections provided below, assumptions are on a best-estimate basis and do not include margins for moderately adverse conditions.

   c. *Future shock lapses, benefit reductions, CBUL, or adverse selection should be removed.*

      Shock lapses, benefit reductions, CBUL, and adverse selection have been removed in the projections, unless otherwise requested.

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

      Premiums in experience and projections are restated at the Virginia rate level.

e. *Accumulation and discounting of the cash flows should use the appropriate weighted average maximum valuation interest rate based on issue years.*

   Cash flows are accumulated/discounted using the appropriate weighted average maximum valuation interest rate based on issue years, as illustrated in the Actuarial Memorandum: Actuarial Assumptions – Section 5d.

3. *Because the bureau has seen that projected loss ratios can vary greatly for subsets of policies with different benefit richness, for each of the four subsets of the business corresponding to the combinations of (with/without lifetime benefit periods) and (simple/compound inflation protection), please provide (in Excel format with working discount formulas) the following six nationwide projections (24 total):*

   a. *Current assumptions and current rates*

      Please see Attachment 1.

   b. *Current assumptions with the proposed rate increase*

      Please see Attachment 2.

   c. *Current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*

      Please see Attachment 3.

   d. *Current assumptions with the proposed rate increase, including shock lapses, benefit reductions, CBUL, or adverse selection*

      Please see Attachment 4.

   e. *Original assumptions and original premiums from inception*

      Please see Attachment 5.

      Note: Original pricing projections are based on original pricing assumption reproduction. In 2015, CCC's modeling platform was converted from a total claim cost model to a first principles model. As part of this conversion, more granular best-estimate assumptions were developed. Additionally, original pricing assumptions, which were based on claim cost basis, were reproduced on first-principles basis. The original pricing included a total termination assumption and did not split the assumptions into separate mortality and voluntary lapse assumptions.

   f. *Actual past experience (claims, mortality, lapse) but original assumptions in the future, with both past and future premiums at the original premium scale from inception*

      Please see Attachment 6.

Note: These exhibits were developed using the projections from the original pricing model (as shown in Attachment 5) as a starting point and then calibrating to the 12/31/2017 actual inforce level. The calibration was achieved by performing the following steps:

1. Calculate the earned premium curve using the original pricing model and then applying that curve to the 12/31/2017 actual earned premium level. This step provides projected earned premium following a similar trend as in the original pricing while scaled up to the year end 2017 inforce level.

2. Calculate the annual loss ratio from original pricing and apply it to the earned premium projections calculated in step 1. This step provides similar year-over-year loss ratios as in the original pricing.

The Company believes this approach provides a reasonable estimate of the requested information.

4. *For each subset of the business above, please provide the active life reserves on a nationwide basis.*

   Please see Attachment 7 for the active life reserves on a Nationwide and Virginia-specific basis, split out by benefit period and inflation type.

5. *It appears that the State Status Listing only includes the current round of rate increases. Please provide in Excel format an expanded version of this exhibit with all historical rate increases in each state.*

   Please see the revised State Status Listing on the Supporting Documentation tab of SERFF, which also includes a version in Excel format.

6. *Please explain how diminishing credibility at older ages and later durations was handled in developing morbidity assumptions.*

   All best estimate assumptions are based on the Company's 100% credible nationwide data, adjusted using actuarial judgement where appropriate. Ages 90 and older are banded together to maximize credibility at the oldest ages.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Saira Makhani, ASA, MAAA

Enclosed: Attachment Listings

- Attachment 1: Nationwide Experience & Projections – Current Assumptions & Current Rates
- Attachment 2: Nationwide Experience & Projections – Current Assumptions with Proposed Rate Increase
- Attachment 3: Nationwide Experience & Projections – Current Assumptions with Premiums Restated with the Proposed Rate Schedule since Inception
- Attachment 4: Nationwide Experience & Projections – Current Assumptions including Shock Lapses, Benefit Reductions, CBUL, or Adverse Selection
- Attachment 5: Nationwide Experience & Projections – Original Assumptions & Original Premiums from Inception
- Attachment 6: Nationwide Experience & Projections – Actual Past Experience (Claims, Mortality, Lapse) but Original Assumptions in the Future, with both Past and Future Premiums at the Original Premium Scale from Inception
- Attachment 7: Active Life Reserves as of December 31, 2017

Attachment 1a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions and Current Rates

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	17,946	-	0%	0%	17,946	-	0%	0%
1999	821,354	-	0%	0%	821,354	-	0%	0%
2000	9,256,222	74,282	1%	1%	9,256,222	74,282	1%	1%
2001	21,373,213	1,244,588	6%	4%	21,373,213	1,244,588	6%	4%
2002	36,462,931	746,589	2%	3%	36,462,931	746,589	2%	3%
2003	67,005,550	1,402,940	2%	3%	67,005,550	1,402,940	2%	3%
2004	51,473,826	1,499,310	3%	3%	51,473,826	1,499,310	3%	3%
2005	50,655,554	3,452,620	7%	4%	50,655,554	3,452,620	7%	4%
2006	46,708,417	4,935,321	11%	5%	46,708,417	4,935,321	11%	5%
2007	47,274,844	3,830,511	8%	5%	47,274,844	3,830,511	8%	5%
2008	47,154,513	7,436,315	16%	7%	47,154,513	7,436,315	16%	7%
2009	47,982,489	8,955,468	19%	8%	47,982,489	8,955,468	19%	8%
2010	44,946,217	11,503,377	26%	10%	44,946,217	11,503,377	26%	10%
2011	45,368,378	10,688,288	24%	11%	45,368,378	10,688,288	24%	11%
2012	41,847,225	16,890,862	40%	13%	41,847,225	16,890,862	40%	13%
2013	40,175,862	22,767,073	57%	16%	40,175,862	22,767,073	57%	16%
2014	38,615,735	27,555,752	71%	19%	38,615,735	27,555,752	71%	19%
2015	37,826,927	36,218,358	96%	24%	37,826,927	36,218,358	96%	24%
2016	37,952,231	37,426,233	99%	28%	37,952,231	37,426,233	99%	28%
2017	43,804,877	40,473,301	92%	31%	43,804,877	40,473,301	92%	31%
Total Actual	756,724,311	237,101,189	31%	31%	756,724,311	237,101,189	31%	31%
Projected								
2018	47,689,165	43,038,698	90%	35%	47,689,165	43,038,698	90%	35%
2019	45,933,033	50,166,550	109%	39%	45,933,033	50,166,550	109%	39%
2020	44,110,654	58,057,699	132%	43%	44,110,654	58,057,699	132%	43%
2021	42,206,541	66,610,740	158%	49%	42,206,541	66,610,740	158%	49%
2022	40,227,625	74,284,499	185%	54%	40,227,625	74,284,499	185%	54%
2023	38,226,607	80,646,604	211%	60%	38,226,607	80,646,604	211%	60%
2024	36,183,013	88,764,393	245%	66%	36,183,013	88,764,393	245%	66%
2025	34,078,055	98,802,990	290%	73%	34,078,055	98,802,990	290%	73%
2026	31,917,855	108,751,843	341%	81%	31,917,855	108,751,843	341%	81%
2027	29,720,861	118,455,971	399%	89%	29,720,861	118,455,971	399%	89%
2028	27,507,667	127,680,403	464%	98%	27,507,667	127,680,403	464%	98%
2029	25,293,132	135,986,294	538%	107%	25,293,132	135,986,294	538%	107%
2030	23,096,172	142,967,073	619%	117%	23,096,172	142,967,073	619%	117%
2031	20,937,204	148,467,379	709%	127%	20,937,204	148,467,379	709%	127%
2032	18,837,058	152,327,880	809%	137%	18,837,058	152,327,880	809%	137%
2033	16,813,442	154,149,093	917%	147%	16,813,442	154,149,093	917%	147%
2034	14,885,612	153,613,255	1032%	158%	14,885,612	153,613,255	1032%	158%
2035	13,068,821	151,116,192	1156%	168%	13,068,821	151,116,192	1156%	168%
2036	11,374,356	146,945,137	1292%	177%	11,374,356	146,945,137	1292%	177%
2037	9,809,613	140,839,672	1436%	187%	9,809,613	140,839,672	1436%	187%
2038	8,382,751	132,708,582	1583%	195%	8,382,751	132,708,582	1583%	195%
2039	7,097,871	123,234,298	1736%	203%	7,097,871	123,234,298	1736%	203%
2040	5,955,277	113,022,037	1898%	211%	5,955,277	113,022,037	1898%	211%
2041	4,949,538	102,697,640	2075%	218%	4,949,538	102,697,640	2075%	218%
2042	4,073,320	92,186,217	2263%	224%	4,073,320	92,186,217	2263%	224%
2043	3,319,627	81,405,655	2452%	229%	3,319,627	81,405,655	2452%	229%
2044	2,680,051	70,633,967	2636%	234%	2,680,051	70,633,967	2636%	234%
2045	2,144,415	60,342,748	2814%	238%	2,144,415	60,342,748	2814%	238%
2046	1,700,957	51,028,146	3000%	242%	1,700,957	51,028,146	3000%	242%
2047	1,337,479	42,818,997	3201%	244%	1,337,479	42,818,997	3201%	244%
2048	1,042,658	35,607,909	3415%	247%	1,042,658	35,607,909	3415%	247%
2049	806,203	29,334,182	3639%	249%	806,203	29,334,182	3639%	249%
2050	618,650	23,927,757	3868%	250%	618,650	23,927,757	3868%	250%
2051	471,523	19,321,375	4098%	252%	471,523	19,321,375	4098%	252%
2052	357,228	15,496,642	4338%	253%	357,228	15,496,642	4338%	253%
2053	269,237	12,374,568	4596%	254%	269,237	12,374,568	4596%	254%
2054	202,063	9,853,879	4877%	254%	202,063	9,853,879	4877%	254%
2055	151,076	7,836,707	5187%	255%	151,076	7,836,707	5187%	255%
2056	112,574	6,215,664	5521%	255%	112,574	6,215,664	5521%	255%
2057	83,651	4,909,316	5869%	256%	83,651	4,909,316	5869%	256%
2058	62,036	3,862,765	6227%	256%	62,036	3,862,765	6227%	256%
2059	45,943	3,030,759	6597%	256%	45,943	3,030,759	6597%	256%
2060	33,983	2,377,700	6997%	256%	33,983	2,377,700	6997%	256%
2061	25,109	1,871,429	7453%	256%	25,109	1,871,429	7453%	256%
2062	18,505	1,472,283	7956%	257%	18,505	1,472,283	7956%	257%
2063	13,603	1,160,793	8533%	257%	13,603	1,160,793	8533%	257%
2064	9,954	908,879	9131%	257%	9,954	908,879	9131%	257%
2065	7,245	694,878	9591%	257%	7,245	694,878	9591%	257%
2066	5,248	520,822	9925%	257%	5,248	520,822	9925%	257%
2067	3,778	385,131	10195%	257%	3,778	385,131	10195%	257%
2068	2,705	285,482	10555%	257%	2,705	285,482	10555%	257%
2069	1,920	212,973	11090%	257%	1,920	212,973	11090%	257%
2070	1,350	158,303	11728%	257%	1,350	158,303	11728%	257%
2071	937	115,484	12330%	257%	937	115,484	12330%	257%
2072	643	80,662	12544%	257%	643	80,662	12544%	257%
2073	438	54,417	12420%	257%	438	54,417	12420%	257%
2074	296	36,178	12237%	257%	296	36,178	12237%	257%
2075	197	23,586	11983%	257%	197	23,586	11983%	257%
2076	129	15,044	11653%	257%	129	15,044	11653%	257%
2077	83	9,395	11325%	257%	83	9,395	11325%	257%
Total Projected	617,906,737	3,293,905,615	533%	257%	617,906,737	3,293,905,615	533%	257%
Total Lifetime	1,374,631,048	3,531,006,805	257%	257%	1,374,631,048	3,531,006,805	257%	257%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,137,871,104	279,215,791	25%	25%	1,137,871,104	279,215,791	25%	25%
Future	435,815,049	1,712,158,755	393%	393%	435,815,049	1,712,158,755	393%	393%
Lifetime	1,573,686,153	1,991,374,546	127%	127%	1,573,686,153	1,991,374,546	127%	127%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 1b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions and Current Rates

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	6,512	-	0%	0%	6,512	-	0%	0%
1999	3,532,588	809	0%	0%	3,532,588	809	0%	0%
2000	13,770,173	1,116,290	8%	6%	13,770,173	1,116,290	8%	6%
2001	25,284,765	314,810	1%	3%	25,284,765	314,810	1%	3%
2002	39,956,867	893,775	2%	3%	39,956,867	893,775	2%	3%
2003	34,167,102	2,242,327	7%	4%	34,167,102	2,242,327	7%	4%
2004	44,324,893	2,866,554	6%	5%	44,324,893	2,866,554	6%	5%
2005	43,492,792	5,958,179	14%	7%	43,492,792	5,958,179	14%	7%
2006	39,943,403	6,686,627	17%	8%	39,943,403	6,686,627	17%	8%
2007	40,549,523	4,774,663	12%	9%	40,549,523	4,774,663	12%	9%
2008	39,014,630	9,323,786	24%	11%	39,014,630	9,323,786	24%	11%
2009	36,129,822	10,359,313	29%	12%	36,129,822	10,359,313	29%	12%
2010	37,134,132	12,058,979	32%	14%	37,134,132	12,058,979	32%	14%
2011	35,176,479	13,624,194	39%	16%	35,176,479	13,624,194	39%	16%
2012	35,538,725	14,980,104	42%	18%	35,538,725	14,980,104	42%	18%
2013	33,953,218	21,774,759	64%	21%	33,953,218	21,774,759	64%	21%
2014	33,753,704	26,875,822	80%	25%	33,753,704	26,875,822	80%	25%
2015	30,920,337	36,779,916	119%	30%	30,920,337	36,779,916	119%	30%
2016	33,357,429	43,760,151	131%	36%	33,357,429	43,760,151	131%	36%
2017	38,963,164	51,575,194	132%	42%	38,963,164	51,575,194	132%	42%
Total Actual	638,970,259	265,966,251	42%	42%	638,970,259	265,966,251	42%	42%
Projected								
2018	42,466,060	43,185,901	102%	45%	42,466,060	43,185,901	102%	45%
2019	41,207,018	50,558,171	123%	50%	41,207,018	50,558,171	123%	50%
2020	39,895,836	58,833,721	147%	55%	39,895,836	58,833,721	147%	55%
2021	38,519,471	68,103,086	177%	61%	38,519,471	68,103,086	177%	61%
2022	37,076,700	76,925,107	207%	67%	37,076,700	76,925,107	207%	67%
2023	35,584,751	84,957,459	239%	74%	35,584,751	84,957,459	239%	74%
2024	34,053,251	95,210,751	280%	82%	34,053,251	95,210,751	280%	82%
2025	32,450,092	107,955,082	333%	91%	32,450,092	107,955,082	333%	91%
2026	30,785,230	121,217,051	394%	100%	30,785,230	121,217,051	394%	100%
2027	29,063,045	134,988,213	464%	111%	29,063,045	134,988,213	464%	111%
2028	27,293,518	149,001,946	546%	122%	27,293,518	149,001,946	546%	122%
2029	25,487,618	162,678,608	638%	135%	25,487,618	162,678,608	638%	135%
2030	23,660,083	175,617,194	742%	148%	23,660,083	175,617,194	742%	148%
2031	21,826,111	187,506,630	859%	162%	21,826,111	187,506,630	859%	162%
2032	20,000,803	197,906,780	989%	177%	20,000,803	197,906,780	989%	177%
2033	18,200,998	206,282,661	1133%	192%	18,200,998	206,282,661	1133%	192%
2034	16,444,570	212,058,970	1290%	208%	16,444,570	212,058,970	1290%	208%
2035	14,748,037	215,403,876	1461%	224%	14,748,037	215,403,876	1461%	224%
2036	13,123,917	216,352,032	1649%	240%	13,123,917	216,352,032	1649%	240%
2037	11,584,771	214,266,121	1850%	255%	11,584,771	214,266,121	1850%	255%
2038	10,143,913	209,094,055	2061%	271%	10,143,913	209,094,055	2061%	271%
2039	8,811,522	201,320,066	2285%	285%	8,811,522	201,320,066	2285%	285%
2040	7,593,450	191,707,847	2525%	299%	7,593,450	191,707,847	2525%	299%
2041	6,489,925	180,913,794	2788%	312%	6,489,925	180,913,794	2788%	312%
2042	5,499,602	168,846,318	3070%	325%	5,499,602	168,846,318	3070%	325%
2043	4,621,475	155,261,629	3360%	336%	4,621,475	155,261,629	3360%	336%
2044	3,852,846	140,613,534	3650%	346%	3,852,846	140,613,534	3650%	346%
2045	3,188,399	125,787,446	3945%	356%	3,188,399	125,787,446	3945%	356%
2046	2,619,686	111,567,149	4259%	364%	2,619,686	111,567,149	4259%	364%
2047	2,136,836	98,077,101	4590%	371%	2,136,836	98,077,101	4590%	371%
2048	1,730,857	85,365,201	4932%	377%	1,730,857	85,365,201	4932%	377%
2049	1,392,552	73,496,155	5278%	383%	1,392,552	73,496,155	5278%	383%
2050	1,113,541	62,624,826	5624%	387%	1,113,541	62,624,826	5624%	387%
2051	885,406	52,879,827	5972%	391%	885,406	52,879,827	5972%	391%
2052	700,294	44,269,453	6322%	395%	700,294	44,269,453	6322%	395%
2053	551,232	36,801,822	6676%	397%	551,232	36,801,822	6676%	397%
2054	432,117	30,313,634	7015%	400%	432,117	30,313,634	7015%	400%
2055	337,498	24,809,074	7351%	402%	337,498	24,809,074	7351%	402%
2056	262,804	20,195,702	7685%	403%	262,804	20,195,702	7685%	403%
2057	204,216	16,406,327	8034%	404%	204,216	16,406,327	8034%	404%
2058	158,485	13,321,582	8406%	405%	158,485	13,321,582	8406%	405%
2059	122,955	10,731,144	8728%	406%	122,955	10,731,144	8728%	406%
2060	95,435	8,631,657	9044%	407%	95,435	8,631,657	9044%	407%
2061	74,178	6,937,319	9352%	407%	74,178	6,937,319	9352%	407%
2062	57,781	5,594,276	9682%	408%	57,781	5,594,276	9682%	408%
2063	45,125	4,511,896	9999%	408%	45,125	4,511,896	9999%	408%
2064	35,366	3,645,496	10308%	408%	35,366	3,645,496	10308%	408%
2065	27,799	2,962,702	10658%	409%	27,799	2,962,702	10658%	409%
2066	21,912	2,441,778	11144%	409%	21,912	2,441,778	11144%	409%
2067	17,295	2,008,858	11615%	409%	17,295	2,008,858	11615%	409%
2068	13,660	1,670,388	12228%	409%	13,660	1,670,388	12228%	409%
2069	10,786	1,370,438	12705%	409%	10,786	1,370,438	12705%	409%
2070	8,510	1,129,318	13271%	409%	8,510	1,129,318	13271%	409%
2071	6,693	925,992	13835%	409%	6,693	925,992	13835%	409%
2072	5,238	767,622	14654%	409%	5,238	767,622	14654%	409%
2073	4,063	630,234	15510%	410%	4,063	630,234	15510%	410%
2074	3,124	513,648	16440%	410%	3,124	513,648	16440%	410%
2075	2,376	408,408	17189%	410%	2,376	408,408	17189%	410%
2076	1,782	322,631	18109%	410%	1,782	322,631	18109%	410%
2077	1,314	248,793	18933%	410%	1,314	248,793	18933%	410%
Total Projected	616,753,932	4,878,134,499	791%	410%	616,753,932	4,878,134,499	791%	410%
Total Lifetime	1,255,724,191	5,144,100,751	410%	410%	1,255,724,191	5,144,100,751	410%	410%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	966,385,213	303,495,976	31%	31%	966,385,213	303,495,976	31%	31%
Future	421,352,247	2,305,009,816	547%	547%	421,352,247	2,305,009,816	547%	547%
Lifetime	1,387,737,459	2,608,505,792	188%	188%	1,387,737,459	2,608,505,792	188%	188%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 1c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions and Current Rates

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	8,408	-	0%	0%	8,408	-	0%	0%
1999	1,431,079	4,279	0%	0%	1,431,079	4,279	0%	0%
2000	9,660,377	129,825	1%	1%	9,660,377	129,825	1%	1%
2001	19,314,190	458,328	2%	2%	19,314,190	458,328	2%	2%
2002	29,571,130	1,823,798	6%	4%	29,571,130	1,823,798	6%	4%
2003	43,246,270	1,880,061	4%	4%	43,246,270	1,880,061	4%	4%
2004	35,797,466	4,099,545	11%	6%	35,797,466	4,099,545	11%	6%
2005	35,211,852	2,302,468	7%	6%	35,211,852	2,302,468	7%	6%
2006	32,306,265	5,887,873	18%	8%	32,306,265	5,887,873	18%	8%
2007	32,350,635	8,468,171	26%	10%	32,350,635	8,468,171	26%	10%
2008	31,751,535	11,074,615	35%	13%	31,751,535	11,074,615	35%	13%
2009	31,496,667	10,010,300	32%	15%	31,496,667	10,010,300	32%	15%
2010	29,458,469	13,866,385	47%	18%	29,458,469	13,866,385	47%	18%
2011	29,076,173	19,214,458	66%	22%	29,076,173	19,214,458	66%	22%
2012	26,839,040	21,607,780	81%	26%	26,839,040	21,607,780	81%	26%
2013	25,269,507	21,972,751	87%	30%	25,269,507	21,972,751	87%	30%
2014	23,635,198	34,369,975	145%	36%	23,635,198	34,369,975	145%	36%
2015	22,043,457	29,498,642	134%	41%	22,043,457	29,498,642	134%	41%
2016	21,601,170	40,906,627	189%	47%	21,601,170	40,906,627	189%	47%
2017	24,022,886	41,373,337	172%	53%	24,022,886	41,373,337	172%	53%
Total Actual	504,091,775	268,949,219	53%	53%	504,091,775	268,949,219	53%	53%
Projected								
2018	25,755,454	34,959,781	136%	57%	25,755,454	34,959,781	136%	57%
2019	24,175,582	37,973,185	157%	62%	24,175,582	37,973,185	157%	62%
2020	22,614,319	40,911,810	181%	66%	22,614,319	40,911,810	181%	66%
2021	21,004,838	43,611,642	208%	71%	21,004,838	43,611,642	208%	71%
2022	19,443,439	45,118,465	232%	76%	19,443,439	45,118,465	232%	76%
2023	17,887,849	45,405,422	254%	81%	17,887,849	45,405,422	254%	81%
2024	16,400,406	46,340,330	283%	86%	16,400,406	46,340,330	283%	86%
2025	14,944,914	47,852,093	320%	92%	14,944,914	47,852,093	320%	92%
2026	13,525,852	48,957,247	362%	97%	13,525,852	48,957,247	362%	97%
2027	12,156,381	49,548,442	408%	103%	12,156,381	49,548,442	408%	103%
2028	10,851,839	49,620,708	457%	108%	10,851,839	49,620,708	457%	108%
2029	9,621,211	49,193,786	511%	113%	9,621,211	49,193,786	511%	113%
2030	8,469,286	48,266,186	570%	119%	8,469,286	48,266,186	570%	119%
2031	7,400,537	46,917,257	634%	124%	7,400,537	46,917,257	634%	124%
2032	6,417,360	45,145,180	703%	129%	6,417,360	45,145,180	703%	129%
2033	5,522,142	42,882,612	777%	134%	5,522,142	42,882,612	777%	134%
2034	4,714,305	40,222,019	853%	139%	4,714,305	40,222,019	853%	139%
2035	3,993,051	37,279,977	934%	143%	3,993,051	37,279,977	934%	143%
2036	3,355,611	34,231,319	1020%	147%	3,355,611	34,231,319	1020%	147%
2037	2,796,359	31,129,630	1113%	150%	2,796,359	31,129,630	1113%	150%
2038	2,310,246	27,903,398	1208%	153%	2,310,246	27,903,398	1208%	153%
2039	1,891,848	24,676,962	1304%	156%	1,891,848	24,676,962	1304%	156%
2040	1,535,739	21,507,339	1400%	159%	1,535,739	21,507,339	1400%	159%
2041	1,235,617	18,536,282	1500%	161%	1,235,617	18,536,282	1500%	161%
2042	985,276	15,777,313	1601%	163%	985,276	15,777,313	1601%	163%
2043	778,654	13,225,214	1698%	164%	778,654	13,225,214	1698%	164%
2044	609,953	10,930,535	1792%	166%	609,953	10,930,535	1792%	166%
2045	473,637	8,917,770	1883%	167%	473,637	8,917,770	1883%	167%
2046	364,548	7,197,591	1974%	168%	364,548	7,197,591	1974%	168%
2047	278,077	5,761,103	2072%	168%	278,077	5,761,103	2072%	168%
2048	210,258	4,566,374	2172%	169%	210,258	4,566,374	2172%	169%
2049	157,643	3,575,478	2268%	169%	157,643	3,575,478	2268%	169%
2050	117,270	2,768,440	2361%	170%	117,270	2,768,440	2361%	170%
2051	86,568	2,121,004	2450%	170%	86,568	2,121,004	2450%	170%
2052	63,436	1,615,101	2546%	170%	63,436	1,615,101	2546%	170%
2053	46,155	1,220,835	2645%	170%	46,155	1,220,835	2645%	170%
2054	33,356	913,057	2737%	170%	33,356	913,057	2737%	170%
2055	23,952	678,348	2832%	170%	23,952	678,348	2832%	170%
2056	17,107	498,285	2913%	171%	17,107	498,285	2913%	171%
2057	12,156	365,485	3007%	171%	12,156	365,485	3007%	171%
2058	8,599	266,593	3100%	171%	8,599	266,593	3100%	171%
2059	6,052	194,246	3210%	171%	6,052	194,246	3210%	171%
2060	4,238	140,126	3306%	171%	4,238	140,126	3306%	171%
2061	2,958	100,740	3406%	171%	2,958	100,740	3406%	171%
2062	2,058	72,792	3538%	171%	2,058	72,792	3538%	171%
2063	1,429	52,361	3664%	171%	1,429	52,361	3664%	171%
2064	991	38,033	3836%	171%	991	38,033	3836%	171%
2065	686	27,417	3998%	171%	686	27,417	3998%	171%
2066	472	19,813	4196%	171%	472	19,813	4196%	171%
2067	323	14,073	4364%	171%	323	14,073	4364%	171%
2068	218	9,831	4510%	171%	218	9,831	4510%	171%
2069	146	6,662	4563%	171%	146	6,662	4563%	171%
2070	97	4,300	4446%	171%	97	4,300	4446%	171%
2071	63	2,721	4296%	171%	63	2,721	4296%	171%
2072	41	1,684	4111%	171%	41	1,684	4111%	171%
2073	26	1,016	3894%	171%	26	1,016	3894%	171%
2074	16	597	3656%	171%	16	597	3656%	171%
2075	10	341	3427%	171%	10	341	3427%	171%
2076	6	187	3184%	171%	6	187	3184%	171%
2077	3	98	2928%	171%	3	98	2928%	171%
Total Projected	262,310,664	1,039,276,638	396%	171%	262,310,664	1,039,276,638	396%	171%
Total Lifetime	766,402,438	1,308,225,857	171%	171%	766,402,438	1,308,225,857	171%	171%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	773,793,001	324,671,551	42%	42%	773,793,001	324,671,551	42%	42%
Future	195,003,491	636,463,219	326%	326%	195,003,491	636,463,219	326%	326%
Lifetime	968,796,493	961,134,770	99%	99%	968,796,493	961,134,770	99%	99%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 1d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions and Current Rates

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	3,305	-	0%	0%	3,305	-	0%	0%
1999	2,019,783	-	0%	0%	2,019,783	-	0%	0%
2000	7,335,473	-	0%	0%	7,335,473	-	0%	0%
2001	12,282,763	968,717	8%	4%	12,282,763	968,717	8%	4%
2002	17,823,957	3,005,226	17%	10%	17,823,957	3,005,226	17%	10%
2003	14,490,740	2,786,206	19%	13%	14,490,740	2,786,206	19%	13%
2004	18,931,462	3,905,927	21%	15%	18,931,462	3,905,927	21%	15%
2005	18,553,587	2,817,423	15%	15%	18,553,587	2,817,423	15%	15%
2006	17,088,557	4,991,477	29%	17%	17,088,557	4,991,477	29%	17%
2007	17,146,581	2,845,927	17%	17%	17,146,581	2,845,927	17%	17%
2008	16,364,078	7,439,594	45%	20%	16,364,078	7,439,594	45%	20%
2009	15,074,970	5,504,242	37%	22%	15,074,970	5,504,242	37%	22%
2010	15,438,563	6,290,732	41%	24%	15,438,563	6,290,732	41%	24%
2011	14,437,688	9,021,093	62%	27%	14,437,688	9,021,093	62%	27%
2012	14,602,405	14,375,494	98%	32%	14,602,405	14,375,494	98%	32%
2013	13,917,552	16,608,435	119%	37%	13,917,552	16,608,435	119%	37%
2014	13,608,008	23,935,640	176%	46%	13,608,008	23,935,640	176%	46%
2015	12,212,288	24,579,639	201%	53%	12,212,288	24,579,639	201%	53%
2016	12,834,118	24,049,014	187%	60%	12,834,118	24,049,014	187%	60%
2017	14,655,300	30,417,353	208%	68%	14,655,300	30,417,353	208%	68%
Total Actual	268,821,179	183,542,140	68%	68%	268,821,179	183,542,140	68%	68%
Projected								
2018	15,781,043	23,483,568	149%	73%	15,781,043	23,483,568	149%	73%
2019	15,079,831	26,127,771	173%	78%	15,079,831	26,127,771	173%	78%
2020	14,351,798	28,904,933	201%	83%	14,351,798	28,904,933	201%	83%
2021	13,610,994	31,716,173	233%	90%	13,610,994	31,716,173	233%	90%
2022	12,856,426	33,954,087	264%	96%	12,856,426	33,954,087	264%	96%
2023	12,099,344	35,469,208	293%	103%	12,099,344	35,469,208	293%	103%
2024	11,350,789	37,562,632	331%	110%	11,350,789	37,562,632	331%	110%
2025	10,594,165	40,236,150	380%	118%	10,594,165	40,236,150	380%	118%
2026	9,834,285	42,748,336	435%	126%	9,834,285	42,748,336	435%	126%
2027	9,075,016	45,022,327	496%	134%	9,075,016	45,022,327	496%	134%
2028	8,325,851	47,021,454	565%	143%	8,325,851	47,021,454	565%	143%
2029	7,591,093	48,629,211	641%	153%	7,591,093	48,629,211	641%	153%
2030	6,876,428	49,839,737	725%	162%	6,876,428	49,839,737	725%	162%
2031	6,187,070	50,577,697	817%	172%	6,187,070	50,577,697	817%	172%
2032	5,527,876	50,753,768	918%	181%	5,527,876	50,753,768	918%	181%
2033	4,903,459	50,330,016	1026%	191%	4,903,459	50,330,016	1026%	191%
2034	4,317,686	49,247,283	1141%	200%	4,317,686	49,247,283	1141%	200%
2035	3,773,430	47,604,949	1262%	209%	3,773,430	47,604,949	1262%	209%
2036	3,272,048	45,489,246	1390%	218%	3,272,048	45,489,246	1390%	218%
2037	2,814,237	42,923,263	1525%	226%	2,814,237	42,923,263	1525%	226%
2038	2,400,776	39,956,051	1664%	234%	2,400,776	39,956,051	1664%	234%
2039	2,031,455	36,663,954	1805%	241%	2,031,455	36,663,954	1805%	241%
2040	1,705,459	33,186,734	1946%	247%	1,705,459	33,186,734	1946%	247%
2041	1,420,498	29,745,887	2094%	253%	1,420,498	29,745,887	2094%	253%
2042	1,173,510	26,379,565	2248%	258%	1,173,510	26,379,565	2248%	258%
2043	961,662	23,091,494	2401%	263%	961,662	23,091,494	2401%	263%
2044	781,924	19,938,091	2550%	267%	781,924	19,938,091	2550%	267%
2045	631,266	16,949,239	2685%	270%	631,266	16,949,239	2685%	270%
2046	506,413	14,241,660	2812%	273%	506,413	14,241,660	2812%	273%
2047	403,875	11,876,693	2941%	275%	403,875	11,876,693	2941%	275%
2048	320,167	9,837,339	3073%	277%	320,167	9,837,339	3073%	277%
2049	252,335	8,073,510	3200%	279%	252,335	8,073,510	3200%	279%
2050	197,821	6,569,603	3321%	280%	197,821	6,569,603	3321%	280%
2051	154,381	5,287,268	3425%	281%	154,381	5,287,268	3425%	281%
2052	120,014	4,238,001	3531%	282%	120,014	4,238,001	3531%	282%
2053	92,955	3,373,974	3630%	283%	92,955	3,373,974	3630%	283%
2054	71,782	2,677,645	3730%	283%	71,782	2,677,645	3730%	283%
2055	55,260	2,110,314	3819%	284%	55,260	2,110,314	3819%	284%
2056	42,466	1,650,819	3887%	284%	42,466	1,650,819	3887%	284%
2057	32,591	1,283,246	3937%	284%	32,591	1,283,246	3937%	284%
2058	24,988	994,445	3980%	284%	24,988	994,445	3980%	284%
2059	19,147	773,692	4041%	285%	19,147	773,692	4041%	285%
2060	14,635	599,526	4096%	285%	14,635	599,526	4096%	285%
2061	11,178	463,696	4148%	285%	11,178	463,696	4148%	285%
2062	8,521	357,146	4191%	285%	8,521	357,146	4191%	285%
2063	6,488	273,649	4218%	285%	6,488	273,649	4218%	285%
2064	4,936	209,472	4244%	285%	4,936	209,472	4244%	285%
2065	3,734	160,269	4292%	285%	3,734	160,269	4292%	285%
2066	2,810	121,845	4336%	285%	2,810	121,845	4336%	285%
2067	2,100	90,709	4319%	285%	2,100	90,709	4319%	285%
2068	1,557	66,977	4302%	285%	1,557	66,977	4302%	285%
2069	1,144	49,308	4311%	285%	1,144	49,308	4311%	285%
2070	828	37,600	4540%	285%	828	37,600	4540%	285%
2071	588	28,098	4775%	285%	588	28,098	4775%	285%
2072	409	20,481	5003%	285%	409	20,481	5003%	285%
2073	279	14,440	5174%	285%	279	14,440	5174%	285%
2074	186	9,819	5275%	285%	186	9,819	5275%	285%
2075	122	6,519	5364%	285%	122	6,519	5364%	285%
2076	77	4,185	5402%	285%	77	4,185	5402%	285%
2077	48	2,538	5267%	285%	48	2,538	5267%	285%
Total Projected	191,683,255	1,129,057,310	589%	285%	191,683,255	1,129,057,310	589%	285%
Total Lifetime	460,504,433	1,312,599,450	285%	285%	460,504,433	1,312,599,450	285%	285%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	411,774,780	214,256,938	52%	52%	411,774,780	214,256,938	52%	52%
Future	136,708,356	623,938,622	456%	456%	136,708,356	623,938,622	456%	456%
Lifetime	548,483,136	838,195,560	153%	153%	548,483,136	838,195,560	153%	153%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 2a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Proposed Rate Increase

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	17,946	-	0%	0%	17,946	-	0%	0%
1999	821,354	-	0%	0%	821,354	-	0%	0%
2000	9,256,222	74,282	1%	1%	9,256,222	74,282	1%	1%
2001	21,373,213	1,244,588	6%	4%	21,373,213	1,244,588	6%	4%
2002	36,462,931	746,589	2%	3%	36,462,931	746,589	2%	3%
2003	67,005,550	1,402,940	2%	3%	67,005,550	1,402,940	2%	3%
2004	51,473,826	1,499,310	3%	3%	51,473,826	1,499,310	3%	3%
2005	50,655,554	3,452,620	7%	4%	50,655,554	3,452,620	7%	4%
2006	46,708,417	4,935,321	11%	5%	46,708,417	4,935,321	11%	5%
2007	47,274,844	3,830,511	8%	5%	47,274,844	3,830,511	8%	5%
2008	47,154,513	7,436,315	16%	7%	47,154,513	7,436,315	16%	7%
2009	47,982,489	8,955,468	19%	8%	47,982,489	8,955,468	19%	8%
2010	44,946,217	11,503,377	26%	10%	44,946,217	11,503,377	26%	10%
2011	45,368,378	10,688,288	24%	11%	45,368,378	10,688,288	24%	11%
2012	41,847,225	16,890,862	40%	13%	41,847,225	16,890,862	40%	13%
2013	40,175,862	22,767,073	57%	16%	40,175,862	22,767,073	57%	16%
2014	38,615,735	27,555,752	71%	19%	38,615,735	27,555,752	71%	19%
2015	37,826,927	36,218,358	96%	24%	37,826,927	36,218,358	96%	24%
2016	37,952,231	37,426,233	99%	28%	37,952,231	37,426,233	99%	28%
2017	43,804,877	40,473,301	92%	31%	43,804,877	40,473,301	92%	31%
Total Actual	756,724,311	237,101,189	31%	31%	756,724,311	237,101,189	31%	31%
Projected								
2018	47,689,165	43,038,698	90%	35%	47,689,165	43,038,698	90%	35%
2019	45,933,033	50,166,550	109%	39%	52,363,657	50,166,550	96%	39%
2020	44,110,654	58,057,699	132%	43%	79,062,274	58,057,699	73%	41%
2021	42,206,541	66,610,740	158%	49%	103,912,808	66,610,740	64%	44%
2022	40,227,625	74,284,499	185%	54%	102,446,674	74,284,499	73%	46%
2023	38,226,607	80,646,604	211%	60%	97,350,731	80,646,604	83%	49%
2024	36,183,013	88,764,393	245%	66%	92,146,362	88,764,393	96%	52%
2025	34,078,055	98,802,990	290%	73%	86,785,719	98,802,990	114%	56%
2026	31,917,855	108,751,843	341%	81%	81,284,393	108,751,843	134%	60%
2027	29,720,861	118,455,971	399%	89%	75,689,363	118,455,971	157%	65%
2028	27,507,667	127,680,403	464%	98%	70,053,078	127,680,403	182%	70%
2029	25,293,132	135,986,294	538%	107%	64,413,379	135,986,294	211%	75%
2030	23,096,172	142,967,073	619%	117%	58,818,436	142,967,073	243%	81%
2031	20,937,204	148,467,379	709%	127%	53,320,247	148,467,379	278%	87%
2032	18,837,058	152,327,880	809%	137%	47,971,859	152,327,880	318%	93%
2033	16,813,442	154,149,093	917%	147%	42,818,367	154,149,093	360%	99%
2034	14,885,612	153,613,255	1032%	158%	37,908,812	153,613,255	405%	105%
2035	13,068,821	151,116,192	1156%	168%	33,282,035	151,116,192	454%	110%
2036	11,374,356	146,945,137	1292%	177%	28,966,783	146,945,137	507%	116%
2037	9,809,613	140,839,672	1436%	187%	24,981,893	140,839,672	564%	122%
2038	8,382,751	132,708,582	1583%	195%	21,348,139	132,708,582	622%	127%
2039	7,097,871	123,234,298	1736%	203%	18,075,967	123,234,298	682%	132%
2040	5,955,277	113,022,037	1898%	211%	15,166,154	113,022,037	745%	136%
2041	4,949,538	102,697,640	2075%	218%	12,604,863	102,697,640	815%	140%
2042	4,073,320	92,186,217	2263%	224%	10,373,422	92,186,217	889%	144%
2043	3,319,627	81,405,655	2452%	229%	8,454,009	81,405,655	963%	147%
2044	2,680,051	70,633,967	2636%	234%	6,825,218	70,633,967	1035%	150%
2045	2,144,415	60,342,748	2814%	238%	5,461,127	60,342,748	1105%	152%
2046	1,700,957	51,028,146	3000%	242%	4,331,784	51,028,146	1178%	154%
2047	1,337,479	42,818,997	3201%	244%	3,406,123	42,818,997	1257%	156%
2048	1,042,658	35,607,909	3415%	247%	2,655,312	35,607,909	1341%	158%
2049	806,203	29,334,182	3639%	249%	2,053,137	29,334,182	1429%	159%
2050	618,650	23,927,757	3868%	250%	1,575,500	23,927,757	1519%	160%
2051	471,523	19,321,375	4098%	252%	1,200,817	19,321,375	1609%	161%
2052	357,228	15,496,642	4338%	253%	909,745	15,496,642	1703%	161%
2053	269,237	12,374,568	4596%	254%	685,658	12,374,568	1805%	162%
2054	202,063	9,853,879	4877%	254%	514,588	9,853,879	1915%	162%
2055	151,076	7,836,707	5187%	255%	384,742	7,836,707	2037%	163%
2056	112,574	6,215,664	5521%	255%	286,691	6,215,664	2168%	163%
2057	83,651	4,909,316	5869%	256%	213,033	4,909,316	2304%	163%
2058	62,036	3,862,765	6227%	256%	157,985	3,862,765	2445%	163%
2059	45,943	3,030,759	6597%	256%	117,001	3,030,759	2590%	163%
2060	33,983	2,377,700	6997%	256%	86,545	2,377,700	2747%	163%
2061	25,109	1,871,429	7453%	256%	63,944	1,871,429	2927%	164%
2062	18,505	1,472,283	7956%	257%	47,127	1,472,283	3124%	164%
2063	13,603	1,160,793	8533%	257%	34,642	1,160,793	3351%	164%
2064	9,954	908,879	9131%	257%	25,350	908,879	3585%	164%
2065	7,245	694,878	9591%	257%	18,452	694,878	3766%	164%
2066	5,248	520,822	9925%	257%	13,364	520,822	3897%	164%
2067	3,778	385,131	10195%	257%	9,620	385,131	4003%	164%
2068	2,705	285,482	10555%	257%	6,888	285,482	4145%	164%
2069	1,920	212,973	11090%	257%	4,891	212,973	4355%	164%
2070	1,350	158,303	11728%	257%	3,438	158,303	4605%	164%
2071	937	115,484	12330%	257%	2,385	115,484	4841%	164%
2072	643	80,662	12544%	257%	1,638	80,662	4926%	164%
2073	438	54,417	12420%	257%	1,116	54,417	4877%	164%
2074	296	36,178	12237%	257%	753	36,178	4805%	164%
2075	197	23,586	11983%	257%	501	23,586	4705%	164%
2076	129	15,044	11653%	257%	329	15,044	4576%	164%
2077	83	9,395	11325%	257%	211	9,395	4447%	164%
Total Projected	617,906,737	3,293,905,615	533%	257%	1,398,388,242	3,293,905,615	236%	164%
Total Lifetime	1,374,631,048	3,531,006,805	257%	257%	2,155,112,553	3,531,006,805	164%	164%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,137,871,104	279,215,791	25%	25%	1,137,871,104	279,215,791	25%	25%
Future	435,815,049	1,712,158,755	393%	393%	944,371,267	1,712,158,755	181%	181%
Lifetime	1,573,686,153	1,991,374,546	127%	127%	2,082,242,370	1,991,374,546	96%	96%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 2b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Proposed Rate Increase

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	6,512	-	0%	0%	6,512	-	0%	0%
1999	3,532,588	809	0%	0%	3,532,588	809	0%	0%
2000	13,770,173	1,116,290	8%	6%	13,770,173	1,116,290	8%	6%
2001	25,284,765	314,810	1%	3%	25,284,765	314,810	1%	3%
2002	39,956,867	893,775	2%	3%	39,956,867	893,775	2%	3%
2003	34,167,102	2,242,327	7%	4%	34,167,102	2,242,327	7%	4%
2004	44,324,893	2,866,554	6%	5%	44,324,893	2,866,554	6%	5%
2005	43,492,792	5,958,179	14%	7%	43,492,792	5,958,179	14%	7%
2006	39,943,403	6,686,627	17%	8%	39,943,403	6,686,627	17%	8%
2007	40,549,523	4,774,663	12%	9%	40,549,523	4,774,663	12%	9%
2008	39,014,630	9,323,786	24%	11%	39,014,630	9,323,786	24%	11%
2009	36,129,822	10,359,313	29%	12%	36,129,822	10,359,313	29%	12%
2010	37,134,132	12,058,979	32%	14%	37,134,132	12,058,979	32%	14%
2011	35,176,479	13,624,194	39%	16%	35,176,479	13,624,194	39%	16%
2012	35,538,725	14,980,104	42%	18%	35,538,725	14,980,104	42%	18%
2013	33,953,218	21,774,759	64%	21%	33,953,218	21,774,759	64%	21%
2014	33,753,704	26,875,822	80%	25%	33,753,704	26,875,822	80%	25%
2015	30,920,337	36,779,916	119%	30%	30,920,337	36,779,916	119%	30%
2016	33,357,429	43,760,151	131%	36%	33,357,429	43,760,151	131%	36%
2017	38,963,164	51,575,194	132%	42%	38,963,164	51,575,194	132%	42%
Total Actual	638,970,259	265,966,251	42%	42%	638,970,259	265,966,251	42%	42%
Projected								
2018	42,466,060	43,185,901	102%	45%	42,466,060	43,185,901	102%	45%
2019	41,207,018	50,558,171	123%	50%	46,976,000	50,558,171	108%	49%
2020	39,895,836	58,833,721	147%	55%	71,507,793	58,833,721	82%	52%
2021	38,519,471	68,103,086	177%	61%	94,835,215	68,103,086	72%	54%
2022	37,076,700	76,925,107	207%	67%	94,422,292	76,925,107	81%	57%
2023	35,584,751	84,957,459	239%	74%	90,622,784	84,957,459	94%	60%
2024	34,053,251	95,210,751	280%	82%	86,722,552	95,210,751	110%	64%
2025	32,450,092	107,955,082	333%	91%	82,639,827	107,955,082	131%	68%
2026	30,785,230	121,217,051	394%	100%	78,399,964	121,217,051	155%	73%
2027	29,063,045	134,988,213	464%	111%	74,014,121	134,988,213	182%	79%
2028	27,293,518	149,001,946	546%	122%	69,507,711	149,001,946	214%	85%
2029	25,487,618	162,678,608	638%	135%	64,908,670	162,678,608	251%	92%
2030	23,660,083	175,617,194	742%	148%	60,254,534	175,617,194	291%	100%
2031	21,826,111	187,506,630	859%	162%	55,584,003	187,506,630	337%	108%
2032	20,000,803	197,906,780	989%	177%	50,935,539	197,906,780	389%	116%
2033	18,200,998	206,282,661	1133%	192%	46,352,022	206,282,661	445%	125%
2034	16,444,570	212,058,970	1290%	208%	41,878,969	212,058,970	506%	134%
2035	14,748,037	215,403,876	1461%	224%	37,558,452	215,403,876	574%	143%
2036	13,123,917	216,352,032	1649%	240%	33,422,347	216,352,032	647%	152%
2037	11,584,771	214,266,121	1850%	255%	29,502,642	214,266,121	726%	161%
2038	10,143,913	209,094,055	2061%	271%	25,833,246	209,094,055	809%	170%
2039	8,811,522	201,320,066	2285%	285%	22,440,080	201,320,066	897%	178%
2040	7,593,450	191,707,847	2525%	299%	19,338,047	191,707,847	991%	186%
2041	6,489,925	180,913,794	2788%	312%	16,527,728	180,913,794	1095%	194%
2042	5,499,602	168,846,318	3070%	325%	14,005,698	168,846,318	1206%	201%
2043	4,621,475	155,261,629	3360%	336%	11,769,394	155,261,629	1319%	207%
2044	3,852,846	140,613,534	3650%	346%	9,811,945	140,613,534	1433%	213%
2045	3,188,399	125,787,446	3945%	356%	8,119,815	125,787,446	1549%	219%
2046	2,619,686	111,567,149	4259%	364%	6,671,487	111,567,149	1672%	224%
2047	2,136,836	98,077,101	4590%	371%	5,441,826	98,077,101	1802%	228%
2048	1,730,857	85,365,201	4932%	377%	4,407,930	85,365,201	1937%	232%
2049	1,392,552	73,496,155	5278%	383%	3,546,376	73,496,155	2072%	235%
2050	1,113,541	62,624,826	5624%	387%	2,835,827	62,624,826	2208%	237%
2051	885,406	52,879,827	5972%	391%	2,254,841	52,879,827	2345%	240%
2052	700,294	44,269,453	6322%	395%	1,783,422	44,269,453	2482%	242%
2053	551,232	36,801,822	6676%	397%	1,403,809	36,801,822	2622%	243%
2054	432,117	30,313,634	7015%	400%	1,100,461	30,313,634	2755%	245%
2055	337,498	24,809,074	7351%	402%	859,498	24,809,074	2886%	246%
2056	262,804	20,195,702	7685%	403%	669,276	20,195,702	3018%	247%
2057	204,216	16,406,327	8034%	404%	520,071	16,406,327	3155%	247%
2058	158,485	13,321,582	8406%	405%	403,611	13,321,582	3301%	248%
2059	122,955	10,731,144	8728%	406%	313,127	10,731,144	3427%	249%
2060	95,435	8,631,657	9044%	407%	243,043	8,631,657	3551%	249%
2061	74,178	6,937,319	9352%	407%	188,909	6,937,319	3672%	249%
2062	57,781	5,594,276	9682%	408%	147,149	5,594,276	3802%	250%
2063	45,125	4,511,896	9999%	408%	114,920	4,511,896	3926%	250%
2064	35,366	3,645,496	10308%	408%	90,066	3,645,496	4048%	250%
2065	27,799	2,962,702	10658%	409%	70,795	2,962,702	4185%	250%
2066	21,912	2,441,778	11144%	409%	55,803	2,441,778	4376%	250%
2067	17,295	2,008,858	11615%	409%	44,045	2,008,858	4561%	250%
2068	13,660	1,670,388	12228%	409%	34,787	1,670,388	4802%	250%
2069	10,786	1,370,438	12705%	409%	27,469	1,370,438	4989%	250%
2070	8,510	1,129,318	13271%	409%	21,671	1,129,318	5211%	250%
2071	6,693	925,992	13835%	409%	17,045	925,992	5433%	250%
2072	5,238	767,622	14654%	409%	13,341	767,622	5754%	251%
2073	4,063	630,234	15510%	410%	10,348	630,234	6090%	251%
2074	3,124	513,648	16440%	410%	7,957	513,648	6455%	251%
2075	2,376	408,408	17189%	410%	6,051	408,408	6750%	251%
2076	1,782	322,631	18109%	410%	4,537	322,631	7111%	251%
2077	1,314	248,793	18933%	410%	3,347	248,793	7434%	251%
Total Projected	616,753,932	4,878,134,499	791%	410%	1,413,670,296	4,878,134,499	345%	251%
Total Lifetime	1,255,724,191	5,144,100,751	410%	410%	2,052,640,554	5,144,100,751	251%	251%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	966,385,213	303,495,976	31%	31%	966,385,213	303,495,976	31%	31%
Future	421,352,247	2,305,009,816	547%	547%	924,780,613	2,305,009,816	249%	249%
Lifetime	1,387,737,459	2,608,505,792	188%	188%	1,891,165,826	2,608,505,792	138%	138%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 2c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Proposed Rate Increase

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	8,408	-	0%	0%	8,408	-	0%	0%
1999	1,431,079	4,279	0%	0%	1,431,079	4,279	0%	0%
2000	9,660,377	129,825	1%	1%	9,660,377	129,825	1%	1%
2001	19,314,190	458,328	2%	2%	19,314,190	458,328	2%	2%
2002	29,571,130	1,823,798	6%	4%	29,571,130	1,823,798	6%	4%
2003	43,246,270	1,880,061	4%	4%	43,246,270	1,880,061	4%	4%
2004	35,797,466	4,099,545	11%	6%	35,797,466	4,099,545	11%	6%
2005	35,211,852	2,302,468	7%	6%	35,211,852	2,302,468	7%	6%
2006	32,306,265	5,887,873	18%	8%	32,306,265	5,887,873	18%	8%
2007	32,350,635	8,468,171	26%	10%	32,350,635	8,468,171	26%	10%
2008	31,751,535	11,074,615	35%	13%	31,751,535	11,074,615	35%	13%
2009	31,496,667	10,010,300	32%	15%	31,496,667	10,010,300	32%	15%
2010	29,458,469	13,866,385	47%	18%	29,458,469	13,866,385	47%	18%
2011	29,076,173	19,214,458	66%	22%	29,076,173	19,214,458	66%	22%
2012	26,839,040	21,607,780	81%	26%	26,839,040	21,607,780	81%	26%
2013	25,269,507	21,972,751	87%	30%	25,269,507	21,972,751	87%	30%
2014	23,635,198	34,369,975	145%	36%	23,635,198	34,369,975	145%	36%
2015	22,043,457	29,498,642	134%	41%	22,043,457	29,498,642	134%	41%
2016	21,601,170	40,906,627	189%	47%	21,601,170	40,906,627	189%	47%
2017	24,022,886	41,373,337	172%	53%	24,022,886	41,373,337	172%	53%
Total Actual	504,091,775	268,949,219	53%	53%	504,091,775	268,949,219	53%	53%
Projected								
2018	25,755,454	34,959,781	136%	57%	25,755,454	34,959,781	136%	57%
2019	24,175,582	37,973,185	157%	62%	27,560,164	37,973,185	138%	61%
2020	22,614,319	40,911,810	181%	66%	40,533,053	40,911,810	101%	64%
2021	21,004,838	43,611,642	208%	71%	51,714,061	43,611,642	84%	66%
2022	19,443,439	45,118,465	232%	76%	49,516,114	45,118,465	91%	67%
2023	17,887,849	45,405,422	254%	81%	45,554,531	45,405,422	100%	69%
2024	16,400,406	46,340,330	283%	86%	41,766,497	46,340,330	111%	72%
2025	14,944,914	47,852,093	320%	92%	38,059,834	47,852,093	126%	74%
2026	13,525,852	48,957,247	362%	97%	34,445,944	48,957,247	142%	77%
2027	12,156,381	49,548,442	408%	103%	30,958,348	49,548,442	160%	80%
2028	10,851,839	49,620,708	457%	108%	27,636,103	49,620,708	180%	83%
2029	9,621,211	49,193,786	511%	113%	24,502,095	49,193,786	201%	86%
2030	8,469,286	48,266,186	570%	119%	21,568,515	48,266,186	224%	89%
2031	7,400,537	46,917,257	634%	124%	18,846,760	46,917,257	249%	92%
2032	6,417,360	45,145,180	703%	129%	16,342,928	45,145,180	276%	95%
2033	5,522,142	42,882,612	777%	134%	14,063,098	42,882,612	305%	98%
2034	4,714,305	40,222,019	853%	139%	12,005,802	40,222,019	335%	101%
2035	3,993,051	37,279,977	934%	143%	10,169,002	37,279,977	367%	103%
2036	3,355,611	34,231,319	1020%	147%	8,545,650	34,231,319	401%	106%
2037	2,796,359	31,129,630	1113%	150%	7,121,417	31,129,630	437%	108%
2038	2,310,246	27,903,398	1208%	153%	5,883,445	27,903,398	474%	110%
2039	1,891,848	24,676,962	1304%	156%	4,817,920	24,676,962	512%	112%
2040	1,535,739	21,507,339	1400%	159%	3,911,028	21,507,339	550%	113%
2041	1,235,617	18,536,282	1500%	161%	3,146,716	18,536,282	589%	115%
2042	985,276	15,777,313	1601%	163%	2,509,176	15,777,313	629%	116%
2043	778,654	13,225,214	1698%	164%	1,982,977	13,225,214	667%	117%
2044	609,953	10,930,535	1792%	166%	1,553,353	10,930,535	704%	118%
2045	473,637	8,917,770	1883%	167%	1,206,199	8,917,770	739%	119%
2046	364,548	7,197,591	1974%	168%	928,384	7,197,591	775%	119%
2047	278,077	5,761,103	2072%	168%	708,172	5,761,103	814%	120%
2048	210,258	4,566,374	2172%	169%	535,458	4,566,374	853%	120%
2049	157,643	3,575,478	2268%	169%	401,464	3,575,478	891%	120%
2050	117,270	2,768,440	2361%	170%	298,650	2,768,440	927%	121%
2051	86,568	2,121,004	2450%	170%	220,461	2,121,004	962%	121%
2052	63,436	1,615,101	2546%	170%	161,551	1,615,101	1000%	121%
2053	46,155	1,220,835	2645%	170%	117,543	1,220,835	1039%	121%
2054	33,356	913,057	2737%	170%	84,947	913,057	1075%	121%
2055	23,952	678,348	2832%	170%	60,999	678,348	1112%	121%
2056	17,107	498,285	2913%	171%	43,566	498,285	1144%	121%
2057	12,156	365,485	3007%	171%	30,957	365,485	1181%	121%
2058	8,599	266,593	3100%	171%	21,899	266,593	1217%	121%
2059	6,052	194,246	3210%	171%	15,412	194,246	1260%	121%
2060	4,238	140,126	3306%	171%	10,793	140,126	1298%	121%
2061	2,958	100,740	3406%	171%	7,533	100,740	1337%	121%
2062	2,058	72,792	3538%	171%	5,240	72,792	1389%	121%
2063	1,429	52,361	3664%	171%	3,639	52,361	1439%	121%
2064	991	38,033	3836%	171%	2,525	38,033	1506%	121%
2065	686	27,417	3998%	171%	1,747	27,417	1570%	121%
2066	472	19,813	4196%	171%	1,203	19,813	1647%	121%
2067	323	14,073	4364%	171%	821	14,073	1713%	121%
2068	218	9,831	4510%	171%	555	9,831	1771%	121%
2069	146	6,662	4563%	171%	372	6,662	1792%	121%
2070	97	4,300	4446%	171%	246	4,300	1746%	121%
2071	63	2,721	4296%	171%	161	2,721	1687%	121%
2072	41	1,684	4111%	171%	104	1,684	1614%	121%
2073	26	1,016	3894%	171%	66	1,016	1529%	121%
2074	16	597	3656%	171%	42	597	1436%	121%
2075	10	341	3427%	171%	25	341	1346%	121%
2076	6	187	3184%	171%	15	187	1250%	121%
2077	3	98	2928%	171%	9	98	1150%	121%
Total Projected	262,310,664	1,039,276,638	396%	171%	575,340,747	1,039,276,638	181%	121%
Total Lifetime	766,402,438	1,308,225,857	171%	171%	1,079,432,521	1,308,225,857	121%	121%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	773,793,001	324,671,551	42%	42%	773,793,001	324,671,551	42%	42%
Future	195,003,491	636,463,219	326%	326%	409,002,683	636,463,219	156%	156%
Lifetime	968,796,493	961,134,770	99%	99%	1,182,795,684	961,134,770	81%	81%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 2d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Proposed Rate Increase

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	3,305	-	0%	0%	3,305	-	0%	0%
1999	2,019,783	-	0%	0%	2,019,783	-	0%	0%
2000	7,335,473	-	0%	0%	7,335,473	-	0%	0%
2001	12,282,763	968,717	8%	4%	12,282,763	968,717	8%	4%
2002	17,823,957	3,005,226	17%	10%	17,823,957	3,005,226	17%	10%
2003	14,490,740	2,786,206	19%	13%	14,490,740	2,786,206	19%	13%
2004	18,931,462	3,905,927	21%	15%	18,931,462	3,905,927	21%	15%
2005	18,553,587	2,817,423	15%	15%	18,553,587	2,817,423	15%	15%
2006	17,088,557	4,991,477	29%	17%	17,088,557	4,991,477	29%	17%
2007	17,146,581	2,845,927	17%	17%	17,146,581	2,845,927	17%	17%
2008	16,364,078	7,439,594	45%	20%	16,364,078	7,439,594	45%	20%
2009	15,074,970	5,504,242	37%	22%	15,074,970	5,504,242	37%	22%
2010	15,438,563	6,290,732	41%	24%	15,438,563	6,290,732	41%	24%
2011	14,437,688	9,021,093	62%	27%	14,437,688	9,021,093	62%	27%
2012	14,602,405	14,375,494	98%	32%	14,602,405	14,375,494	98%	32%
2013	13,917,552	16,608,435	119%	37%	13,917,552	16,608,435	119%	37%
2014	13,608,008	23,935,640	176%	46%	13,608,008	23,935,640	176%	46%
2015	12,212,288	24,579,639	201%	53%	12,212,288	24,579,639	201%	53%
2016	12,834,118	24,049,014	187%	60%	12,834,118	24,049,014	187%	60%
2017	14,655,300	30,417,353	208%	68%	14,655,300	30,417,353	208%	68%
Total Actual	268,821,179	183,542,140	68%	68%	268,821,179	183,542,140	68%	68%
Projected								
2018	15,781,043	23,483,568	149%	73%	15,781,043	23,483,568	149%	73%
2019	15,079,831	26,127,771	173%	78%	17,191,007	26,127,771	152%	77%
2020	14,351,798	28,904,933	201%	83%	25,723,622	28,904,933	112%	80%
2021	13,610,994	31,716,173	233%	90%	33,510,365	31,716,173	95%	81%
2022	12,856,426	33,954,087	264%	96%	32,741,135	33,954,087	104%	83%
2023	12,099,344	35,469,208	293%	103%	30,813,093	35,469,208	115%	86%
2024	11,350,789	37,562,632	331%	110%	28,906,766	37,562,632	130%	88%
2025	10,594,165	40,236,150	380%	118%	26,979,892	40,236,150	149%	92%
2026	9,834,285	42,748,336	435%	126%	25,044,725	42,748,336	171%	96%
2027	9,075,016	45,022,327	496%	134%	23,111,112	45,022,327	195%	100%
2028	8,325,851	47,021,454	565%	143%	21,203,235	47,021,454	222%	105%
2029	7,591,093	48,629,211	641%	153%	19,332,043	48,629,211	252%	110%
2030	6,876,428	49,839,737	725%	162%	17,512,024	49,839,737	285%	115%
2031	6,187,070	50,577,697	817%	172%	15,756,454	50,577,697	321%	120%
2032	5,527,876	50,753,768	918%	181%	14,077,701	50,753,768	361%	126%
2033	4,903,459	50,330,016	1026%	191%	12,487,515	50,330,016	403%	131%
2034	4,317,686	49,247,283	1141%	200%	10,995,742	49,247,283	448%	137%
2035	3,773,430	47,604,949	1262%	209%	9,609,699	47,604,949	495%	142%
2036	3,272,048	45,489,246	1390%	218%	8,332,841	45,489,246	546%	147%
2037	2,814,237	42,923,263	1525%	226%	7,166,945	42,923,263	599%	152%
2038	2,400,776	39,956,051	1664%	234%	6,113,995	39,956,051	654%	157%
2039	2,031,455	36,663,954	1805%	241%	5,173,454	36,663,954	709%	161%
2040	1,705,459	33,186,734	1946%	247%	4,343,249	33,186,734	764%	165%
2041	1,420,498	29,745,887	2094%	253%	3,617,545	29,745,887	822%	168%
2042	1,173,510	26,379,565	2248%	258%	2,988,547	26,379,565	883%	171%
2043	961,662	23,091,494	2401%	263%	2,449,040	23,091,494	943%	174%
2044	781,924	19,938,091	2550%	267%	1,991,305	19,938,091	1001%	176%
2045	631,266	16,949,239	2685%	270%	1,607,629	16,949,239	1054%	178%
2046	506,413	14,241,660	2812%	273%	1,289,668	14,241,660	1104%	180%
2047	403,875	11,876,693	2941%	275%	1,028,539	11,876,693	1155%	182%
2048	320,167	9,837,339	3073%	277%	815,362	9,837,339	1207%	183%
2049	252,335	8,073,510	3200%	279%	642,616	8,073,510	1256%	184%
2050	197,821	6,569,603	3321%	280%	503,786	6,569,603	1304%	185%
2051	154,381	5,287,268	3425%	281%	393,158	5,287,268	1345%	185%
2052	120,014	4,238,001	3531%	282%	305,637	4,238,001	1387%	186%
2053	92,955	3,373,974	3630%	283%	236,726	3,373,974	1425%	186%
2054	71,782	2,677,645	3730%	283%	182,806	2,677,645	1465%	187%
2055	55,260	2,110,314	3819%	284%	140,728	2,110,314	1500%	187%
2056	42,466	1,650,819	3887%	284%	108,147	1,650,819	1526%	187%
2057	32,591	1,283,246	3937%	284%	82,998	1,283,246	1546%	187%
2058	24,988	994,445	3980%	284%	63,636	994,445	1563%	187%
2059	19,147	773,692	4041%	285%	48,762	773,692	1587%	187%
2060	14,635	599,526	4096%	285%	37,272	599,526	1609%	187%
2061	11,178	463,696	4148%	285%	28,466	463,696	1629%	187%
2062	8,521	357,146	4191%	285%	21,701	357,146	1646%	188%
2063	6,488	273,649	4218%	285%	16,523	273,649	1656%	188%
2064	4,936	209,472	4244%	285%	12,571	209,472	1666%	188%
2065	3,734	160,269	4292%	285%	9,509	160,269	1685%	188%
2066	2,810	121,845	4336%	285%	7,157	121,845	1702%	188%
2067	2,100	90,709	4319%	285%	5,348	90,709	1696%	188%
2068	1,557	66,977	4302%	285%	3,965	66,977	1689%	188%
2069	1,144	49,308	4311%	285%	2,913	49,308	1693%	188%
2070	828	37,600	4540%	285%	2,109	37,600	1783%	188%
2071	588	28,098	4775%	285%	1,499	28,098	1875%	188%
2072	409	20,481	5003%	285%	1,043	20,481	1965%	188%
2073	279	14,440	5174%	285%	711	14,440	2032%	188%
2074	186	9,819	5275%	285%	474	9,819	2071%	188%
2075	122	6,519	5364%	285%	309	6,519	2106%	188%
2076	77	4,185	5402%	285%	197	4,185	2121%	188%
2077	48	2,538	5267%	285%	123	2,538	2068%	188%
Total Projected	191,683,255	1,129,057,310	589%	285%	430,556,184	1,129,057,310	262%	188%
Total Lifetime	460,504,433	1,312,599,450	285%	285%	699,377,363	1,312,599,450	188%	188%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	411,774,780	214,256,938	52%	52%	411,774,780	214,256,938	52%	52%
Future	136,708,356	623,938,622	456%	456%	293,732,264	623,938,622	212%	212%
Lifetime	548,483,136	838,195,560	153%	153%	705,507,044	838,195,560	119%	119%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 3a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Premiums Restated with the Proposed Rate Schedule since Inception

	Without Interest			With Interest				
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Interest Rate	Mid Year Accum/Disc
1998	66,249	-	0%	156,296	-	0%	4.50%	2.3592
1999	3,032,105	-	0%	6,845,348	-	0%	4.50%	2.2576
2000	34,170,196	74,282	0%	73,821,447	160,479	0%	4.50%	2.1604
2001	78,901,184	1,244,588	2%	163,118,160	2,573,027	2%	4.50%	2.0674
2002	134,606,267	746,589	1%	266,297,926	1,477,012	1%	4.50%	1.9783
2003	247,357,159	1,402,940	1%	468,285,484	2,655,983	1%	4.50%	1.8932
2004	190,020,370	1,499,310	1%	344,246,934	2,716,197	1%	4.50%	1.8116
2005	186,999,643	3,452,620	2%	324,186,114	5,935,764	2%	4.50%	1.7336
2006	172,428,425	4,935,321	3%	286,052,798	8,187,527	3%	4.50%	1.6590
2007	174,519,442	3,830,511	2%	277,054,281	6,081,038	2%	4.50%	1.5875
2008	174,075,228	7,436,315	4%	264,448,880	11,271,088	4%	4.50%	1.5192
2009	177,131,776	8,955,468	5%	257,504,573	12,881,050	5%	4.50%	1.4537
2010	165,923,098	11,503,377	7%	230,822,971	15,893,372	7%	4.50%	1.3911
2011	167,481,547	10,688,288	6%	222,957,893	13,940,475	6%	4.50%	1.3312
2012	154,482,885	16,890,862	11%	196,797,677	21,016,025	11%	4.50%	1.2739
2013	148,312,896	22,767,073	15%	180,801,581	26,835,255	15%	4.50%	1.2191
2014	142,553,543	27,555,752	19%	166,297,236	30,611,631	18%	4.50%	1.1666
2015	139,641,584	36,218,358	26%	155,885,419	38,322,653	25%	4.50%	1.1163
2016	129,128,255	37,426,233	29%	137,941,745	38,133,104	28%	4.50%	1.0683
2017	123,788,399	40,473,301	33%	126,542,990	40,524,109	32%	4.50%	1.0223
2018	121,445,227	43,038,698	35%	118,801,605	42,101,830	35%	4.50%	0.9782
2019	116,973,061	50,166,550	43%	109,499,319	46,961,266	43%	4.50%	0.9361
2020	112,332,191	58,057,699	52%	100,626,763	52,007,873	52%	4.50%	0.8958
2021	107,483,178	66,610,740	62%	92,136,876	57,100,149	62%	4.50%	0.8572
2022	102,443,671	74,284,499	73%	84,035,313	60,936,133	73%	4.50%	0.8203
2023	97,347,877	80,646,604	83%	76,416,455	63,306,235	83%	4.50%	0.7850
2024	92,143,661	88,764,393	96%	69,216,491	66,678,051	96%	4.50%	0.7512
2025	86,783,174	98,802,990	114%	62,382,583	71,022,819	114%	4.50%	0.7188
2026	81,282,010	108,751,843	134%	55,912,121	74,808,019	134%	4.50%	0.6879
2027	75,687,145	118,455,971	157%	49,821,565	77,974,428	157%	4.50%	0.6583
2028	70,051,024	127,680,403	182%	44,125,886	80,427,246	182%	4.50%	0.6299
2029	64,411,491	135,986,294	211%	38,826,300	81,970,540	211%	4.50%	0.6028
2030	58,816,712	142,967,073	243%	33,927,129	82,467,418	243%	4.50%	0.5768
2031	53,318,684	148,467,379	278%	29,431,304	81,952,295	278%	4.50%	0.5520
2032	47,970,453	152,327,880	318%	25,338,891	80,462,438	318%	4.50%	0.5282
2033	42,817,112	154,149,093	360%	21,642,871	77,918,121	360%	4.50%	0.5055
2034	37,907,700	153,613,255	405%	18,336,171	74,303,607	405%	4.50%	0.4837
2035	33,281,059	151,116,192	454%	15,405,013	69,948,099	454%	4.50%	0.4629
2036	28,965,934	146,945,137	507%	12,830,281	65,088,437	507%	4.50%	0.4429
2037	24,981,161	140,839,672	564%	10,588,756	59,697,665	564%	4.50%	0.4239
2038	21,347,513	132,708,582	622%	8,658,912	53,828,844	622%	4.50%	0.4056
2039	18,075,437	123,234,298	682%	7,015,984	47,833,411	682%	4.50%	0.3882
2040	15,165,710	113,022,037	745%	5,633,084	41,980,402	745%	4.50%	0.3714
2041	12,604,494	102,697,640	815%	4,480,150	36,502,923	815%	4.50%	0.3554
2042	10,373,118	92,186,217	889%	3,528,257	31,355,727	889%	4.50%	0.3401
2043	8,453,761	81,405,655	963%	2,751,595	26,496,540	963%	4.50%	0.3255
2044	6,825,017	70,633,967	1035%	2,125,798	22,000,467	1035%	4.50%	0.3115
2045	5,460,967	60,342,748	1105%	1,627,690	17,985,690	1105%	4.50%	0.2981
2046	4,331,657	51,028,146	1178%	1,235,492	14,554,440	1178%	4.50%	0.2852
2047	3,406,023	42,818,997	1257%	929,645	11,687,077	1257%	4.50%	0.2729
2048	2,655,234	35,607,909	1341%	693,515	9,300,357	1341%	4.50%	0.2612
2049	2,053,076	29,334,182	1429%	513,147	7,331,804	1429%	4.50%	0.2499
2050	1,575,454	23,927,757	1519%	376,813	5,722,984	1519%	4.50%	0.2392
2051	1,200,781	19,321,375	1609%	274,833	4,422,240	1609%	4.50%	0.2289
2052	909,718	15,496,642	1703%	199,248	3,394,107	1703%	4.50%	0.2190
2053	685,638	12,374,568	1805%	143,703	2,593,592	1805%	4.50%	0.2096
2054	514,572	9,853,879	1915%	103,205	1,976,344	1915%	4.50%	0.2006
2055	384,730	7,836,707	2037%	73,841	1,504,086	2037%	4.50%	0.1919
2056	286,682	6,215,664	2168%	52,653	1,141,591	2168%	4.50%	0.1837
2057	213,027	4,909,316	2305%	37,440	862,834	2305%	4.50%	0.1758
2058	157,980	3,862,765	2445%	26,570	649,664	2445%	4.50%	0.1682
2059	116,998	3,030,759	2590%	18,830	487,781	2590%	4.50%	0.1609
2060	86,542	2,377,700	2747%	13,329	366,197	2747%	4.50%	0.1540
2061	63,942	1,871,429	2927%	9,424	275,813	2927%	4.50%	0.1474
2062	47,126	1,472,283	3124%	6,646	207,643	3124%	4.50%	0.1410
2063	34,641	1,160,793	3351%	4,675	156,662	3351%	4.50%	0.1350
2064	25,349	908,879	3585%	3,274	117,381	3585%	4.50%	0.1291
2065	18,451	694,878	3766%	2,280	85,879	3766%	4.50%	0.1236
2066	13,364	520,822	3897%	1,580	61,596	3897%	4.50%	0.1183
2067	9,620	385,131	4003%	1,089	43,586	4003%	4.50%	0.1132
2068	6,888	285,482	4145%	746	30,918	4145%	4.50%	0.1083
2069	4,891	212,973	4355%	507	22,072	4355%	4.50%	0.1036
2070	3,437	158,303	4605%	341	15,699	4605%	4.50%	0.0992
2071	2,385	115,484	4842%	226	10,960	4842%	4.50%	0.0949
2072	1,638	80,662	4926%	149	7,325	4926%	4.50%	0.0908
2073	1,116	54,417	4877%	97	4,729	4877%	4.50%	0.0869
2074	753	36,178	4805%	63	3,009	4805%	4.50%	0.0832
2075	501	23,586	4706%	40	1,877	4706%	4.50%	0.0796
2076	329	15,044	4576%	25	1,146	4576%	4.50%	0.0762
2077	211	9,395	4447%	15	685	4447%	4.50%	0.0729
Past	2,744,620,253	237,101,189	9%	4,150,065,756	279,215,791	7%		
Future	1,573,561,297	3,293,905,615	209%	1,109,846,604	1,712,158,755	154%		
Lifetime	4,318,181,550	3,531,006,805	82%	5,259,912,360	1,991,374,546	38%		

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime

Attachment 3b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Premiums Restated with the Proposed Rate Schedule since Inception

	Without Interest			With Interest				
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Interest Rate	Mid Year Accum/Disc
1998	24,038	-	0%	56,712	-	0%	4.50%	2.3592
1999	13,040,873	809	0%	29,441,372	1,825	0%	4.50%	2.2576
2000	50,833,861	1,116,290	2%	109,821,704	2,411,638	2%	4.50%	2.1604
2001	93,341,039	314,810	0%	192,970,723	650,830	0%	4.50%	2.0674
2002	147,504,455	893,775	1%	291,815,019	1,768,197	1%	4.50%	1.9783
2003	126,131,004	2,242,327	2%	238,785,562	3,780,702	2%	4.50%	1.8932
2004	163,629,425	2,866,554	2%	296,436,260	5,193,141	2%	4.50%	1.8116
2005	160,557,646	5,958,179	4%	278,345,768	9,419,201	3%	4.50%	1.7336
2006	147,454,753	6,686,627	5%	244,622,340	10,502,439	4%	4.50%	1.6590
2007	149,692,299	4,774,663	3%	237,640,527	7,293,642	3%	4.50%	1.5875
2008	144,026,102	9,323,786	6%	218,799,319	13,259,045	6%	4.50%	1.5192
2009	133,376,567	10,359,313	8%	193,895,622	13,544,285	7%	4.50%	1.4537
2010	137,084,069	12,058,979	9%	190,703,720	15,401,280	8%	4.50%	1.3911
2011	129,857,212	13,624,194	10%	172,870,928	16,749,762	10%	4.50%	1.3312
2012	131,194,475	14,980,104	11%	167,130,282	17,169,988	10%	4.50%	1.2739
2013	125,341,432	21,774,759	17%	152,798,102	24,166,123	16%	4.50%	1.2191
2014	124,604,908	26,875,822	22%	145,359,080	28,509,530	20%	4.50%	1.1666
2015	114,145,274	36,779,916	32%	127,423,245	37,909,596	30%	4.50%	1.1163
2016	113,494,952	43,760,151	39%	121,241,410	44,160,063	36%	4.50%	1.0683
2017	110,106,181	51,575,194	47%	112,556,310	51,604,690	46%	4.50%	1.0223
2018	108,144,068	43,185,901	40%	105,789,986	42,245,830	40%	4.50%	0.9782
2019	104,937,791	50,558,171	48%	98,233,017	47,327,866	48%	4.50%	0.9361
2020	101,598,737	58,833,721	58%	91,011,774	52,703,030	58%	4.50%	0.8958
2021	98,093,685	68,103,086	69%	84,088,002	58,379,420	69%	4.50%	0.8572
2022	94,419,524	76,925,107	81%	77,453,045	63,102,244	81%	4.50%	0.8203
2023	90,620,127	84,957,459	94%	71,135,284	66,690,184	94%	4.50%	0.7850
2024	86,720,010	95,210,751	110%	65,142,351	71,520,427	110%	4.50%	0.7512
2025	82,637,404	107,955,082	131%	59,402,468	77,601,642	131%	4.50%	0.7188
2026	78,397,666	121,217,051	155%	53,928,044	83,382,564	155%	4.50%	0.6879
2027	74,011,951	134,988,213	182%	48,718,857	88,856,886	182%	4.50%	0.6583
2028	69,505,673	149,001,946	214%	43,782,364	93,857,912	214%	4.50%	0.6299
2029	64,906,767	162,678,608	251%	39,124,846	98,060,275	251%	4.50%	0.6028
2030	60,252,767	175,617,194	291%	34,755,486	101,300,923	291%	4.50%	0.5768
2031	55,582,373	187,506,630	337%	30,680,834	103,501,515	337%	4.50%	0.5520
2032	50,934,046	197,906,780	389%	26,904,316	104,538,066	389%	4.50%	0.5282
2033	46,350,663	206,282,661	445%	23,428,983	104,270,204	445%	4.50%	0.5055
2034	41,877,742	212,058,970	506%	20,256,502	102,574,133	506%	4.50%	0.4837
2035	37,557,351	215,403,876	574%	17,384,406	99,705,343	574%	4.50%	0.4629
2036	33,421,368	216,352,032	647%	14,803,788	95,831,791	647%	4.50%	0.4429
2037	29,501,777	214,266,121	726%	12,504,908	90,820,909	726%	4.50%	0.4239
2038	25,832,489	209,094,055	809%	10,478,094	84,812,083	809%	4.50%	0.4056
2039	22,439,422	201,320,066	897%	8,709,865	78,142,413	897%	4.50%	0.3882
2040	19,337,480	191,707,847	991%	7,182,627	71,207,109	991%	4.50%	0.3714
2041	16,527,244	180,913,794	1095%	5,874,455	64,304,128	1095%	4.50%	0.3554
2042	14,005,287	168,846,318	1206%	4,763,684	57,430,484	1206%	4.50%	0.3401
2043	11,769,049	155,261,629	1319%	3,830,681	50,535,752	1319%	4.50%	0.3255
2044	9,811,658	140,613,534	1433%	3,056,052	43,797,107	1433%	4.50%	0.3115
2045	8,119,577	125,787,446	1549%	2,420,112	37,492,061	1549%	4.50%	0.2981
2046	6,671,292	111,567,149	1672%	1,902,811	31,821,603	1672%	4.50%	0.2852
2047	5,441,666	98,077,101	1802%	1,485,256	26,769,302	1802%	4.50%	0.2729
2048	4,407,801	85,365,201	1937%	1,151,264	22,296,362	1937%	4.50%	0.2612
2049	3,546,272	73,496,155	2072%	886,358	18,369,675	2072%	4.50%	0.2499
2050	2,835,744	62,624,826	2208%	678,247	14,978,458	2208%	4.50%	0.2392
2051	2,254,775	52,879,827	2345%	516,069	12,103,035	2345%	4.50%	0.2289
2052	1,783,370	44,269,453	2482%	390,597	9,695,990	2482%	4.50%	0.2190
2053	1,403,767	36,801,822	2622%	294,216	7,713,314	2622%	4.50%	0.2096
2054	1,100,429	30,313,634	2755%	220,708	6,079,858	2755%	4.50%	0.2006
2055	859,473	24,809,074	2887%	164,957	4,761,564	2887%	4.50%	0.1919
2056	669,257	20,195,702	3018%	122,918	3,709,213	3018%	4.50%	0.1837
2057	520,056	16,406,327	3155%	91,402	2,883,486	3155%	4.50%	0.1758
2058	403,599	13,321,582	3301%	67,880	2,240,506	3301%	4.50%	0.1682
2059	313,118	10,731,144	3427%	50,394	1,727,110	3427%	4.50%	0.1609
2060	243,036	8,631,657	3552%	37,431	1,329,388	3552%	4.50%	0.1540
2061	188,903	6,937,319	3672%	27,841	1,022,429	3672%	4.50%	0.1474
2062	147,145	5,594,276	3802%	20,753	788,985	3802%	4.50%	0.1410
2063	114,916	4,511,896	3926%	15,509	608,931	3926%	4.50%	0.1350
2064	90,064	3,645,496	4048%	11,632	470,814	4048%	4.50%	0.1291
2065	70,793	2,962,702	4185%	8,749	366,154	4185%	4.50%	0.1236
2066	55,801	2,441,778	4376%	6,599	288,779	4376%	4.50%	0.1183
2067	44,044	2,008,858	4561%	4,985	227,349	4561%	4.50%	0.1132
2068	34,786	1,670,388	4802%	3,767	180,903	4802%	4.50%	0.1083
2069	27,468	1,370,438	4989%	2,847	142,027	4989%	4.50%	0.1036
2070	21,671	1,129,318	5211%	2,149	111,998	5211%	4.50%	0.0992
2071	17,045	925,992	5433%	1,618	87,879	5433%	4.50%	0.0949
2072	13,340	767,622	5754%	1,212	69,712	5754%	4.50%	0.0908
2073	10,348	630,234	6091%	899	54,771	6091%	4.50%	0.0869
2074	7,957	513,648	6456%	662	42,716	6456%	4.50%	0.0832
2075	6,051	408,408	6750%	482	32,502	6750%	4.50%	0.0796
2076	4,537	322,631	7111%	346	24,570	7111%	4.50%	0.0762
2077	3,346	248,793	7435%	244	18,131	7435%	4.50%	0.0729
Past	2,315,440,564	265,966,251	11%	3,522,714,002	303,495,976	9%		
Future	1,570,625,563	4,878,134,499	311%	1,073,015,632	2,305,009,816	215%		
Lifetime	3,886,066,127	5,144,100,751	132%	4,595,729,634	2,608,505,792	57%		

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime

Attachment 3c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Premiums Restated with the Proposed Rate Schedule since Inception

	Without Interest			With Interest				
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Interest Rate	Mid Year Accum/Disc
1998	31,038	-	0%	73,225	-	0%	4.50%	2.3592
1999	5,282,962	4,279	0%	11,926,934	9,661	0%	4.50%	2.2576
2000	35,662,172	129,825	0%	77,044,719	280,474	0%	4.50%	2.1604
2001	71,300,110	458,328	1%	147,403,907	947,536	1%	4.50%	2.0674
2002	109,164,551	1,823,798	2%	215,965,379	3,608,106	2%	4.50%	1.9783
2003	159,647,587	1,880,061	1%	302,237,655	3,559,247	1%	4.50%	1.8932
2004	132,149,642	4,099,545	3%	239,406,486	7,426,866	3%	4.50%	1.8116
2005	129,987,795	2,302,468	2%	225,349,298	3,991,602	2%	4.50%	1.7336
2006	119,261,552	5,887,873	5%	197,850,793	9,766,757	5%	4.50%	1.6590
2007	119,425,348	8,468,171	7%	189,590,934	13,417,589	7%	4.50%	1.5875
2008	117,213,716	11,074,615	9%	178,066,898	16,615,527	9%	4.50%	1.5192
2009	116,272,845	10,010,300	9%	169,031,159	14,461,610	9%	4.50%	1.4537
2010	108,748,652	13,866,385	13%	151,285,066	19,137,152	13%	4.50%	1.3911
2011	107,337,373	19,214,458	18%	142,891,649	25,363,826	18%	4.50%	1.3312
2012	99,078,790	21,607,780	22%	126,217,708	27,052,009	21%	4.50%	1.2739
2013	93,284,713	21,972,751	24%	113,719,198	26,125,847	23%	4.50%	1.2191
2014	87,251,512	34,369,975	39%	101,784,109	38,359,807	38%	4.50%	1.1666
2015	81,375,452	29,498,642	36%	90,841,467	31,348,085	35%	4.50%	1.1163
2016	73,495,585	40,906,627	56%	78,511,936	41,762,026	53%	4.50%	1.0683
2017	67,886,382	41,373,337	61%	69,397,017	41,437,824	60%	4.50%	1.0223
2018	65,588,840	34,959,781	53%	64,161,100	34,198,776	53%	4.50%	0.9782
2019	61,565,538	37,973,185	62%	57,631,940	35,546,970	62%	4.50%	0.9361
2020	57,589,624	40,911,810	71%	51,588,573	36,648,648	71%	4.50%	0.8958
2021	53,490,919	43,611,642	82%	45,853,558	37,384,831	82%	4.50%	0.8572
2022	49,514,663	45,118,465	91%	40,617,250	37,011,016	91%	4.50%	0.8203
2023	45,553,196	45,405,422	100%	35,758,497	35,642,497	100%	4.50%	0.7850
2024	41,765,273	46,340,330	111%	31,373,245	34,809,937	111%	4.50%	0.7512
2025	38,058,719	47,852,093	126%	27,357,851	34,397,649	126%	4.50%	0.7188
2026	34,444,935	48,957,247	142%	23,693,919	33,676,621	142%	4.50%	0.6879
2027	30,957,440	49,548,442	160%	20,377,940	32,615,590	160%	4.50%	0.6583
2028	27,635,293	49,620,708	180%	17,407,765	31,256,612	180%	4.50%	0.6299
2029	24,501,377	49,193,786	201%	14,769,070	29,653,292	201%	4.50%	0.6028
2030	21,567,883	48,266,186	224%	12,440,960	27,841,290	224%	4.50%	0.5768
2031	18,846,208	46,917,257	249%	10,402,891	25,897,789	249%	4.50%	0.5520
2032	16,342,449	45,145,180	276%	8,632,388	23,846,529	276%	4.50%	0.5282
2033	14,062,686	42,882,612	305%	7,108,300	21,675,979	305%	4.50%	0.5055
2034	12,005,450	40,222,019	335%	5,807,105	19,455,620	335%	4.50%	0.4837
2035	10,168,704	37,279,977	367%	4,706,852	17,256,017	367%	4.50%	0.4629
2036	8,545,400	34,231,319	401%	3,785,132	15,162,551	401%	4.50%	0.4429
2037	7,121,208	31,129,630	437%	3,018,464	13,194,906	437%	4.50%	0.4239
2038	5,883,272	27,903,398	474%	2,386,355	11,318,090	474%	4.50%	0.4056
2039	4,817,779	24,676,962	512%	1,870,022	9,578,366	512%	4.50%	0.3882
2040	3,910,913	21,507,339	550%	1,452,652	7,988,590	550%	4.50%	0.3714
2041	3,146,623	18,536,282	589%	1,118,438	6,588,550	589%	4.50%	0.3554
2042	2,509,103	15,777,313	629%	853,433	5,366,411	629%	4.50%	0.3401
2043	1,982,919	13,225,214	667%	645,416	4,304,645	667%	4.50%	0.3255
2044	1,553,307	10,930,535	704%	483,811	3,404,550	704%	4.50%	0.3115
2045	1,206,164	8,917,770	739%	359,508	2,658,020	739%	4.50%	0.2981
2046	928,357	7,197,591	775%	264,789	2,052,924	775%	4.50%	0.2852
2047	708,151	5,761,103	814%	193,284	1,572,444	814%	4.50%	0.2729
2048	535,443	4,566,374	853%	139,851	1,192,682	853%	4.50%	0.2612
2049	401,452	3,575,478	891%	100,339	893,657	891%	4.50%	0.2499
2050	298,641	2,768,440	927%	71,428	662,149	927%	4.50%	0.2392
2051	220,454	2,121,004	962%	50,457	485,451	962%	4.50%	0.2289
2052	161,546	1,615,101	1000%	35,382	353,743	1000%	4.50%	0.2190
2053	117,539	1,220,835	1039%	24,635	255,875	1039%	4.50%	0.2096
2054	84,945	913,057	1075%	17,037	183,127	1075%	4.50%	0.2006
2055	60,997	678,348	1112%	11,707	130,194	1112%	4.50%	0.1919
2056	43,565	498,285	1144%	8,001	91,517	1144%	4.50%	0.1837
2057	30,956	365,485	1181%	5,441	64,236	1181%	4.50%	0.1758
2058	21,899	266,593	1217%	3,683	44,837	1217%	4.50%	0.1682
2059	15,411	194,246	1260%	2,480	31,263	1260%	4.50%	0.1609
2060	10,793	140,126	1298%	1,662	21,581	1298%	4.50%	0.1540
2061	7,533	100,740	1337%	1,110	14,847	1337%	4.50%	0.1474
2062	5,240	72,792	1389%	739	10,266	1389%	4.50%	0.1410
2063	3,639	52,361	1439%	491	7,067	1439%	4.50%	0.1350
2064	2,525	38,033	1506%	326	4,912	1506%	4.50%	0.1291
2065	1,747	27,417	1570%	216	3,388	1570%	4.50%	0.1236
2066	1,203	19,813	1648%	142	2,343	1648%	4.50%	0.1183
2067	821	14,073	1714%	93	1,593	1714%	4.50%	0.1132
2068	555	9,831	1771%	60	1,065	1771%	4.50%	0.1083
2069	372	6,662	1792%	39	690	1792%	4.50%	0.1036
2070	246	4,300	1746%	24	426	1746%	4.50%	0.0992
2071	161	2,721	1687%	15	258	1687%	4.50%	0.0949
2072	104	1,684	1615%	9	153	1615%	4.50%	0.0908
2073	66	1,016	1529%	6	88	1529%	4.50%	0.0869
2074	42	597	1436%	3	50	1436%	4.50%	0.0832
2075	25	341	1346%	2	27	1346%	4.50%	0.0796
2076	15	187	1250%	1	14	1250%	4.50%	0.0762
2077	9	98	1150%	1	7	1150%	4.50%	0.0729
Past	1,833,857,777	268,949,219	15%	2,828,595,537	324,671,551	11%		
Future	668,000,336	1,039,276,638	156%	496,595,891	636,463,219	128%		
Lifetime	2,501,858,113	1,308,225,857	52%	3,325,191,429	961,134,770	29%		

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime

Attachment 3d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions with Premiums Restated with the Proposed Rate Schedule since Inception

	Without Interest			With Interest				Mid Year
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Interest Rate	Accum/Disc
1998	12,200	-	0%	28,783	-	0%	4.50%	2.3592
1999	7,456,216	-	0%	16,833,323	-	0%	4.50%	2.2576
2000	27,079,575	-	0%	58,502,837	-	0%	4.50%	2.1604
2001	45,342,951	968,717	2%	93,740,783	2,002,698	2%	4.50%	2.0674
2002	65,798,779	3,005,226	5%	130,172,826	5,945,380	5%	4.50%	1.9783
2003	53,493,901	2,786,206	5%	101,272,255	4,281,052	4%	4.50%	1.8932
2004	69,887,236	3,905,927	6%	126,609,935	6,593,543	5%	4.50%	1.8116
2005	68,492,276	2,817,423	4%	118,739,503	4,884,339	4%	4.50%	1.7336
2006	63,083,981	4,991,477	8%	104,654,145	8,000,397	8%	4.50%	1.6590
2007	63,298,183	2,845,927	4%	100,487,559	4,517,985	4%	4.50%	1.5875
2008	60,409,503	7,439,594	12%	91,771,963	10,473,300	11%	4.50%	1.5192
2009	55,650,641	5,504,242	10%	80,901,885	7,482,229	9%	4.50%	1.4537
2010	56,992,877	6,290,732	11%	79,285,315	8,372,782	11%	4.50%	1.3911
2011	53,298,055	9,021,093	17%	70,952,425	10,985,233	15%	4.50%	1.3312
2012	53,906,124	14,375,494	27%	68,671,685	16,692,371	24%	4.50%	1.2739
2013	51,377,924	16,608,435	32%	62,632,516	18,394,330	29%	4.50%	1.2191
2014	50,235,214	23,935,640	48%	58,602,383	25,463,901	43%	4.50%	1.1666
2015	45,082,787	24,579,639	55%	50,327,050	25,399,495	50%	4.50%	1.1163
2016	43,666,662	24,049,014	55%	46,647,076	24,329,188	52%	4.50%	1.0683
2017	41,414,480	30,417,353	73%	42,336,052	30,438,714	72%	4.50%	1.0223
2018	40,188,005	23,483,568	58%	39,313,192	22,972,377	58%	4.50%	0.9782
2019	38,402,297	26,127,771	68%	35,948,665	24,458,393	68%	4.50%	0.9361
2020	36,548,288	28,904,933	79%	32,739,822	25,892,933	79%	4.50%	0.8958
2021	34,661,757	31,716,173	92%	29,712,799	27,187,781	92%	4.50%	0.8572
2022	32,740,176	33,954,087	104%	26,857,012	27,852,793	104%	4.50%	0.8203
2023	30,812,190	35,469,208	115%	24,187,054	27,842,735	115%	4.50%	0.7850
2024	28,905,919	37,562,632	130%	21,713,553	28,216,304	130%	4.50%	0.7512
2025	26,979,101	40,236,150	149%	19,393,460	28,923,060	149%	4.50%	0.7188
2026	25,043,991	42,748,336	171%	17,227,215	29,405,647	171%	4.50%	0.6879
2027	23,110,435	45,022,327	195%	15,212,597	29,636,245	195%	4.50%	0.6583
2028	21,202,613	47,021,454	222%	13,355,752	29,619,315	222%	4.50%	0.6299
2029	19,331,476	48,629,211	252%	11,652,730	29,312,974	252%	4.50%	0.6028
2030	17,511,511	49,839,737	285%	10,101,131	28,748,958	285%	4.50%	0.5768
2031	15,755,992	50,577,697	321%	8,697,127	27,918,310	321%	4.50%	0.5520
2032	14,077,289	50,753,768	361%	7,435,887	26,809,090	361%	4.50%	0.5282
2033	12,487,149	50,330,016	403%	6,311,910	25,440,437	403%	4.50%	0.5055
2034	10,995,420	49,247,283	448%	5,318,547	23,821,192	448%	4.50%	0.4837
2035	9,609,417	47,604,949	495%	4,447,971	22,035,201	495%	4.50%	0.4629
2036	8,332,597	45,489,246	546%	3,690,872	20,149,180	546%	4.50%	0.4429
2037	7,166,735	42,923,263	599%	3,037,762	18,193,869	599%	4.50%	0.4239
2038	6,113,815	39,956,051	654%	2,479,867	16,206,850	654%	4.50%	0.4056
2039	5,173,303	36,663,954	709%	2,008,018	14,231,119	709%	4.50%	0.3882
2040	4,343,122	33,186,734	764%	1,613,190	12,326,733	764%	4.50%	0.3714
2041	3,617,439	29,745,887	822%	1,285,785	10,572,899	822%	4.50%	0.3554
2042	2,988,460	26,379,565	883%	1,016,479	8,972,604	883%	4.50%	0.3401
2043	2,448,969	23,091,494	943%	797,109	7,515,997	943%	4.50%	0.3255
2044	1,991,246	19,938,091	1001%	620,216	6,210,147	1001%	4.50%	0.3115
2045	1,607,582	16,949,239	1054%	479,154	5,051,871	1054%	4.50%	0.2981
2046	1,289,631	14,241,660	1104%	367,833	4,062,060	1104%	4.50%	0.2852
2047	1,028,509	11,876,693	1155%	280,723	3,241,641	1155%	4.50%	0.2729
2048	815,338	9,837,339	1207%	212,956	2,569,394	1207%	4.50%	0.2612
2049	642,597	8,073,510	1256%	160,611	2,017,898	1256%	4.50%	0.2499
2050	503,771	6,569,603	1304%	120,491	1,571,302	1304%	4.50%	0.2392
2051	393,147	5,287,268	1345%	89,983	1,210,140	1345%	4.50%	0.2289
2052	305,628	4,238,001	1387%	66,939	928,216	1387%	4.50%	0.2190
2053	236,719	3,373,974	1425%	49,614	707,153	1425%	4.50%	0.2096
2054	182,801	2,677,645	1465%	36,663	537,042	1465%	4.50%	0.2006
2055	140,724	2,110,314	1500%	27,009	405,029	1500%	4.50%	0.1919
2056	108,144	1,650,819	1526%	19,862	303,195	1526%	4.50%	0.1837
2057	82,995	1,283,246	1546%	14,587	225,536	1546%	4.50%	0.1758
2058	63,634	994,445	1563%	10,702	167,252	1563%	4.50%	0.1682
2059	48,761	773,692	1587%	7,848	124,521	1587%	4.50%	0.1609
2060	37,271	599,526	1609%	5,740	92,335	1609%	4.50%	0.1540
2061	28,465	463,696	1629%	4,195	68,340	1629%	4.50%	0.1474
2062	21,700	357,146	1646%	3,060	50,370	1646%	4.50%	0.1410
2063	16,523	273,649	1656%	2,230	36,932	1656%	4.50%	0.1350
2064	12,571	209,472	1666%	1,623	27,053	1666%	4.50%	0.1291
2065	9,509	160,269	1685%	1,175	19,807	1685%	4.50%	0.1236
2066	7,157	121,845	1702%	846	14,410	1702%	4.50%	0.1183
2067	5,348	90,709	1696%	605	10,266	1696%	4.50%	0.1132
2068	3,965	66,977	1689%	429	7,254	1689%	4.50%	0.1083
2069	2,913	49,308	1693%	302	5,110	1693%	4.50%	0.1036
2070	2,109	37,600	1783%	209	3,729	1783%	4.50%	0.0992
2071	1,499	28,098	1875%	142	2,667	1875%	4.50%	0.0949
2072	1,042	20,481	1965%	95	1,860	1965%	4.50%	0.0908
2073	711	14,440	2032%	62	1,255	2032%	4.50%	0.0869
2074	474	9,819	2071%	39	817	2071%	4.50%	0.0832
2075	309	6,519	2106%	25	519	2106%	4.50%	0.0796
2076	197	4,185	2121%	15	319	2121%	4.50%	0.0762
2077	123	2,538	2068%	9	185	2068%	4.50%	0.0729
Past	975,979,564	183,542,140	19%	1,503,170,300	214,256,938	14%		
Future	488,140,576	1,129,057,310	231%	348,141,500	623,938,622	179%		
Lifetime	1,464,120,140	1,312,599,450	90%	1,851,311,800	838,195,560	45%		

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime

Attachment 4a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions including Shock Lapses, Benefit Reductions, CBUL, or Adverse Selection

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	17,946	-	0%	0%	17,946	-	0%	0%
1999	821,354	-	0%	0%	821,354	-	0%	0%
2000	9,256,222	74,282	1%	1%	9,256,222	74,282	1%	1%
2001	21,373,213	1,244,588	6%	4%	21,373,213	1,244,588	6%	4%
2002	36,462,931	746,589	2%	3%	36,462,931	746,589	2%	3%
2003	67,005,550	1,402,940	2%	3%	67,005,550	1,402,940	2%	3%
2004	51,473,826	1,499,310	3%	3%	51,473,826	1,499,310	3%	3%
2005	50,655,554	3,452,620	7%	4%	50,655,554	3,452,620	7%	4%
2006	46,708,417	4,935,321	11%	5%	46,708,417	4,935,321	11%	5%
2007	47,274,844	3,830,511	8%	5%	47,274,844	3,830,511	8%	5%
2008	47,154,513	7,436,315	16%	7%	47,154,513	7,436,315	16%	7%
2009	47,982,489	8,955,468	19%	8%	47,982,489	8,955,468	19%	8%
2010	44,946,217	11,503,377	26%	10%	44,946,217	11,503,377	26%	10%
2011	45,368,378	10,688,288	24%	11%	45,368,378	10,688,288	24%	11%
2012	41,847,225	16,890,862	40%	13%	41,847,225	16,890,862	40%	13%
2013	40,175,862	22,767,073	57%	16%	40,175,862	22,767,073	57%	16%
2014	38,615,735	27,555,752	71%	19%	38,615,735	27,555,752	71%	19%
2015	37,826,927	36,218,358	96%	24%	37,826,927	36,218,358	96%	24%
2016	37,952,231	37,426,233	99%	28%	37,952,231	37,426,233	99%	28%
2017	43,804,877	40,473,301	92%	31%	43,804,877	40,473,301	92%	31%
Total Actual	756,724,311	237,101,189	31%	31%	756,724,311	237,101,189	31%	31%
Projected								
2018	47,689,165	71,013,851	149%	38%	47,689,165	71,013,851	149%	38%
2019	45,933,033	60,199,860	131%	43%	50,683,745	58,268,549	115%	43%
2020	44,110,654	63,863,469	145%	48%	66,179,903	53,457,584	81%	46%
2021	42,206,541	69,941,278	166%	54%	78,722,676	52,986,389	67%	47%
2022	40,227,625	74,284,499	185%	59%	76,678,463	55,599,865	73%	49%
2023	38,226,607	80,646,604	211%	65%	72,864,293	60,361,722	83%	51%
2024	36,183,013	88,764,393	245%	71%	68,968,969	66,437,660	96%	54%
2025	34,078,055	98,802,990	290%	78%	64,956,677	73,951,268	114%	57%
2026	31,917,855	108,751,843	341%	85%	60,839,089	81,397,706	134%	60%
2027	29,720,861	118,455,971	399%	93%	56,651,367	88,660,974	157%	64%
2028	27,507,667	127,680,403	464%	102%	52,432,765	95,565,202	182%	68%
2029	25,293,132	135,986,294	538%	111%	48,211,608	101,781,928	211%	73%
2030	23,096,172	142,967,073	619%	121%	44,023,951	107,006,846	243%	78%
2031	20,937,204	148,467,379	709%	131%	39,908,710	111,123,671	278%	83%
2032	18,837,058	152,327,880	809%	141%	35,905,592	114,013,148	318%	88%
2033	16,813,442	154,149,093	917%	151%	32,048,348	115,376,274	360%	93%
2034	14,885,612	153,613,255	1032%	161%	28,373,683	114,975,215	405%	99%
2035	13,068,821	151,116,192	1156%	171%	24,910,670	113,106,233	454%	104%
2036	11,374,356	146,945,137	1292%	181%	21,680,825	109,984,315	507%	109%
2037	9,809,613	140,839,672	1436%	190%	18,698,246	105,414,546	564%	114%
2038	8,382,751	132,708,582	1583%	199%	15,978,484	99,328,653	622%	118%
2039	7,097,871	123,234,298	1736%	207%	13,529,355	92,237,417	682%	123%
2040	5,955,277	113,022,037	1898%	214%	11,351,441	84,593,826	745%	127%
2041	4,949,538	102,697,640	2075%	221%	9,434,387	76,866,304	815%	130%
2042	4,073,320	92,186,217	2263%	227%	7,764,215	68,998,799	889%	133%
2043	3,319,627	81,405,655	2452%	233%	6,327,589	60,929,851	963%	136%
2044	2,680,051	70,633,967	2636%	237%	5,108,484	52,867,544	1035%	139%
2045	2,144,415	60,342,748	2814%	242%	4,087,501	45,164,855	1105%	141%
2046	1,700,957	51,028,146	3000%	245%	3,242,219	38,193,137	1178%	143%
2047	1,337,479	42,818,997	3201%	248%	2,549,388	32,048,819	1257%	144%
2048	1,042,658	35,607,909	3415%	250%	1,987,426	26,651,521	1341%	146%
2049	806,203	29,334,182	3639%	252%	1,536,715	21,955,813	1429%	147%
2050	618,650	23,927,757	3868%	254%	1,179,218	17,909,256	1519%	148%
2051	471,523	19,321,375	4098%	255%	898,778	14,461,508	1609%	148%
2052	357,228	15,496,642	4338%	256%	680,918	11,598,802	1703%	149%
2053	269,237	12,374,568	4596%	257%	513,196	9,262,017	1805%	149%
2054	202,063	9,853,879	4877%	258%	385,154	7,375,352	1915%	150%
2055	151,076	7,836,707	5187%	258%	287,968	5,865,556	2037%	150%
2056	112,574	6,215,664	5521%	259%	214,580	4,652,250	2168%	150%
2057	83,651	4,909,316	5869%	259%	159,449	3,674,485	2304%	151%
2058	62,036	3,862,765	6227%	259%	118,247	2,891,172	2445%	151%
2059	45,943	3,030,759	6597%	260%	87,572	2,268,438	2590%	151%
2060	33,983	2,377,700	6997%	260%	64,776	1,779,642	2747%	151%
2061	25,109	1,871,429	7453%	260%	47,860	1,400,712	2927%	151%
2062	18,505	1,472,283	7956%	260%	35,273	1,101,963	3124%	151%
2063	13,603	1,160,793	8533%	260%	25,929	868,821	3351%	151%
2064	9,954	908,879	9131%	260%	18,974	680,271	3585%	151%
2065	7,245	694,878	9591%	260%	13,811	520,097	3766%	151%
2066	5,248	520,822	9925%	260%	10,003	389,820	3897%	151%
2067	3,778	385,131	10195%	260%	7,201	288,260	4003%	151%
2068	2,705	285,482	10555%	260%	5,155	213,675	4145%	151%
2069	1,920	212,973	11090%	260%	3,661	159,404	4355%	151%
2070	1,350	158,303	11728%	260%	2,573	118,485	4605%	151%
2071	937	115,484	12330%	260%	1,785	86,437	4841%	151%
2072	643	80,662	12544%	260%	1,226	60,373	4926%	151%
2073	438	54,417	12420%	260%	835	40,730	4877%	151%
2074	296	36,178	12237%	260%	564	27,078	4805%	151%
2075	197	23,586	11983%	260%	375	17,654	4705%	151%
2076	129	15,044	11653%	260%	246	11,260	4576%	151%
2077	83	9,395	11325%	260%	158	7,032	4447%	151%
Total Projected	617,906,737	3,341,050,386	541%	260%	1,078,091,432	2,538,050,036	235%	151%
Total Lifetime	1,374,631,048	3,578,151,575	260%	260%	1,834,815,743	2,775,151,226	151%	151%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,137,871,104	279,215,791	25%	25%	1,137,871,104	279,215,791	25%	25%
Future	435,815,049	1,756,972,992	403%	403%	736,412,116	1,350,499,099	183%	183%
Lifetime	1,573,686,153	2,036,188,784	129%	129%	1,874,283,220	1,629,714,890	87%	87%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 4b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions including Shock Lapses, Benefit Reductions, CBUL, or Adverse Selection

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	6,512	-	0%	0%	6,512	-	0%	0%
1999	3,532,588	809	0%	0%	3,532,588	809	0%	0%
2000	13,770,173	1,116,290	8%	6%	13,770,173	1,116,290	8%	6%
2001	25,284,765	314,810	1%	3%	25,284,765	314,810	1%	3%
2002	39,956,867	893,775	2%	3%	39,956,867	893,775	2%	3%
2003	34,167,102	2,242,327	7%	4%	34,167,102	2,242,327	7%	4%
2004	44,324,893	2,866,554	6%	5%	44,324,893	2,866,554	6%	5%
2005	43,492,792	5,958,179	14%	7%	43,492,792	5,958,179	14%	7%
2006	39,943,403	6,686,627	17%	8%	39,943,403	6,686,627	17%	8%
2007	40,549,523	4,774,663	12%	9%	40,549,523	4,774,663	12%	9%
2008	39,014,630	9,323,786	24%	11%	39,014,630	9,323,786	24%	11%
2009	36,129,822	10,359,313	29%	12%	36,129,822	10,359,313	29%	12%
2010	37,134,132	12,058,979	32%	14%	37,134,132	12,058,979	32%	14%
2011	35,176,479	13,624,194	39%	16%	35,176,479	13,624,194	39%	16%
2012	35,538,725	14,980,104	42%	18%	35,538,725	14,980,104	42%	18%
2013	33,953,218	21,774,759	64%	21%	33,953,218	21,774,759	64%	21%
2014	33,753,704	26,875,822	80%	25%	33,753,704	26,875,822	80%	25%
2015	30,920,337	36,779,916	119%	30%	30,920,337	36,779,916	119%	30%
2016	33,357,429	43,760,151	131%	36%	33,357,429	43,760,151	131%	36%
2017	38,963,164	51,575,194	132%	42%	38,963,164	51,575,194	132%	42%
Total Actual	638,970,259	265,966,251	42%	42%	638,970,259	265,966,251	42%	42%
Projected								
2018	42,466,060	71,256,737	168%	49%	42,466,060	71,256,737	168%	49%
2019	41,207,018	60,669,806	147%	55%	45,468,933	58,723,419	129%	54%
2020	39,895,836	64,717,093	162%	61%	59,856,347	54,172,119	91%	57%
2021	38,519,471	71,508,240	186%	67%	71,845,636	54,173,495	75%	59%
2022	37,076,700	76,925,107	207%	73%	70,672,438	57,576,286	81%	60%
2023	35,584,751	84,957,459	239%	80%	67,828,613	63,588,276	94%	63%
2024	34,053,251	95,210,751	280%	87%	64,909,399	71,262,578	110%	66%
2025	32,450,092	107,955,082	333%	96%	61,853,594	80,801,352	131%	69%
2026	30,785,230	121,217,051	394%	105%	58,680,175	90,727,564	155%	73%
2027	29,063,045	134,988,213	464%	116%	55,397,495	101,034,893	182%	78%
2028	27,293,518	149,001,946	546%	127%	52,024,573	111,523,779	214%	84%
2029	25,487,618	162,678,608	638%	139%	48,582,320	121,760,377	251%	90%
2030	23,660,083	175,617,194	742%	153%	45,098,829	131,444,546	291%	96%
2031	21,826,111	187,506,630	859%	167%	41,603,068	140,343,456	337%	103%
2032	20,000,803	197,906,780	989%	181%	38,123,823	148,127,677	389%	111%
2033	18,200,998	206,282,661	1133%	197%	34,693,189	154,396,788	445%	119%
2034	16,444,570	212,058,970	1290%	212%	31,345,234	158,720,194	506%	127%
2035	14,748,037	215,403,876	1461%	228%	28,111,448	161,223,762	574%	135%
2036	13,123,917	216,352,032	1649%	244%	25,015,690	161,933,430	647%	143%
2037	11,584,771	214,266,121	1850%	259%	22,081,900	160,372,185	726%	151%
2038	10,143,913	209,094,055	2061%	275%	19,335,461	156,501,038	809%	159%
2039	8,811,522	201,320,066	2285%	289%	16,795,771	150,682,425	897%	166%
2040	7,593,450	191,707,847	2525%	303%	14,473,986	143,487,949	991%	173%
2041	6,489,925	180,913,794	2788%	316%	12,370,541	135,408,903	1095%	180%
2042	5,499,602	168,846,318	3070%	329%	10,482,872	126,376,735	1206%	187%
2043	4,621,475	155,261,629	3360%	340%	8,809,061	116,208,976	1319%	193%
2044	3,852,846	140,613,534	3650%	350%	7,343,966	105,245,288	1433%	198%
2045	3,188,399	125,787,446	3945%	359%	6,077,454	94,148,377	1549%	203%
2046	2,619,686	111,567,149	4259%	368%	4,993,421	83,504,883	1672%	207%
2047	2,136,836	98,077,101	4590%	375%	4,073,054	73,407,960	1802%	211%
2048	1,730,857	85,365,201	4932%	381%	3,299,212	63,893,459	1937%	214%
2049	1,392,552	73,496,155	5278%	387%	2,654,363	55,009,812	2072%	217%
2050	1,113,541	62,624,826	5624%	391%	2,122,537	46,872,927	2208%	220%
2051	885,406	52,879,827	5972%	395%	1,687,685	39,579,068	2345%	222%
2052	700,294	44,269,453	6322%	399%	1,334,841	33,134,445	2482%	223%
2053	551,232	36,801,822	6676%	401%	1,050,711	27,545,132	2622%	225%
2054	432,117	30,313,634	7015%	404%	823,664	22,688,905	2755%	226%
2055	337,498	24,809,074	7351%	405%	643,310	18,568,896	2886%	227%
2056	262,804	20,195,702	7685%	407%	500,935	15,115,917	3018%	228%
2057	204,216	16,406,327	8034%	408%	389,259	12,279,676	3155%	228%
2058	158,485	13,321,582	8406%	409%	302,091	9,970,831	3301%	229%
2059	122,955	10,731,144	8728%	410%	234,367	8,031,961	3427%	229%
2060	95,435	8,631,657	9044%	411%	181,911	6,460,553	3551%	230%
2061	74,178	6,937,319	9352%	411%	141,393	5,192,389	3672%	230%
2062	57,781	5,594,276	9682%	412%	110,137	4,187,159	3802%	230%
2063	45,125	4,511,896	9999%	412%	86,014	3,377,028	3926%	231%
2064	35,366	3,645,496	10308%	412%	67,412	2,728,552	4048%	231%
2065	27,799	2,962,702	10658%	412%	52,988	2,217,500	4185%	231%
2066	21,912	2,441,778	11144%	413%	41,767	1,827,603	4376%	231%
2067	17,295	2,008,858	11615%	413%	32,967	1,503,574	4561%	231%
2068	13,660	1,670,388	12228%	413%	26,037	1,250,238	4802%	231%
2069	10,786	1,370,438	12705%	413%	20,560	1,025,735	4989%	231%
2070	8,510	1,129,318	13271%	413%	16,220	845,263	5211%	231%
2071	6,693	925,992	13835%	413%	12,758	693,079	5433%	231%
2072	5,238	767,622	14654%	413%	9,985	574,543	5754%	231%
2073	4,063	630,234	15510%	413%	7,745	471,713	6090%	231%
2074	3,124	513,648	16440%	413%	5,956	384,451	6455%	231%
2075	2,376	408,408	17189%	413%	4,529	305,682	6750%	231%
2076	1,782	322,631	18109%	413%	3,396	241,480	7111%	231%
2077	1,314	248,793	18933%	413%	2,505	186,215	7434%	231%
Total Projected	616,753,932	4,925,605,496	799%	413%	1,086,281,607	3,724,299,233	343%	231%
Total Lifetime	1,255,724,191	5,191,571,747	413%	413%	1,725,251,866	3,990,265,485	231%	231%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	966,385,213	303,495,976	31%	31%	966,385,213	303,495,976	31%	31%
Future	421,352,247	2,350,124,453	558%	558%	718,686,733	1,794,692,620	250%	250%
Lifetime	1,387,737,459	2,653,620,429	191%	191%	1,685,071,946	2,098,188,596	125%	125%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 4c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions including Shock Lapses, Benefit Reductions, CBUL, or Adverse Selection

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	8,408	-	0%	0%	8,408	-	0%	0%
1999	1,431,079	4,279	0%	0%	1,431,079	4,279	0%	0%
2000	9,660,377	129,825	1%	1%	9,660,377	129,825	1%	1%
2001	19,314,190	458,328	2%	2%	19,314,190	458,328	2%	2%
2002	29,571,130	1,823,798	6%	4%	29,571,130	1,823,798	6%	4%
2003	43,246,270	1,880,061	4%	4%	43,246,270	1,880,061	4%	4%
2004	35,797,466	4,099,545	11%	6%	35,797,466	4,099,545	11%	6%
2005	35,211,852	2,302,468	7%	6%	35,211,852	2,302,468	7%	6%
2006	32,306,265	5,887,873	18%	8%	32,306,265	5,887,873	18%	8%
2007	32,350,635	8,468,171	26%	10%	32,350,635	8,468,171	26%	10%
2008	31,751,535	11,074,615	35%	13%	31,751,535	11,074,615	35%	13%
2009	31,496,667	10,010,300	32%	15%	31,496,667	10,010,300	32%	15%
2010	29,458,469	13,866,385	47%	18%	29,458,469	13,866,385	47%	18%
2011	29,076,173	19,214,458	66%	22%	29,076,173	19,214,458	66%	22%
2012	26,839,040	21,607,780	81%	26%	26,839,040	21,607,780	81%	26%
2013	25,269,507	21,972,751	87%	30%	25,269,507	21,972,751	87%	30%
2014	23,635,198	34,369,975	145%	36%	23,635,198	34,369,975	145%	36%
2015	22,043,457	29,498,642	134%	41%	22,043,457	29,498,642	134%	41%
2016	21,601,170	40,906,627	189%	47%	21,601,170	40,906,627	189%	47%
2017	24,022,886	41,373,337	172%	53%	24,022,886	41,373,337	172%	53%
Total Actual	504,091,775	268,949,219	53%	53%	504,091,775	268,949,219	53%	53%
Projected								
2018	25,755,454	57,683,639	224%	62%	25,755,454	57,683,639	224%	62%
2019	24,175,582	45,567,822	188%	67%	26,675,988	44,105,932	165%	67%
2020	22,614,319	45,002,991	199%	72%	33,928,616	37,670,224	111%	69%
2021	21,004,838	45,792,224	218%	77%	39,177,742	34,691,454	89%	70%
2022	19,443,439	45,118,465	232%	82%	37,061,423	33,769,906	91%	72%
2023	17,887,849	45,405,422	254%	87%	34,096,289	33,984,686	100%	73%
2024	16,400,406	46,340,330	283%	92%	31,261,052	34,684,438	111%	75%
2025	14,944,914	47,852,093	320%	97%	28,486,719	35,815,950	126%	76%
2026	13,525,852	48,957,247	362%	102%	25,781,824	36,643,127	142%	79%
2027	12,156,381	49,548,442	408%	108%	23,171,455	37,085,620	160%	81%
2028	10,851,839	49,620,708	457%	113%	20,684,849	37,139,709	180%	83%
2029	9,621,211	49,193,786	511%	119%	18,339,131	36,820,170	201%	86%
2030	8,469,286	48,266,186	570%	124%	16,143,429	36,125,887	224%	88%
2031	7,400,537	46,917,257	634%	129%	14,106,272	35,116,252	249%	91%
2032	6,417,360	45,145,180	703%	134%	12,232,224	33,789,902	276%	94%
2033	5,522,142	42,882,612	777%	139%	10,525,835	32,096,433	305%	96%
2034	4,714,305	40,222,019	853%	143%	8,986,006	30,105,053	335%	98%
2035	3,993,051	37,279,977	934%	148%	7,611,213	27,903,018	367%	101%
2036	3,355,611	34,231,319	1020%	152%	6,396,180	25,621,183	401%	103%
2037	2,796,359	31,129,630	1113%	155%	5,330,181	23,299,655	437%	105%
2038	2,310,246	27,903,398	1208%	158%	4,403,593	20,884,911	474%	106%
2039	1,891,848	24,676,962	1304%	161%	3,606,078	18,470,014	512%	108%
2040	1,535,739	21,507,339	1400%	164%	2,927,295	16,097,640	550%	109%
2041	1,235,617	18,536,282	1500%	166%	2,355,228	13,873,888	589%	111%
2042	985,276	15,777,313	1601%	168%	1,878,048	11,808,877	629%	112%
2043	778,654	13,225,214	1698%	169%	1,484,203	9,898,702	667%	112%
2044	609,953	10,930,535	1792%	171%	1,162,641	8,181,199	704%	113%
2045	473,637	8,917,770	1883%	172%	902,806	6,674,701	739%	114%
2046	364,548	7,197,591	1974%	172%	694,869	5,387,195	775%	114%
2047	278,077	5,761,103	2072%	173%	530,047	4,312,024	814%	115%
2048	210,258	4,566,374	2172%	174%	400,776	3,417,803	853%	115%
2049	157,643	3,575,478	2268%	174%	300,485	2,676,145	891%	115%
2050	117,270	2,768,440	2361%	174%	223,531	2,072,100	927%	115%
2051	86,568	2,121,004	2450%	175%	165,009	1,587,512	962%	116%
2052	63,436	1,615,101	2546%	175%	120,916	1,208,858	1000%	116%
2053	46,155	1,220,835	2645%	175%	87,977	913,761	1039%	116%
2054	33,356	913,057	2737%	175%	63,581	683,398	1075%	116%
2055	23,952	678,348	2832%	175%	45,656	507,725	1112%	116%
2056	17,107	498,285	2913%	175%	32,608	372,953	1144%	116%
2057	12,156	365,485	3007%	175%	23,170	273,555	1181%	116%
2058	8,599	266,593	3100%	175%	16,391	199,537	1217%	116%
2059	6,052	194,246	3210%	175%	11,535	145,388	1260%	116%
2060	4,238	140,126	3306%	175%	8,079	104,880	1298%	116%
2061	2,958	100,740	3406%	175%	5,638	75,401	1337%	116%
2062	2,058	72,792	3538%	175%	3,922	54,483	1389%	116%
2063	1,429	52,361	3664%	175%	2,724	39,191	1439%	116%
2064	991	38,033	3836%	175%	1,890	28,467	1506%	116%
2065	686	27,417	3998%	175%	1,307	20,521	1570%	116%
2066	472	19,813	4196%	175%	900	14,829	1647%	116%
2067	323	14,073	4364%	175%	615	10,533	1713%	116%
2068	218	9,831	4510%	175%	416	7,358	1771%	116%
2069	146	6,662	4563%	175%	278	4,986	1792%	116%
2070	97	4,300	4446%	175%	184	3,218	1746%	116%
2071	63	2,721	4296%	175%	121	2,037	1687%	116%
2072	41	1,684	4111%	175%	78	1,261	1614%	116%
2073	26	1,016	3894%	175%	50	761	1529%	116%
2074	16	597	3656%	175%	31	447	1436%	116%
2075	10	341	3427%	175%	19	255	1346%	116%
2076	6	187	3184%	175%	11	140	1250%	116%
2077	3	98	2928%	175%	6	73	1150%	116%
Total Projected	262,310,664	1,075,866,896	410%	175%	447,214,596	834,168,961	187%	116%
Total Lifetime	766,402,438	1,344,816,114	175%	175%	951,306,371	1,103,118,180	116%	116%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	773,793,001	324,671,551	42%	42%	773,793,001	324,671,551	42%	42%
Future	195,003,491	671,335,924	344%	344%	321,746,328	529,959,118	165%	165%
Lifetime	968,796,493	996,007,475	103%	103%	1,095,539,329	854,630,669	78%	78%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 4d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience Restated with Approved Virginia Rate Increases
Current Assumptions including Shock Lapses, Benefit Reductions, CBUL, or Adverse Selection

Calendar Year	Without Rate Increase				With 154.66% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	3,305	-	0%	0%	3,305	-	0%	0%
1999	2,019,783	-	0%	0%	2,019,783	-	0%	0%
2000	7,335,473	-	0%	0%	7,335,473	-	0%	0%
2001	12,282,763	968,717	8%	4%	12,282,763	968,717	8%	4%
2002	17,823,957	3,005,226	17%	10%	17,823,957	3,005,226	17%	10%
2003	14,490,740	2,786,206	19%	13%	14,490,740	2,786,206	19%	13%
2004	18,931,462	3,905,927	21%	15%	18,931,462	3,905,927	21%	15%
2005	18,553,587	2,817,423	15%	15%	18,553,587	2,817,423	15%	15%
2006	17,088,557	4,991,477	29%	17%	17,088,557	4,991,477	29%	17%
2007	17,146,581	2,845,927	17%	17%	17,146,581	2,845,927	17%	17%
2008	16,364,078	7,439,594	45%	20%	16,364,078	7,439,594	45%	20%
2009	15,074,970	5,504,242	37%	22%	15,074,970	5,504,242	37%	22%
2010	15,438,563	6,290,732	41%	24%	15,438,563	6,290,732	41%	24%
2011	14,437,688	9,021,093	62%	27%	14,437,688	9,021,093	62%	27%
2012	14,602,405	14,375,494	98%	32%	14,602,405	14,375,494	98%	32%
2013	13,917,552	16,608,435	119%	37%	13,917,552	16,608,435	119%	37%
2014	13,608,008	23,935,640	176%	46%	13,608,008	23,935,640	176%	46%
2015	12,212,288	24,579,639	201%	53%	12,212,288	24,579,639	201%	53%
2016	12,834,118	24,049,014	187%	60%	12,834,118	24,049,014	187%	60%
2017	14,655,300	30,417,353	208%	68%	14,655,300	30,417,353	208%	68%
Total Actual	268,821,179	183,542,140	68%	68%	268,821,179	183,542,140	68%	68%
Projected								
2018	15,781,043	38,747,887	246%	78%	15,781,043	38,747,887	246%	78%
2019	15,079,831	31,353,325	208%	85%	16,639,491	30,347,459	182%	84%
2020	14,351,798	31,795,426	222%	91%	21,532,227	26,614,694	124%	87%
2021	13,610,994	33,301,982	245%	97%	25,386,915	25,229,047	99%	87%
2022	12,856,426	33,954,087	264%	104%	24,505,822	25,413,682	104%	89%
2023	12,099,344	35,469,208	293%	110%	23,062,737	26,547,708	115%	90%
2024	11,350,789	37,562,632	331%	117%	21,635,904	28,114,577	130%	92%
2025	10,594,165	40,236,150	380%	124%	20,193,693	30,115,630	149%	95%
2026	9,834,285	42,748,336	435%	132%	18,745,275	31,995,931	171%	98%
2027	9,075,016	45,022,327	496%	141%	17,298,020	33,697,949	195%	101%
2028	8,325,851	47,021,454	565%	150%	15,870,027	35,194,240	222%	105%
2029	7,591,093	48,629,211	641%	159%	14,469,492	36,397,601	252%	110%
2030	6,876,428	49,839,737	725%	168%	13,107,259	37,303,646	285%	114%
2031	6,187,070	50,577,697	817%	177%	11,793,264	37,855,988	321%	119%
2032	5,527,876	50,753,768	918%	187%	10,536,765	37,987,772	361%	123%
2033	4,903,459	50,330,016	1026%	197%	9,346,555	37,670,606	403%	128%
2034	4,317,686	49,247,283	1141%	206%	8,230,005	36,860,211	448%	133%
2035	3,773,430	47,604,949	1262%	215%	7,192,590	35,630,970	495%	137%
2036	3,272,048	45,489,246	1390%	224%	6,236,898	34,047,425	546%	142%
2037	2,814,237	42,923,263	1525%	232%	5,364,257	32,126,859	599%	146%
2038	2,400,776	39,956,051	1664%	239%	4,576,154	29,905,984	654%	150%
2039	2,031,455	36,663,954	1805%	246%	3,872,186	27,441,942	709%	154%
2040	1,705,459	33,186,734	1946%	253%	3,250,800	24,839,340	764%	157%
2041	1,420,498	29,745,887	2094%	259%	2,707,631	22,263,962	822%	160%
2042	1,173,510	26,379,565	2248%	264%	2,236,844	19,744,365	883%	163%
2043	961,662	23,091,494	2401%	268%	1,833,038	17,283,336	943%	165%
2044	781,924	19,938,091	2550%	272%	1,490,436	14,923,102	1001%	168%
2045	631,266	16,949,239	2685%	275%	1,203,266	12,686,030	1054%	169%
2046	506,413	14,241,660	2812%	278%	965,281	10,659,483	1104%	171%
2047	403,875	11,876,693	2941%	281%	769,833	8,889,372	1155%	172%
2048	320,167	9,837,339	3073%	283%	610,275	7,362,972	1207%	173%
2049	252,335	8,073,510	3200%	284%	480,980	6,042,796	1256%	174%
2050	197,821	6,569,603	3321%	285%	377,070	4,917,164	1304%	175%
2051	154,381	5,287,268	3425%	287%	294,268	3,957,372	1345%	175%
2052	120,014	4,238,001	3531%	287%	228,761	3,172,025	1387%	176%
2053	92,955	3,373,974	3630%	288%	177,183	2,525,325	1425%	176%
2054	71,782	2,677,645	3730%	289%	136,825	2,004,142	1465%	176%
2055	55,260	2,110,314	3819%	289%	105,331	1,579,511	1500%	177%
2056	42,466	1,650,819	3887%	289%	80,945	1,235,592	1526%	177%
2057	32,591	1,283,246	3937%	290%	62,121	960,474	1546%	177%
2058	24,988	994,445	3980%	290%	47,629	744,314	1563%	177%
2059	19,147	773,692	4041%	290%	36,497	579,087	1587%	177%
2060	14,635	599,526	4096%	290%	27,897	448,728	1609%	177%
2061	11,178	463,696	4148%	290%	21,306	347,064	1629%	177%
2062	8,521	357,146	4191%	290%	16,242	267,314	1646%	177%
2063	6,488	273,649	4218%	290%	12,367	204,818	1656%	177%
2064	4,936	209,472	4244%	290%	9,409	156,784	1666%	177%
2065	3,734	160,269	4292%	290%	7,118	119,957	1685%	177%
2066	2,810	121,845	4336%	290%	5,357	91,198	1702%	177%
2067	2,100	90,709	4319%	290%	4,003	67,893	1696%	177%
2068	1,557	66,977	4302%	290%	2,968	50,130	1689%	177%
2069	1,144	49,308	4311%	290%	2,180	36,906	1693%	177%
2070	828	37,600	4540%	290%	1,579	28,142	1783%	177%
2071	588	28,098	4775%	290%	1,122	21,030	1875%	177%
2072	409	20,481	5003%	290%	780	15,329	1965%	177%
2073	279	14,440	5174%	290%	532	10,808	2032%	177%
2074	186	9,819	5275%	290%	355	7,349	2071%	177%
2075	122	6,519	5364%	290%	232	4,879	2106%	177%
2076	77	4,185	5402%	290%	148	3,133	2121%	177%
2077	48	2,538	5267%	290%	92	1,899	2068%	177%
Total Projected	191,683,255	1,154,023,485	602%	290%	332,585,276	883,500,936	266%	177%
Total Lifetime	460,504,433	1,337,565,625	290%	290%	601,406,454	1,067,043,075	177%	177%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	411,774,780	214,256,938	52%	52%	411,774,780	214,256,938	52%	52%
Future	136,708,356	647,711,027	474%	474%	229,567,908	503,551,656	219%	219%
Lifetime	548,483,136	861,967,966	157%	157%	641,342,688	717,808,595	112%	112%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 5a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience
Original Assumptions and Original Premiums from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	13,743	987	7%	7%	13,743	987	7%	7%
1999	2,499,179	177,860	7%	7%	2,499,179	177,860	7%	7%
2000	12,373,502	914,955	7%	7%	12,373,502	914,955	7%	7%
2001	25,738,181	2,027,618	8%	8%	25,738,181	2,027,618	8%	8%
2002	42,516,812	3,537,977	8%	8%	42,516,812	3,537,977	8%	8%
2003	55,763,107	5,019,819	9%	8%	55,763,107	5,019,819	9%	8%
2004	53,553,719	5,669,340	11%	9%	53,553,719	5,669,340	11%	9%
2005	50,763,734	6,342,743	12%	10%	50,763,734	6,342,743	12%	10%
2006	48,058,677	7,101,712	15%	11%	48,058,677	7,101,712	15%	11%
2007	45,429,467	7,966,246	18%	12%	45,429,467	7,966,246	18%	12%
2008	42,872,765	8,946,938	21%	13%	42,872,765	8,946,938	21%	13%
2009	40,386,159	10,069,121	25%	14%	40,386,159	10,069,121	25%	14%
2010	37,965,263	11,357,419	30%	15%	37,965,263	11,357,419	30%	15%
2011	35,546,888	12,824,299	36%	17%	35,546,888	12,824,299	36%	17%
2012	33,067,098	14,481,666	44%	18%	33,067,098	14,481,666	44%	18%
2013	30,616,120	16,329,448	53%	20%	30,616,120	16,329,448	53%	20%
2014	28,469,760	18,392,473	65%	22%	28,469,760	18,392,473	65%	22%
2015	26,405,290	20,646,685	78%	25%	26,405,290	20,646,685	78%	25%
2016	24,413,638	23,102,823	95%	27%	24,413,638	23,102,823	95%	27%
2017	22,490,253	25,722,312	114%	30%	22,490,253	25,722,312	114%	30%
Total Actual	658,943,356	200,632,443	30%	30%	658,943,356	200,632,443	30%	30%
Projected								
2018	20,637,418	28,470,566	138%	34%	20,637,418	28,470,566	138%	34%
2019	18,860,461	31,358,147	166%	37%	18,860,461	31,358,147	166%	37%
2020	17,161,064	34,312,307	200%	41%	17,161,064	34,312,307	200%	41%
2021	15,540,964	37,240,281	240%	45%	15,540,964	37,240,281	240%	45%
2022	14,004,169	40,047,220	286%	50%	14,004,169	40,047,220	286%	50%
2023	12,553,500	42,733,840	340%	55%	12,553,500	42,733,840	340%	55%
2024	11,191,544	45,238,153	404%	60%	11,191,544	45,238,153	404%	60%
2025	9,920,360	47,430,470	478%	65%	9,920,360	47,430,470	478%	65%
2026	8,739,969	49,191,479	563%	71%	8,739,969	49,191,479	563%	71%
2027	7,651,339	50,468,672	660%	76%	7,651,339	50,468,672	660%	76%
2028	6,656,899	51,277,506	770%	82%	6,656,899	51,277,506	770%	82%
2029	5,754,477	51,564,827	896%	88%	5,754,477	51,564,827	896%	88%
2030	4,940,723	51,264,745	1038%	94%	4,940,723	51,264,745	1038%	94%
2031	4,212,442	50,404,493	1197%	99%	4,212,442	50,404,493	1197%	99%
2032	3,566,094	49,029,847	1375%	105%	3,566,094	49,029,847	1375%	105%
2033	2,997,431	47,127,801	1572%	110%	2,997,431	47,127,801	1572%	110%
2034	2,501,349	44,712,035	1788%	115%	2,501,349	44,712,035	1788%	115%
2035	2,072,651	41,938,378	2023%	120%	2,072,651	41,938,378	2023%	120%
2036	1,705,106	38,946,775	2284%	125%	1,705,106	38,946,775	2284%	125%
2037	1,392,312	35,760,509	2568%	129%	1,392,312	35,760,509	2568%	129%
2038	1,129,014	32,396,802	2869%	132%	1,129,014	32,396,802	2869%	132%
2039	909,441	28,980,842	3187%	136%	909,441	28,980,842	3187%	136%
2040	727,635	25,640,557	3524%	139%	727,635	25,640,557	3524%	139%
2041	578,278	22,517,147	3894%	141%	578,278	22,517,147	3894%	141%
2042	456,475	19,592,869	4292%	144%	456,475	19,592,869	4292%	144%
2043	358,034	16,838,286	4703%	145%	358,034	16,838,286	4703%	145%
2044	279,177	14,273,962	5113%	147%	279,177	14,273,962	5113%	147%
2045	216,560	11,951,950	5519%	149%	216,560	11,951,950	5519%	149%
2046	167,217	9,935,630	5942%	150%	167,217	9,935,630	5942%	150%
2047	128,581	8,218,693	6392%	151%	128,581	8,218,693	6392%	151%
2048	98,525	6,767,218	6869%	151%	98,525	6,767,218	6869%	151%
2049	75,261	5,542,675	7365%	152%	75,261	5,542,675	7365%	152%
2050	57,338	4,517,976	7880%	153%	57,338	4,517,976	7880%	153%
2051	43,593	3,665,361	8408%	153%	43,593	3,665,361	8408%	153%
2052	33,098	2,968,513	8969%	153%	33,098	2,968,513	8969%	153%
2053	25,106	2,405,409	9581%	154%	25,106	2,405,409	9581%	154%
2054	19,028	1,949,451	10245%	154%	19,028	1,949,451	10245%	154%
2055	14,420	1,585,186	10993%	154%	14,420	1,585,186	10993%	154%
2056	10,929	1,289,264	11797%	154%	10,929	1,289,264	11797%	154%
2057	8,282	1,049,207	12668%	154%	8,282	1,049,207	12668%	154%
2058	6,270	854,887	13636%	154%	6,270	854,887	13636%	154%
2059	4,753	697,811	14682%	155%	4,753	697,811	14682%	155%
2060	3,605	568,018	15756%	155%	3,605	568,018	15756%	155%
2061	2,734	464,688	16999%	155%	2,734	464,688	16999%	155%
2062	2,071	379,429	18325%	155%	2,071	379,429	18325%	155%
Total Projected	177,415,696	1,093,569,883	616%	155%	177,415,696	1,093,569,883	616%	155%
Total Lifetime	836,359,052	1,294,202,326	155%	155%	836,359,052	1,294,202,326	155%	155%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,080,623,020	272,302,996	25%	25%	1,080,623,020	272,302,996	25%	25%
Future	132,638,973	608,104,689	458%	458%	132,638,973	608,104,689	458%	458%
Lifetime	1,213,261,993	880,407,685	73%	73%	1,213,261,993	880,407,685	73%	73%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 5b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience
Original Assumptions and Original Premiums from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	14,441	1,719	12%	12%	14,441	1,719	12%	12%
1999	2,426,107	315,417	13%	13%	2,426,107	315,417	13%	13%
2000	11,832,211	1,584,966	13%	13%	11,832,211	1,584,966	13%	13%
2001	24,007,065	3,415,742	14%	14%	24,007,065	3,415,742	14%	14%
2002	39,139,857	5,853,535	15%	14%	39,139,857	5,853,535	15%	14%
2003	51,537,292	8,238,594	16%	15%	51,537,292	8,238,594	16%	15%
2004	49,736,528	9,049,252	18%	16%	49,736,528	9,049,252	18%	16%
2005	47,301,004	9,862,426	21%	17%	47,301,004	9,862,426	21%	17%
2006	44,942,403	10,756,640	24%	18%	44,942,403	10,756,640	24%	18%
2007	42,654,351	11,705,801	27%	19%	42,654,351	11,705,801	27%	19%
2008	40,433,480	12,732,500	31%	21%	40,433,480	12,732,500	31%	21%
2009	38,273,155	13,896,694	36%	22%	38,273,155	13,896,694	36%	22%
2010	36,146,043	15,240,460	42%	24%	36,146,043	15,240,460	42%	24%
2011	33,951,274	16,743,569	49%	26%	33,951,274	16,743,569	49%	26%
2012	31,510,928	18,381,941	58%	28%	31,510,928	18,381,941	58%	28%
2013	29,111,531	20,160,764	69%	30%	29,111,531	20,160,764	69%	30%
2014	27,269,279	22,166,545	81%	33%	27,269,279	22,166,545	81%	33%
2015	25,501,314	24,393,285	96%	36%	25,501,314	24,393,285	96%	36%
2016	23,788,927	26,835,548	113%	39%	23,788,927	26,835,548	113%	39%
2017	22,124,846	29,423,885	133%	42%	22,124,846	29,423,885	133%	42%
Total Actual	621,702,037	260,759,285	42%	42%	621,702,037	260,759,285	42%	42%
Projected								
2018	20,515,361	32,181,483	157%	46%	20,515,361	32,181,483	157%	46%
2019	18,959,498	35,167,219	185%	50%	18,959,498	35,167,219	185%	50%
2020	17,460,210	38,342,422	220%	54%	17,460,210	38,342,422	220%	54%
2021	16,019,647	41,573,079	260%	59%	16,019,647	41,573,079	260%	59%
2022	14,636,969	44,762,088	306%	64%	14,636,969	44,762,088	306%	64%
2023	13,311,836	47,969,740	360%	69%	13,311,836	47,969,740	360%	69%
2024	12,051,006	51,152,818	424%	75%	12,051,006	51,152,818	424%	75%
2025	10,857,604	54,197,871	499%	81%	10,857,604	54,197,871	499%	81%
2026	9,732,334	56,917,026	585%	88%	9,732,334	56,917,026	585%	88%
2027	8,677,617	59,179,612	682%	95%	8,677,617	59,179,612	682%	95%
2028	7,695,077	61,026,559	793%	102%	7,695,077	61,026,559	793%	102%
2029	6,784,583	62,421,316	920%	109%	6,784,583	62,421,316	920%	109%
2030	5,945,077	63,241,327	1064%	116%	5,945,077	63,241,327	1064%	116%
2031	5,177,770	63,472,459	1226%	123%	5,177,770	63,472,459	1226%	123%
2032	4,480,397	62,993,783	1406%	130%	4,480,397	62,993,783	1406%	130%
2033	3,852,689	61,832,512	1605%	138%	3,852,689	61,832,512	1605%	138%
2034	3,292,553	60,058,306	1824%	144%	3,292,553	60,058,306	1824%	144%
2035	2,796,041	57,786,422	2067%	151%	2,796,041	57,786,422	2067%	151%
2036	2,358,894	55,112,911	2336%	158%	2,358,894	55,112,911	2336%	158%
2037	1,976,875	51,990,315	2630%	164%	1,976,875	51,990,315	2630%	164%
2038	1,646,529	48,469,980	2944%	169%	1,646,529	48,469,980	2944%	169%
2039	1,363,389	44,693,629	3278%	174%	1,363,389	44,693,629	3278%	174%
2040	1,122,338	40,850,013	3640%	179%	1,122,338	40,850,013	3640%	179%
2041	918,442	37,082,392	4038%	184%	918,442	37,082,392	4038%	184%
2042	747,066	33,396,415	4470%	188%	747,066	33,396,415	4470%	188%
2043	604,153	29,744,936	4923%	191%	604,153	29,744,936	4923%	191%
2044	486,134	26,200,237	5390%	194%	486,134	26,200,237	5390%	194%
2045	389,364	22,851,036	5869%	197%	389,364	22,851,036	5869%	197%
2046	310,562	19,816,669	6381%	199%	310,562	19,816,669	6381%	199%
2047	246,693	17,093,882	6929%	201%	246,693	17,093,882	6929%	201%
2048	195,239	14,646,092	7502%	203%	195,239	14,646,092	7502%	203%
2049	154,004	12,446,910	8082%	204%	154,004	12,446,910	8082%	204%
2050	121,129	10,500,942	8669%	206%	121,129	10,500,942	8669%	206%
2051	95,060	8,808,070	9266%	207%	95,060	8,808,070	9266%	207%
2052	74,463	7,359,691	9884%	208%	74,463	7,359,691	9884%	208%
2053	58,219	6,119,813	10512%	208%	58,219	6,119,813	10512%	208%
2054	45,445	5,065,655	11147%	209%	45,445	5,065,655	11147%	209%
2055	35,419	4,178,480	11797%	210%	35,419	4,178,480	11797%	210%
2056	27,559	3,438,574	12477%	210%	27,559	3,438,574	12477%	210%
2057	21,420	2,824,064	13184%	210%	21,420	2,824,064	13184%	210%
2058	16,637	2,315,322	13917%	211%	16,637	2,315,322	13917%	211%
2059	12,908	1,888,531	14631%	211%	12,908	1,888,531	14631%	211%
2060	10,009	1,542,216	15408%	211%	10,009	1,542,216	15408%	211%
2061	7,749	1,255,059	16195%	211%	7,749	1,255,059	16195%	211%
2062	5,992	1,019,371	17011%	211%	5,992	1,019,371	17011%	211%
Total Projected	195,297,963	1,464,987,246	750%	211%	195,297,963	1,464,987,246	750%	211%
Total Lifetime	816,999,999	1,725,746,531	211%	211%	816,999,999	1,725,746,531	211%	211%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,016,401,000	363,625,145	36%	36%	1,016,401,000	363,625,145	36%	36%
Future	142,210,733	764,226,906	537%	537%	142,210,733	764,226,906	537%	537%
Lifetime	1,158,611,733	1,127,852,051	97%	97%	1,158,611,733	1,127,852,051	97%	97%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 5c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience
Original Assumptions and Original Premiums from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	6,910	668	10%	10%	6,910	668	10%	10%
1999	2,352,569	251,253	11%	11%	2,352,569	251,253	11%	11%
2000	10,717,546	1,185,587	11%	11%	10,717,546	1,185,587	11%	11%
2001	20,298,793	2,453,223	12%	12%	20,298,793	2,453,223	12%	12%
2002	30,252,275	3,997,739	13%	12%	30,252,275	3,997,739	13%	12%
2003	36,215,177	5,359,727	15%	13%	36,215,177	5,359,727	15%	13%
2004	34,231,602	6,088,983	18%	14%	34,231,602	6,088,983	18%	14%
2005	32,078,388	6,858,168	21%	16%	32,078,388	6,858,168	21%	16%
2006	29,987,021	7,696,982	26%	17%	29,987,021	7,696,982	26%	17%
2007	27,952,513	8,597,753	31%	19%	27,952,513	8,597,753	31%	19%
2008	25,976,506	9,563,351	37%	21%	25,976,506	9,563,351	37%	21%
2009	24,060,521	10,585,758	44%	23%	24,060,521	10,585,758	44%	23%
2010	22,207,085	11,646,514	52%	25%	22,207,085	11,646,514	52%	25%
2011	20,411,726	12,745,707	62%	27%	20,411,726	12,745,707	62%	27%
2012	18,653,118	13,841,944	74%	30%	18,653,118	13,841,944	74%	30%
2013	16,964,467	14,929,009	88%	33%	16,964,467	14,929,009	88%	33%
2014	15,399,111	15,987,591	104%	36%	15,399,111	15,987,591	104%	36%
2015	13,913,418	16,955,575	122%	39%	13,913,418	16,955,575	122%	39%
2016	12,508,413	17,828,102	143%	42%	12,508,413	17,828,102	143%	42%
2017	11,187,791	18,550,252	166%	46%	11,187,791	18,550,252	166%	46%
Total Actual	405,374,949	185,123,884	46%	46%	405,374,949	185,123,884	46%	46%
Projected								
2018	9,952,107	19,132,631	192%	49%	9,952,107	19,132,631	192%	49%
2019	8,803,727	19,552,278	222%	53%	8,803,727	19,552,278	222%	53%
2020	7,743,673	19,772,223	255%	56%	7,743,673	19,772,223	255%	56%
2021	6,771,331	19,791,214	292%	60%	6,771,331	19,791,214	292%	60%
2022	5,886,495	19,605,079	333%	64%	5,886,495	19,605,079	333%	64%
2023	5,086,183	19,221,861	378%	67%	5,086,183	19,221,861	378%	67%
2024	4,368,536	18,683,004	428%	71%	4,368,536	18,683,004	428%	71%
2025	3,728,679	17,969,710	482%	74%	3,728,679	17,969,710	482%	74%
2026	3,162,318	17,121,820	541%	77%	3,162,318	17,121,820	541%	77%
2027	2,664,736	16,140,448	606%	80%	2,664,736	16,140,448	606%	80%
2028	2,231,344	15,055,204	675%	83%	2,231,344	15,055,204	675%	83%
2029	1,856,848	13,912,332	749%	86%	1,856,848	13,912,332	749%	86%
2030	1,535,286	12,729,628	829%	88%	1,535,286	12,729,628	829%	88%
2031	1,260,898	11,549,167	916%	90%	1,260,898	11,549,167	916%	90%
2032	1,028,973	10,387,065	1009%	92%	1,028,973	10,387,065	1009%	92%
2033	834,292	9,239,404	1107%	94%	834,292	9,239,404	1107%	94%
2034	672,411	8,129,128	1209%	96%	672,411	8,129,128	1209%	96%
2035	538,721	7,081,221	1314%	97%	538,721	7,081,221	1314%	97%
2036	429,026	6,125,881	1428%	98%	429,026	6,125,881	1428%	98%
2037	339,510	5,262,846	1550%	99%	339,510	5,262,846	1550%	99%
2038	267,032	4,473,453	1675%	100%	267,032	4,473,453	1675%	100%
2039	208,813	3,761,672	1801%	101%	208,813	3,761,672	1801%	101%
2040	162,353	3,128,752	1927%	102%	162,353	3,128,752	1927%	102%
2041	125,515	2,584,086	2059%	102%	125,515	2,584,086	2059%	102%
2042	96,518	2,116,651	2193%	103%	96,518	2,116,651	2193%	103%
2043	73,844	1,716,727	2325%	103%	73,844	1,716,727	2325%	103%
2044	56,235	1,378,665	2452%	103%	56,235	1,378,665	2452%	103%
2045	42,645	1,096,852	2572%	103%	42,645	1,096,852	2572%	103%
2046	32,201	866,594	2691%	104%	32,201	866,594	2691%	104%
2047	24,223	681,854	2815%	104%	24,223	681,854	2815%	104%
2048	18,160	533,651	2939%	104%	18,160	533,651	2939%	104%
2049	13,574	415,793	3063%	104%	13,574	415,793	3063%	104%
2050	10,128	322,005	3179%	104%	10,128	322,005	3179%	104%
2051	7,539	247,950	3289%	104%	7,539	247,950	3289%	104%
2052	5,601	190,607	3403%	104%	5,601	190,607	3403%	104%
2053	4,152	146,207	3521%	104%	4,152	146,207	3521%	104%
2054	3,073	112,026	3645%	104%	3,073	112,026	3645%	104%
2055	2,273	85,522	3762%	104%	2,273	85,522	3762%	104%
2056	1,680	64,853	3861%	104%	1,680	64,853	3861%	104%
2057	1,239	49,126	3964%	104%	1,239	49,126	3964%	104%
2058	911	37,326	4099%	104%	911	37,326	4099%	104%
2059	668	28,219	4224%	104%	668	28,219	4224%	104%
2060	490	21,304	4352%	104%	490	21,304	4352%	104%
2061	357	15,894	4447%	104%	357	15,894	4447%	104%
2062	261	11,825	4539%	104%	261	11,825	4539%	104%
Total Projected	70,054,577	310,549,758	443%	104%	70,054,577	310,549,758	443%	104%
Total Lifetime	475,429,526	495,673,642	104%	104%	475,429,526	495,673,642	104%	104%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	680,898,161	259,039,411	38%	38%	680,898,161	259,039,411	38%	38%
Future	54,592,563	206,931,119	379%	379%	54,592,563	206,931,119	379%	379%
Lifetime	735,490,724	465,970,531	63%	63%	735,490,724	465,970,531	63%	63%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 5d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience
Original Assumptions and Original Premiums from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	3,336	465	14%	14%	3,336	465	14%	14%
1999	1,358,990	208,646	15%	15%	1,358,990	208,646	15%	15%
2000	6,091,139	933,352	15%	15%	6,091,139	933,352	15%	15%
2001	11,446,918	1,877,689	16%	16%	11,446,918	1,877,689	16%	16%
2002	17,162,784	3,013,714	18%	17%	17,162,784	3,013,714	18%	17%
2003	20,829,254	4,017,753	19%	18%	20,829,254	4,017,753	19%	18%
2004	19,878,427	4,449,514	22%	19%	19,878,427	4,449,514	22%	19%
2005	18,775,006	4,887,064	26%	20%	18,775,006	4,887,064	26%	20%
2006	17,703,186	5,361,193	30%	22%	17,703,186	5,361,193	30%	22%
2007	16,660,323	5,863,479	35%	24%	16,660,323	5,863,479	35%	24%
2008	15,645,785	6,397,761	41%	25%	15,645,785	6,397,761	41%	25%
2009	14,659,344	6,970,498	48%	27%	14,659,344	6,970,498	48%	27%
2010	13,698,709	7,580,347	55%	30%	13,698,709	7,580,347	55%	30%
2011	12,743,472	8,224,524	65%	32%	12,743,472	8,224,524	65%	32%
2012	11,758,502	8,892,291	76%	35%	11,758,502	8,892,291	76%	35%
2013	10,809,921	9,570,167	89%	37%	10,809,921	9,570,167	89%	37%
2014	9,977,892	10,257,864	103%	40%	9,977,892	10,257,864	103%	40%
2015	9,180,404	10,938,202	119%	44%	9,180,404	10,938,202	119%	44%
2016	8,413,498	11,613,242	138%	47%	8,413,498	11,613,242	138%	47%
2017	7,680,789	12,236,802	159%	50%	7,680,789	12,236,802	159%	50%
Total Actual	244,477,679	123,294,565	50%	50%	244,477,679	123,294,565	50%	50%
Projected								
2018	6,983,204	12,815,089	184%	54%	6,983,204	12,815,089	184%	54%
2019	6,322,829	13,340,171	211%	58%	6,322,829	13,340,171	211%	58%
2020	5,697,142	13,794,348	242%	62%	5,697,142	13,794,348	242%	62%
2021	5,109,236	14,156,088	277%	66%	5,109,236	14,156,088	277%	66%
2022	4,560,988	14,410,876	316%	70%	4,560,988	14,410,876	316%	70%
2023	4,049,916	14,553,638	359%	74%	4,049,916	14,553,638	359%	74%
2024	3,578,969	14,599,141	408%	79%	3,578,969	14,599,141	408%	79%
2025	3,146,111	14,539,693	462%	83%	3,146,111	14,539,693	462%	83%
2026	2,750,372	14,362,722	522%	87%	2,750,372	14,362,722	522%	87%
2027	2,390,392	14,051,963	588%	91%	2,390,392	14,051,963	588%	91%
2028	2,066,191	13,630,286	660%	95%	2,066,191	13,630,286	660%	95%
2029	1,775,626	13,105,442	738%	99%	1,775,626	13,105,442	738%	99%
2030	1,516,677	12,497,446	824%	103%	1,516,677	12,497,446	824%	103%
2031	1,287,578	11,816,657	918%	107%	1,287,578	11,816,657	918%	107%
2032	1,086,094	11,063,761	1019%	110%	1,086,094	11,063,761	1019%	110%
2033	910,351	10,253,920	1126%	113%	910,351	10,253,920	1126%	113%
2034	758,345	9,404,725	1240%	116%	758,345	9,404,725	1240%	116%
2035	627,750	8,534,455	1360%	118%	627,750	8,534,455	1360%	118%
2036	516,376	7,678,461	1487%	121%	516,376	7,678,461	1487%	121%
2037	421,998	6,846,767	1622%	123%	421,998	6,846,767	1622%	123%
2038	342,782	6,038,650	1762%	125%	342,782	6,038,650	1762%	125%
2039	276,801	5,267,974	1903%	126%	276,801	5,267,974	1903%	126%
2040	222,303	4,546,532	2045%	128%	222,303	4,546,532	2045%	128%
2041	177,589	3,894,000	2193%	129%	177,589	3,894,000	2193%	129%
2042	141,099	3,309,012	2345%	130%	141,099	3,309,012	2345%	130%
2043	111,537	2,786,151	2498%	131%	111,537	2,786,151	2498%	131%
2044	87,742	2,321,921	2646%	132%	87,742	2,321,921	2646%	132%
2045	68,743	1,913,076	2783%	132%	68,743	1,913,076	2783%	132%
2046	53,685	1,562,799	2911%	133%	53,685	1,562,799	2911%	133%
2047	41,814	1,271,293	3040%	133%	41,814	1,271,293	3040%	133%
2048	32,502	1,029,155	3166%	134%	32,502	1,029,155	3166%	134%
2049	25,220	827,435	3281%	134%	25,220	827,435	3281%	134%
2050	19,553	661,652	3384%	134%	19,553	661,652	3384%	134%
2051	15,141	526,118	3475%	134%	15,141	526,118	3475%	134%
2052	11,714	418,446	3572%	134%	11,714	418,446	3572%	134%
2053	9,051	331,260	3660%	134%	9,051	331,260	3660%	134%
2054	6,986	261,959	3750%	134%	6,986	261,959	3750%	134%
2055	5,389	206,147	3825%	135%	5,389	206,147	3825%	135%
2056	4,149	161,253	3886%	135%	4,149	161,253	3886%	135%
2057	3,194	125,822	3939%	135%	3,194	125,822	3939%	135%
2058	2,454	98,120	3998%	135%	2,454	98,120	3998%	135%
2059	1,883	76,660	4072%	135%	1,883	76,660	4072%	135%
2060	1,441	59,918	4159%	135%	1,441	59,918	4159%	135%
2061	1,098	46,751	4256%	135%	1,098	46,751	4256%	135%
2062	834	36,161	4337%	135%	834	36,161	4337%	135%
Total Projected	57,220,848	283,233,913	495%	135%	57,220,848	283,233,913	495%	135%
Total Lifetime	301,698,526	406,528,479	135%	135%	301,698,526	406,528,479	135%	135%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	406,170,794	174,307,512	43%	43%	406,170,794	174,307,512	43%	43%
Future	43,113,439	174,602,229	405%	405%	43,113,439	174,602,229	405%	405%
Lifetime	449,284,233	348,909,740	78%	78%	449,284,233	348,909,740	78%	78%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 6a
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience
Actual Past Experience but Original Assumptions in the Future, with all Premiums at Original Scale from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	17,946	-	0%	0%	17,946	-	0%	0%
1999	821,354	-	0%	0%	821,354	-	0%	0%
2000	9,256,222	74,282	1%	1%	9,256,222	74,282	1%	1%
2001	21,373,213	1,244,588	6%	4%	21,373,213	1,244,588	6%	4%
2002	36,462,931	746,589	2%	3%	36,462,931	746,589	2%	3%
2003	67,005,550	1,402,940	2%	3%	67,005,550	1,402,940	2%	3%
2004	51,473,826	1,499,310	3%	3%	51,473,826	1,499,310	3%	3%
2005	50,655,554	3,452,620	7%	4%	50,655,554	3,452,620	7%	4%
2006	46,708,417	4,935,321	11%	5%	46,708,417	4,935,321	11%	5%
2007	47,274,844	3,830,511	8%	5%	47,274,844	3,830,511	8%	5%
2008	47,154,513	7,436,315	16%	7%	47,154,513	7,436,315	16%	7%
2009	47,982,489	8,955,468	19%	8%	47,982,489	8,955,468	19%	8%
2010	44,946,217	11,503,377	26%	10%	44,946,217	11,503,377	26%	10%
2011	45,368,378	10,688,288	24%	11%	45,368,378	10,688,288	24%	11%
2012	41,847,225	16,890,862	40%	13%	41,847,225	16,890,862	40%	13%
2013	40,175,862	22,767,073	57%	16%	40,175,862	22,767,073	57%	16%
2014	38,615,735	27,555,752	71%	19%	38,615,735	27,555,752	71%	19%
2015	37,826,927	36,218,358	96%	24%	37,826,927	36,218,358	96%	24%
2016	34,979,015	37,426,233	107%	28%	34,979,015	37,426,233	107%	28%
2017	33,532,524	40,473,301	121%	32%	33,532,524	40,473,301	121%	32%
Total Actual	743,478,742	237,101,189	32%	32%	743,478,742	237,101,189	32%	32%
Projected								
2018	30,769,983	42,449,054	138%	36%	30,769,983	42,449,054	138%	36%
2019	28,120,576	46,754,380	166%	41%	28,120,576	46,754,380	166%	41%
2020	25,586,808	51,158,973	200%	46%	25,586,808	51,158,973	200%	46%
2021	23,171,272	55,524,525	240%	51%	23,171,272	55,524,525	240%	51%
2022	20,879,940	59,709,616	286%	57%	20,879,940	59,709,616	286%	57%
2023	18,717,021	63,715,313	340%	62%	18,717,021	63,715,313	340%	62%
2024	16,686,371	67,449,195	404%	69%	16,686,371	67,449,195	404%	69%
2025	14,791,061	70,717,897	478%	75%	14,791,061	70,717,897	478%	75%
2026	13,031,121	73,343,526	563%	82%	13,031,121	73,343,526	563%	82%
2027	11,407,995	75,247,796	660%	89%	11,407,995	75,247,796	660%	89%
2028	9,925,305	76,453,751	770%	96%	9,925,305	76,453,751	770%	96%
2029	8,579,812	76,882,142	896%	103%	8,579,812	76,882,142	896%	103%
2030	7,366,521	76,434,725	1038%	110%	7,366,521	76,434,725	1038%	110%
2031	6,280,669	75,152,106	1197%	117%	6,280,669	75,152,106	1197%	117%
2032	5,316,977	73,102,536	1375%	124%	5,316,977	73,102,536	1375%	124%
2033	4,469,111	70,266,622	1572%	131%	4,469,111	70,266,622	1572%	131%
2034	3,729,463	66,664,764	1788%	137%	3,729,463	66,664,764	1788%	137%
2035	3,090,282	62,529,295	2023%	143%	3,090,282	62,529,295	2023%	143%
2036	2,542,279	58,068,874	2284%	148%	2,542,279	58,068,874	2284%	148%
2037	2,075,910	53,318,215	2568%	153%	2,075,910	53,318,215	2568%	153%
2038	1,683,337	48,302,994	2869%	158%	1,683,337	48,302,994	2869%	158%
2039	1,355,959	43,209,865	3187%	162%	1,355,959	43,209,865	3187%	162%
2040	1,084,890	38,229,565	3524%	165%	1,084,890	38,229,565	3524%	165%
2041	862,201	33,572,622	3894%	169%	862,201	33,572,622	3894%	169%
2042	680,595	29,212,581	4292%	171%	680,595	29,212,581	4292%	171%
2043	533,821	25,105,553	4703%	174%	533,821	25,105,553	4703%	174%
2044	416,247	21,282,196	5113%	176%	416,247	21,282,196	5113%	176%
2045	322,886	17,820,123	5519%	178%	322,886	17,820,123	5519%	178%
2046	249,318	14,813,828	5942%	179%	249,318	14,813,828	5942%	179%
2047	191,712	12,253,909	6392%	180%	191,712	12,253,909	6392%	180%
2048	146,898	10,089,789	6869%	181%	146,898	10,089,789	6869%	181%
2049	112,212	8,264,020	7365%	182%	112,212	8,264,020	7365%	182%
2050	85,490	6,736,213	7880%	183%	85,490	6,736,213	7880%	183%
2051	64,997	5,464,981	8408%	183%	64,997	5,464,981	8408%	183%
2052	49,348	4,425,995	8969%	184%	49,348	4,425,995	8969%	184%
2053	37,433	3,586,418	9581%	184%	37,433	3,586,418	9581%	184%
2054	28,370	2,906,592	10245%	184%	28,370	2,906,592	10245%	184%
2055	21,501	2,363,481	10993%	185%	21,501	2,363,481	10993%	185%
2056	16,294	1,922,267	11797%	185%	16,294	1,922,267	11797%	185%
2057	12,349	1,564,347	12668%	185%	12,349	1,564,347	12668%	185%
2058	9,348	1,274,619	13636%	185%	9,348	1,274,619	13636%	185%
2059	7,086	1,040,423	14682%	185%	7,086	1,040,423	14682%	185%
2060	5,375	846,903	15756%	185%	5,375	846,903	15756%	185%
2061	4,076	692,840	16999%	185%	4,076	692,840	16999%	185%
2062	3,087	565,722	18325%	185%	3,087	565,722	18325%	185%
Total Projected	264,523,307	1,630,491,153	616%	185%	264,523,307	1,630,491,153	616%	185%
Total Lifetime	1,008,002,049	1,867,592,342	185%	185%	1,008,002,049	1,867,592,342	185%	185%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	1,124,194,016	279,215,791	25%	25%	1,124,194,016	279,215,791	25%	25%
Future	202,928,922	954,672,955	470%	470%	202,928,922	954,672,955	470%	470%
Lifetime	1,327,122,939	1,233,888,746	93%	93%	1,327,122,939	1,233,888,746	93%	93%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 6b
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Compound Inflation
Nationwide Historical and Projected Experience
Actual Past Experience but Original Assumptions in the Future, with all Premiums at Original Scale from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	6,512	-	0%	0%	6,512	-	0%	0%
1999	3,532,588	809	0%	0%	3,532,588	809	0%	0%
2000	13,770,173	1,116,290	8%	6%	13,770,173	1,116,290	8%	6%
2001	25,284,765	314,810	1%	3%	25,284,765	314,810	1%	3%
2002	39,956,867	893,775	2%	3%	39,956,867	893,775	2%	3%
2003	34,167,102	2,242,327	7%	4%	34,167,102	2,242,327	7%	4%
2004	44,324,893	2,866,554	6%	5%	44,324,893	2,866,554	6%	5%
2005	43,492,792	5,958,179	14%	7%	43,492,792	5,958,179	14%	7%
2006	39,943,403	6,686,627	17%	8%	39,943,403	6,686,627	17%	8%
2007	40,549,523	4,774,663	12%	9%	40,549,523	4,774,663	12%	9%
2008	39,014,630	9,323,786	24%	11%	39,014,630	9,323,786	24%	11%
2009	36,129,822	10,359,313	29%	12%	36,129,822	10,359,313	29%	12%
2010	37,134,132	12,058,979	32%	14%	37,134,132	12,058,979	32%	14%
2011	35,176,479	13,624,194	39%	16%	35,176,479	13,624,194	39%	16%
2012	35,538,725	14,980,104	42%	18%	35,538,725	14,980,104	42%	18%
2013	33,953,218	21,774,759	64%	21%	33,953,218	21,774,759	64%	21%
2014	33,753,704	26,875,822	80%	25%	33,753,704	26,875,822	80%	25%
2015	30,920,337	36,779,916	119%	30%	30,920,337	36,779,916	119%	30%
2016	30,744,174	43,760,151	142%	36%	30,744,174	43,760,151	142%	36%
2017	29,826,205	51,575,194	173%	42%	29,826,205	51,575,194	173%	42%
Total Actual	627,220,044	265,966,251	42%	42%	627,220,044	265,966,251	42%	42%
Projected								
2018	27,656,480	43,383,421	157%	47%	27,656,480	43,383,421	157%	47%
2019	25,559,042	47,408,450	185%	52%	25,559,042	47,408,450	185%	52%
2020	23,537,872	51,688,899	220%	58%	23,537,872	51,688,899	220%	58%
2021	21,595,868	56,044,104	260%	64%	21,595,868	56,044,104	260%	64%
2022	19,731,899	60,343,163	306%	70%	19,731,899	60,343,163	306%	70%
2023	17,945,506	64,667,355	360%	77%	17,945,506	64,667,355	360%	77%
2024	16,245,798	68,958,420	424%	84%	16,245,798	68,958,420	424%	84%
2025	14,636,988	73,063,414	499%	92%	14,636,988	73,063,414	499%	92%
2026	13,120,027	76,729,070	585%	100%	13,120,027	76,729,070	585%	100%
2027	11,698,178	79,779,232	682%	108%	11,698,178	79,779,232	682%	108%
2028	10,373,630	82,269,076	793%	117%	10,373,630	82,269,076	793%	117%
2029	9,146,205	84,149,330	920%	126%	9,146,205	84,149,330	920%	126%
2030	8,014,477	85,254,775	1064%	135%	8,014,477	85,254,775	1064%	135%
2031	6,980,081	85,566,360	1226%	144%	6,980,081	85,566,360	1226%	144%
2032	6,039,962	84,921,064	1406%	152%	6,039,962	84,921,064	1406%	152%
2033	5,193,758	83,355,570	1605%	161%	5,193,758	83,355,570	1605%	161%
2034	4,438,645	80,963,787	1824%	170%	4,438,645	80,963,787	1824%	170%
2035	3,769,305	77,901,091	2067%	178%	3,769,305	77,901,091	2067%	178%
2036	3,179,993	74,296,968	2336%	186%	3,179,993	74,296,968	2336%	186%
2037	2,664,998	70,087,439	2630%	193%	2,664,998	70,087,439	2630%	193%
2038	2,219,664	65,341,722	2944%	200%	2,219,664	65,341,722	2944%	200%
2039	1,837,966	60,250,875	3278%	206%	1,837,966	60,250,875	3278%	206%
2040	1,513,009	55,069,348	3640%	212%	1,513,009	55,069,348	3640%	212%
2041	1,238,140	49,990,269	4038%	218%	1,238,140	49,990,269	4038%	218%
2042	1,007,110	45,021,254	4470%	222%	1,007,110	45,021,254	4470%	222%
2043	814,451	40,098,745	4923%	227%	814,451	40,098,745	4923%	227%
2044	655,350	35,320,184	5390%	231%	655,350	35,320,184	5390%	231%
2045	524,896	30,805,171	5869%	234%	524,896	30,805,171	5869%	234%
2046	418,665	26,714,582	6381%	237%	418,665	26,714,582	6381%	237%
2047	332,564	23,044,030	6929%	239%	332,564	23,044,030	6929%	239%
2048	263,199	19,744,198	7502%	241%	263,199	19,744,198	7502%	241%
2049	207,611	16,779,510	8082%	243%	207,611	16,779,510	8082%	243%
2050	163,293	14,156,178	8669%	245%	163,293	14,156,178	8669%	245%
2051	128,149	11,874,040	9266%	246%	128,149	11,874,040	9266%	246%
2052	100,383	9,921,499	9884%	247%	100,383	9,921,499	9884%	247%
2053	78,484	8,250,037	10512%	248%	78,484	8,250,037	10512%	248%
2054	61,263	6,828,940	11147%	249%	61,263	6,828,940	11147%	249%
2055	47,748	5,632,952	11797%	250%	47,748	5,632,952	11797%	250%
2056	37,152	4,635,495	12477%	250%	37,152	4,635,495	12477%	250%
2057	28,876	3,807,083	13184%	250%	28,876	3,807,083	13184%	250%
2058	22,428	3,121,255	13917%	251%	22,428	3,121,255	13917%	251%
2059	17,401	2,545,902	14631%	251%	17,401	2,545,902	14631%	251%
2060	13,493	2,079,040	15408%	251%	13,493	2,079,040	15408%	251%
2061	10,447	1,691,927	16195%	251%	10,447	1,691,927	16195%	251%
2062	8,078	1,374,201	17011%	252%	8,078	1,374,201	17011%	252%
Total Projected	263,278,533	1,974,929,425	750%	252%	263,278,533	1,974,929,425	750%	252%
Total Lifetime	890,498,577	2,240,895,677	252%	252%	890,498,577	2,240,895,677	252%	252%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	954,253,314	303,495,976	32%	32%	954,253,314	303,495,976	32%	32%
Future	191,712,359	1,030,243,921	537%	537%	191,712,359	1,030,243,921	537%	537%
Lifetime	1,145,965,674	1,333,739,897	116%	116%	1,145,965,674	1,333,739,897	116%	116%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 6c
Continental Casualty Company
Preferred Solution: Non-Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience
Actual Past Experience but Original Assumptions in the Future, with all Premiums at Original Scale from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	8,408	-	0%	0%	8,408	-	0%	0%
1999	1,431,079	4,279	0%	0%	1,431,079	4,279	0%	0%
2000	9,660,377	129,825	1%	1%	9,660,377	129,825	1%	1%
2001	19,314,190	458,328	2%	2%	19,314,190	458,328	2%	2%
2002	29,571,130	1,823,798	6%	4%	29,571,130	1,823,798	6%	4%
2003	43,246,270	1,880,061	4%	4%	43,246,270	1,880,061	4%	4%
2004	35,797,466	4,099,545	11%	6%	35,797,466	4,099,545	11%	6%
2005	35,211,852	2,302,468	7%	6%	35,211,852	2,302,468	7%	6%
2006	32,306,265	5,887,873	18%	8%	32,306,265	5,887,873	18%	8%
2007	32,350,635	8,468,171	26%	10%	32,350,635	8,468,171	26%	10%
2008	31,751,535	11,074,615	35%	13%	31,751,535	11,074,615	35%	13%
2009	31,496,667	10,010,300	32%	15%	31,496,667	10,010,300	32%	15%
2010	29,458,469	13,866,385	47%	18%	29,458,469	13,866,385	47%	18%
2011	29,076,173	19,214,458	66%	22%	29,076,173	19,214,458	66%	22%
2012	26,839,040	21,607,780	81%	26%	26,839,040	21,607,780	81%	26%
2013	25,269,507	21,972,751	87%	30%	25,269,507	21,972,751	87%	30%
2014	23,635,198	34,369,975	145%	36%	23,635,198	34,369,975	145%	36%
2015	22,043,457	29,498,642	134%	41%	22,043,457	29,498,642	134%	41%
2016	19,908,913	40,906,627	205%	48%	19,908,913	40,906,627	205%	48%
2017	18,389,459	41,373,337	225%	54%	18,389,459	41,373,337	225%	54%
Total Actual	496,766,090	268,949,219	54%	54%	496,766,090	268,949,219	54%	54%
Projected								
2018	16,358,355	31,448,456	192%	59%	16,358,355	31,448,456	192%	59%
2019	14,470,755	32,138,232	222%	63%	14,470,755	32,138,232	222%	63%
2020	12,728,335	32,499,757	255%	68%	12,728,335	32,499,757	255%	68%
2021	11,130,090	32,530,973	292%	72%	11,130,090	32,530,973	292%	72%
2022	9,675,678	32,225,021	333%	77%	9,675,678	32,225,021	333%	77%
2023	8,360,198	31,595,123	378%	81%	8,360,198	31,595,123	378%	81%
2024	7,180,597	30,709,400	428%	85%	7,180,597	30,709,400	428%	85%
2025	6,128,858	29,536,953	482%	90%	6,128,858	29,536,953	482%	90%
2026	5,197,927	28,143,270	541%	93%	5,197,927	28,143,270	541%	93%
2027	4,380,047	26,530,180	606%	97%	4,380,047	26,530,180	606%	97%
2028	3,667,677	24,746,356	675%	101%	3,667,677	24,746,356	675%	101%
2029	3,052,116	22,867,809	749%	104%	3,052,116	22,867,809	749%	104%
2030	2,523,561	20,923,789	829%	107%	2,523,561	20,923,789	829%	107%
2031	2,072,548	18,983,456	916%	110%	2,072,548	18,983,456	916%	110%
2032	1,691,332	17,073,299	1009%	112%	1,691,332	17,073,299	1009%	112%
2033	1,371,332	15,186,880	1107%	115%	1,371,332	15,186,880	1107%	115%
2034	1,105,247	13,361,911	1209%	117%	1,105,247	13,361,911	1209%	117%
2035	885,500	11,639,458	1314%	118%	885,500	11,639,458	1314%	118%
2036	705,194	10,069,159	1428%	120%	705,194	10,069,159	1428%	120%
2037	558,055	8,650,582	1550%	121%	558,055	8,650,582	1550%	121%
2038	438,922	7,353,050	1675%	122%	438,922	7,353,050	1675%	122%
2039	343,227	6,183,090	1801%	123%	343,227	6,183,090	1801%	123%
2040	266,860	5,142,754	1927%	124%	266,860	5,142,754	1927%	124%
2041	206,309	4,247,482	2059%	125%	206,309	4,247,482	2059%	125%
2042	158,647	3,479,155	2193%	125%	158,647	3,479,155	2193%	125%
2043	121,377	2,821,798	2325%	126%	121,377	2,821,798	2325%	126%
2044	92,434	2,266,122	2452%	126%	92,434	2,266,122	2452%	126%
2045	70,096	1,802,905	2572%	126%	70,096	1,802,905	2572%	126%
2046	52,928	1,424,427	2691%	127%	52,928	1,424,427	2691%	127%
2047	39,816	1,120,769	2815%	127%	39,816	1,120,769	2815%	127%
2048	29,850	877,166	2939%	127%	29,850	877,166	2939%	127%
2049	22,312	683,442	3063%	127%	22,312	683,442	3063%	127%
2050	16,648	529,282	3179%	127%	16,648	529,282	3179%	127%
2051	12,391	407,557	3289%	127%	12,391	407,557	3289%	127%
2052	9,206	313,302	3403%	127%	9,206	313,302	3403%	127%
2053	6,825	240,321	3521%	127%	6,825	240,321	3521%	127%
2054	5,052	184,138	3645%	127%	5,052	184,138	3645%	127%
2055	3,737	140,573	3762%	127%	3,737	140,573	3762%	127%
2056	2,761	106,600	3861%	127%	2,761	106,600	3861%	127%
2057	2,037	80,749	3964%	127%	2,037	80,749	3964%	127%
2058	1,497	61,354	4099%	127%	1,497	61,354	4099%	127%
2059	1,098	46,384	4224%	127%	1,098	46,384	4224%	127%
2060	805	35,017	4352%	127%	805	35,017	4352%	127%
2061	587	26,125	4447%	127%	587	26,125	4447%	127%
2062	428	19,437	4539%	127%	428	19,437	4539%	127%
Total Projected	115,149,254	510,453,061	443%	127%	115,149,254	510,453,061	443%	127%
Total Lifetime	611,915,344	779,402,280	127%	127%	611,915,344	779,402,280	127%	127%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	766,226,456	324,671,551	42%	42%	766,226,456	324,671,551	42%	42%
Future	91,758,798	352,526,396	384%	384%	91,758,798	352,526,396	384%	384%
Lifetime	857,985,255	677,197,947	79%	79%	857,985,255	677,197,947	79%	79%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 6d
Continental Casualty Company
Preferred Solution: Lifetime Benefit with Simple Inflation
Nationwide Historical and Projected Experience
Actual Past Experience but Original Assumptions in the Future, with all Premiums at Original Scale from Inception

Calendar Year	Without Rate Increase				With 0% Cumulative Rate Increase			
	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio	Earned Premium	Incurred Claims	Annual Loss Ratio	Cumulative Loss Ratio
Historical								
1998	3,305	-	0%	0%	3,305	-	0%	0%
1999	2,019,783	-	0%	0%	2,019,783	-	0%	0%
2000	7,335,473	-	0%	0%	7,335,473	-	0%	0%
2001	12,282,763	968,717	8%	4%	12,282,763	968,717	8%	4%
2002	17,823,957	3,005,226	17%	10%	17,823,957	3,005,226	17%	10%
2003	14,490,740	2,786,206	19%	13%	14,490,740	2,786,206	19%	13%
2004	18,931,462	3,905,927	21%	15%	18,931,462	3,905,927	21%	15%
2005	18,553,587	2,817,423	15%	15%	18,553,587	2,817,423	15%	15%
2006	17,088,557	4,991,477	29%	17%	17,088,557	4,991,477	29%	17%
2007	17,146,581	2,845,927	17%	17%	17,146,581	2,845,927	17%	17%
2008	16,364,078	7,439,594	45%	20%	16,364,078	7,439,594	45%	20%
2009	15,074,970	5,504,242	37%	22%	15,074,970	5,504,242	37%	22%
2010	15,438,563	6,290,732	41%	24%	15,438,563	6,290,732	41%	24%
2011	14,437,688	9,021,093	62%	27%	14,437,688	9,021,093	62%	27%
2012	14,602,405	14,375,494	98%	32%	14,602,405	14,375,494	98%	32%
2013	13,917,552	16,608,435	119%	37%	13,917,552	16,608,435	119%	37%
2014	13,608,008	23,935,640	176%	46%	13,608,008	23,935,640	176%	46%
2015	12,212,288	24,579,639	201%	53%	12,212,288	24,579,639	201%	53%
2016	11,828,680	24,049,014	203%	60%	11,828,680	24,049,014	203%	60%
2017	11,218,596	30,417,353	271%	69%	11,218,596	30,417,353	271%	69%
Total Actual	264,379,036	183,542,140	69%	69%	264,379,036	183,542,140	69%	69%
Projected								
2018	10,199,701	18,717,779	184%	74%	10,199,701	18,717,779	184%	74%
2019	9,235,154	19,484,717	211%	78%	9,235,154	19,484,717	211%	78%
2020	8,321,272	20,148,090	242%	83%	8,321,272	20,148,090	242%	83%
2021	7,462,574	20,676,447	277%	88%	7,462,574	20,676,447	277%	88%
2022	6,661,801	21,048,593	316%	93%	6,661,801	21,048,593	316%	93%
2023	5,915,326	21,257,112	359%	98%	5,915,326	21,257,112	359%	98%
2024	5,227,458	21,323,573	408%	103%	5,227,458	21,323,573	408%	103%
2025	4,595,224	21,236,743	462%	108%	4,595,224	21,236,743	462%	108%
2026	4,017,206	20,978,258	522%	113%	4,017,206	20,978,258	522%	113%
2027	3,491,418	20,524,362	588%	118%	3,491,418	20,524,362	588%	118%
2028	3,017,888	19,908,460	660%	123%	3,017,888	19,908,460	660%	123%
2029	2,593,488	19,141,870	738%	128%	2,593,488	19,141,870	738%	128%
2030	2,215,266	18,253,827	824%	132%	2,215,266	18,253,827	824%	132%
2031	1,880,643	17,259,465	918%	137%	1,880,643	17,259,465	918%	137%
2032	1,586,354	16,159,781	1019%	141%	1,586,354	16,159,781	1019%	141%
2033	1,329,663	14,976,924	1126%	145%	1,329,663	14,976,924	1126%	145%
2034	1,107,642	13,736,585	1240%	148%	1,107,642	13,736,585	1240%	148%
2035	916,894	12,465,465	1360%	151%	916,894	12,465,465	1360%	151%
2036	754,221	11,215,195	1487%	154%	754,221	11,215,195	1487%	154%
2037	616,372	10,000,420	1622%	157%	616,372	10,000,420	1622%	157%
2038	500,669	8,820,081	1762%	159%	500,669	8,820,081	1762%	159%
2039	404,297	7,694,427	1903%	161%	404,297	7,694,427	1903%	161%
2040	324,696	6,640,685	2045%	163%	324,696	6,640,685	2045%	163%
2041	259,387	5,687,595	2193%	165%	259,387	5,687,595	2193%	165%
2042	206,090	4,833,158	2345%	166%	206,090	4,833,158	2345%	166%
2043	162,912	4,069,465	2498%	167%	162,912	4,069,465	2498%	167%
2044	128,157	3,391,409	2646%	168%	128,157	3,391,409	2646%	168%
2045	100,406	2,794,248	2783%	169%	100,406	2,794,248	2783%	169%
2046	78,412	2,282,632	2911%	169%	78,412	2,282,632	2911%	169%
2047	61,074	1,856,857	3040%	170%	61,074	1,856,857	3040%	170%
2048	47,472	1,503,189	3166%	170%	47,472	1,503,189	3166%	170%
2049	36,837	1,208,556	3281%	170%	36,837	1,208,556	3281%	170%
2050	28,559	966,412	3384%	171%	28,559	966,412	3384%	171%
2051	22,115	768,450	3475%	171%	22,115	768,450	3475%	171%
2052	17,109	611,184	3572%	171%	17,109	611,184	3572%	171%
2053	13,221	483,840	3660%	171%	13,221	483,840	3660%	171%
2054	10,204	382,618	3750%	171%	10,204	382,618	3750%	171%
2055	7,871	301,099	3825%	171%	7,871	301,099	3825%	171%
2056	6,060	235,527	3886%	171%	6,060	235,527	3886%	171%
2057	4,665	183,776	3939%	172%	4,665	183,776	3939%	172%
2058	3,585	143,314	3998%	172%	3,585	143,314	3998%	172%
2059	2,750	111,970	4072%	172%	2,750	111,970	4072%	172%
2060	2,104	87,517	4159%	172%	2,104	87,517	4159%	172%
2061	1,604	68,285	4256%	172%	1,604	68,285	4256%	172%
2062	1,218	52,817	4337%	172%	1,218	52,817	4337%	172%
Total Projected	83,577,037	413,692,776	495%	172%	83,577,037	413,692,776	495%	172%
Total Lifetime	347,956,074	597,234,915	172%	172%	347,956,074	597,234,915	172%	172%
Values Accumulated/Discounted to 12/31/17 at Maximum Statutory Valuation Interest Rates								
Past	407,187,538	214,256,938	53%	53%	407,187,538	214,256,938	53%	53%
Future	64,571,626	266,050,819	412%	412%	64,571,626	266,050,819	412%	412%
Lifetime	471,759,164	480,307,757	102%	102%	471,759,164	480,307,757	102%	102%

*Any policies where Benefit Period is not known due to missing information in data extracts have been included in the Non-Lifetime splits.

Attachment 7
Active Life Reserves as of 12/31/2017
Preferred Solution - Simple and Compound Inflation Policy forms

Nationwide - Statutory Active Life Reserve as of 12/31/2017			
Benefit Period	Inflation Type		Grand Total
	Compound	Simple	
Lifetime	$1,019,541,071	$268,608,874	$1,288,149,945
NonLifetime	$1,094,356,358	$417,823,545	$1,512,179,902

Virginia Specific - Statutory Active Life Reserve as of 12/31/2017			
Benefit Period	Inflation Type		Grand Total
	Compound	Simple	
Lifetime	$49,084,517	$9,625,014	$58,709,531
NonLifetime	$54,117,991	$14,282,557	$68,400,548

Continental Casualty Company
Statement of Variability
Form R1-A45-ICNF
Long-Term Care Insurance Policy Endorsement

Variable Field	Applicable Variability
Policyholder Name	Customized to include the policyholder's name
Policy Number ("Policy")	Customized to include the policyholder's policy number
Policy Effective Date	Customized to include the effective date of the policy
Endorsement Effective Date	Customized to include the effective date of the endorsement
[Maximum Daily Facility Benefit]	Customized to include any changes in the non-inflated daily facility benefit
[Home and Community Based Care Percentage]	Customized to include any changes in the Home and Community Based Care benefit
[Maximum Lifetime Benefit]	Customized to include any changes in the Maximum Lifetime Benefit
[Elimination Period]	Customized to include any changes in the Elimination Period
[Compound Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Simple Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Dual Waiver of Premium Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Shared Advantage Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Restoration of Benefits Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Cost of Living Increase Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Survivorship Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Non-forfeiture Status]	Include if the insured stopped paying premium with a non-forfeiture or contingent non-forfeiture benefit
[Increased Contingent Non-forfeiture Benefit]	Include if the insured stopped paying premium with an increased contingent non-forfeiture benefit
[Contingent Non-forfeiture Benefit]	Include if the insured had a contingent non-forfeiture benefit added to their coverage

Continental Casualty Company
Statement of Variability
Form R1-PS16LTR-A45
Long-Term Care Insurance
Rate Increase Policyholder Notification Letter

Variable Field	Applicable Variability
Date [Notification Generation Date]	Customized to include the date letter was created.
Policyholder [Insured] Name & Address [FNAME] [MI] [LNAME] [ADDRESS1] [ADDRESS2] [CITY] [STATE] [ZIPCODE]	Customized to include the policyholder's name and address.
Policy Number ["Policy"] [POLICY NUMBER]	Customized to include the policyholder's policy number.
Issue Date [issue date]	Customized to include the date the insured's policy was issued.
Current Premium [current premium amount]	Customized to include the policyholder's premium as of the [notification generation date].
Premium Increase Date [policy_incr_eff_date]	Customized to include the effective date of the rate increase.
Percentage Increase [XX%]	Customized to include the policyholder's specific rate increase percentage amount.
Modal Frequency [frequency]	Customized to include the policyholder's modal frequency as of the [notification generation date]. Options can be monthly, quarterly, semi-annual, 10-month, or annual.
Rate Increase Premium [default_modal_prem]	Customized to include policyholder's modal premium after the first rate increase
Second Premium Increase Date [policy_incr_eff_date2]	Customized to include the effective date of the [potential] second phase rate increase. This is equal to the phase 1 rate increase date plus 12 months.
Rate Increase Premium2 [default_modal_prem2]	Customized to include policyholder's modal premium after the second [potential] rate increase
Third Premium Increase Date [policy_incr_eff_date3]	Customized to include the effective date of the [potential] third phase rate increase. This is equal to the phase 2 rate increase date plus 12 months.
Rate Increase Premium3 [default_modal_prem3]	Customized to include policyholder's modal premium after the third [potential] rate increase
Virginia Bureau of Insurance Webpage [www.scc.virginia.gov/BOI]	Customized to include the State of Virginia Bureau of Insurance Website address.
ICNF request form completion [rate incr eff date + 60 day]	Customized to include the date which follows 60 days after the rate increase effective date.
Change Request Form Return Date [Month XX, 20XX]	Customized to include the date by which the change request form would need to be returned to CNA.
Officer Signature [Operations Manager Signature and Name]	Allows for variability in the event staff changes.
Enclosures [Encl:]	Allows for the addition of enclosures that could be mailed along with the notification letter including a return envelope and/or the change request form

Continental Casualty Company
Statement of Variability
Form R1-PS16CRF-A45
Long-Term Care Insurance
Rate Increase Change Request Form

Variable Field	Applicable Variability
Date [Notification Generation Date]	Customized to include the date Change Request Form is generated.
Policyholder Name [FNAME] [LNAME]	Customized to include the policyholder's name.
Policy Number [POLICY NUMBER]	Customized to include the policyholder's policy number.
Policy Increase effective date [policy_incr_eff_date]	Customized to include the effective date of the rate increase.
Modal Frequency [frequency]	Customized to include the policyholder's modal frequency as of the [Notification Generation Date]. Options can be monthly, quarterly, semi-annual, 10-month, or annual.
ICNF request form completion [rate incr eff date + 60 day]	Customized to include the date which follows 60 days after the rate increase effective date.
New Premium [XX,XXX.XX]	Customized to include the policyholder's premium should they choose one of the designated forms (the Change Request Form, Option 1, Option 2, or Option 3 forms) as of the [Notification Generation Date].
Current Daily Benefit [XXX.XX]	Customized to include the policyholder's daily maximum benefit as of the [Notification Generation Date].
Current Lifetime Maximum Benefit [$XXX,XXX.XX] [Unlimited]	Customized to include the policyholder's lifetime maximum benefit as of the [notification generation date]. [XXX,XXX.XX] would be utilized if the policyholder had any Lifetime Maximum Benefit other than an Unlimited Lifetime Maximum Benefit. [Unlimited] would be utilized if the policyholder had an Unlimited Lifetime Maximum Benefit.
Automatic Benefit Increase Type [5% compound] [5% simple] [None]	Customized to include the insureds automatic benefit increase type as of the [Notification Generation Date] [5% compound] would be utilized if the policyholder has 5% compound inflation benefit. [5% simple] would be utilized if the policyholder has a simple inflation benefit. [None] would be utilized if the policyholder does not have an inflation benefit.
Reduced Lifetime Maximum Benefit [$XXX,XXX.XX]	Customized to include the policyholder's lifetime maximum benefit upon election of the reduced paid up option as of the [Notification Generation Date].
New Lifetime Maximum Benefit [$XXX,XXX.XX]	Customized to include the policyholder's new lifetime maximum benefit upon reduction to a 5 year benefit period as of the [Notification Generation Date].
Premium Renewal Date [renewal date]	Customized to include the policyholder's premium renewal date.
Option 2 [remove inflation rider]	Optional reduction quote to drop the inflation protection rider. The inflation rider could include either compound or simple interest inflation.
Option 3 [reduce lifetime maximum benefit]	Optional reduction quote to reduce unlimited lifetime maximum. Reduction of lifetime maximum benefit could include reducing an unlimited lifetime benefit to a 5 year benefit or a 5 year benefit to a 3 year benefit.

Continental Casualty Company
Certification of Compliance

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.

Forms	Description
R1-PS16LTR-A45	PS VA Draft for Filing - A
R1-A45-ICNF	Endorsement Form with ICNF

Officer's Signature

VP-Operations
Officer's Title

3/4/19
Date

Certificate of Compliance
For Form R1-PS16LTR-A45

The Flesch reading ease score of the filed policy form is 41.0.

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

Signature of Officer

John Palmer
Printed Name

Vice President – LTC Operations
Title

Certificate of Compliance
For Form R1-PS16CRF-A45

The Flesch reading ease score of the filed policy form is 40.4.

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

Signature of Officer

John Palmer
Printed Name

Vice President - LTC Operations
Title

Certificate of Compliance
For Form RIICNF_VA45

The Flesch reading ease score of the filed policy form is 40.2.

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

Signature of Officer

John Palmer
Printed Name

Vice President – LTC Operations
Title

Continental Casualty Company (CCC)

Addendum to Actuarial Memorandum

In Support of a Premium Rate Increase Request

Increased Contingent Non-Forfeiture Offer

Virginia

This addendum to the most recently submitted actuarial memorandum on October 16, 2018, is to outline an additional alternative for policyholders in lieu of paying this premium rate increase.

The Company will offer an Increased Contingent Non-Forfeiture ("ICNF") benefit upon lapse to all insureds regardless of their original issue date, rate increase amount or issue age of the insured. If this benefit is elected by the policyholder, they will cease prospective premium payments, and their remaining benefit pool amount will equate to **150%** of lifetime premiums paid (less any prior claims paid and any prior premium refunds or premiums waived). If a policy lapses due to non-payment of premiums without notifying the Company of their intention to elect the ICNF option, the policyholder's coverage will automatically convert to a standard 100% of lifetime premiums paid contingent non-forfeiture benefit.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
151 N. Franklin St.
Chicago, Illinois 60606

Title of Form Preferred Solution ICNF Form

Policy Form Number R1-PS16LTR-A45

I hereby certify that the Flesch reading ease score of the above policy form is 45. It contains 83 sentences, 2,445 words and 3,805 syllables. The type size of the text of the policy forms is 12 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Signature of an Officer of the Insurer

John Palmer Name (Print)

VP-Operations Title

3/4/19 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Continental Casualty Company
151 N. Franklin St.
Chicago, Illinois 60606

Title of Form Preferred Solution Endorsement Form

Policy Form Number R1-A45-ICNF

I hereby certify that the Flesch reading ease score of the above policy form is 41. It contains 36 sentences, 589 words and 1041 syllables. The type size of the text of the policy forms is 11 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

_____ Signature of an Officer of the Insurer

John Palmer Name (Print)

VP-Operations Title

3/4/19 Date

151 N Franklin St
Chicago, IL 60606

Louis Scarim, ASA, MAAA

Actuarial Consulting Director
Long Term Care Pricing
Phone: (312) 822-6179
Email: louis.scarim@cna.com

March 13, 2019

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated March 8, 2019. The items in the objections are stated below in italics and response in blue for your convenience.

1) If the Company logo is variable, please add this to the Statement of Variability ("SOV").

The Company logo is not variable, we have removed the variability brackets from the logo on the attached revised version of the ICNF policyholder notification.

2) Pursuant to 14VAC5-200-75 A. please add the following:

-Per paragraph A.1. A statement that that the policy may be subject to rate increases in the future;
-Per paragraph A.5. a. Information regarding each premium rate increase on this policy form over the past 10 years per sections (1) through (3).

A statement that the policy may be subject to future rate increases has been added to the attached revised version of the ICNF policyholder notification.

The Company believes the rate increase history is not applicable in the rate increase notification because the insureds being notified were subject to the prior rate increase(s) and therefore are already aware of the rate increase history. Including information regarding prior rate increases might only confuse insureds regarding the current rate increase. The Company would urge you to reconsider this request.

3) 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 Company confirms it will comply with the notification period requirement in Virginia of 75 days.

4) Please include two additional columns under "Subsequent increases will be applied..." by adding "Current Premium" and "New <<frequency>> Premium" Subsequent increase section should be made variable for use when Company makes a series of increases rather than a single increase. Please add this to the SOV.

The Company has included the “New Premium” for the subsequent increases in the attached revised version of the ICNF policyholder notification. The Company believes including “Current Premium” for the subsequent increases is redundant and might end up adding confusion rather than clarity to the notification letter. The SOV has been updated to include the “New Premium” for the subsequent rate increases..

5) Consideration should be given towards making the reason for the premium rate increase variable to allow the letter to be used on future rate increases.

The Company would file a new letter if the reason for the premium increase changes in the future.

6) As the Increased Contingent Non-Forfeiture Benefit Option ("ICNF") is not yet approved and may not be offered, it is suggested that the information pertaining to ICNF be made variable and add to the SOV.

If ICNF is not approved the Company will submit a new letter for review and approval.

7) On page 3 of the letter, remove the sentence, "Normal variable paragraph for unlimited LTM". The options are variable and they should be added and explained on the SOV.

This sentence is intended for the document drafter only and would not be included in the final version sent to policyholders. The wording has been deleted in the attached revised version of the ICNF policyholder notification. The SOV has been updated to include this option.

8) On page 4 of the letter, remove the sentence, "Normal variable paragraph for all other LTM limits". The options are variable and they should be added and explained on the SOV.

This sentence is intended for the document drafter only and would not be included in the final version sent to policyholders. The wording has been deleted in the attached revised version of the ICNF policyholder notification. The SOV has been updated to include this option.

9) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

The Company did not offer, or sell, any Virginia partnership policies so this requirement is not applicable to these policies.

10) The letter should contain a disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it.

I apologize, this statement got lost during the editing process with the prior response. This statement has been added back in the attached revised ICNF policyholder notification.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Louis Scarim, ASA, MAAA

151 N Franklin St
Chicago, IL 60606

Louis Scarim, ASA, MAAA
Actuarial Consulting Director
Long Term Care Pricing
Phone: (312) 822-6179
Email: louis.scarim@cna.com

January 3, 2020

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated December 9, 2019. The items in the objections are stated below in italics and response in blue for your convenience.

Objection 1

The Company name may not be presented as being variable pursuant to 14VAC5-100-50 2. This objection applies in all instances where the company name is variable and also to the generic use of <<Company>>. Please also be sure to correct corresponding Statements of Variability if applicable.

We have removed the variability on the company name and replaced it with the company name, “Continental Casualty Company”. The notification letter and Statement of Variability have been updated.

Objection 2

3rd Paragraph, last sentence under, "Why is this Premium Rate Increase Necessary?". Consideration should be given towards making the Virginia Bureau of Insurance webpage, www.scc.virginia.gov/BOI variable in the event the webpage should change in the future.

We have made the Virginia Bureau of Insurance webpage variable. The notification letter and Statement of Variability have been updated.

Objection 3

Please clarify how the CNA logo applies to Continental Casualty Company and what the relationship is between CNA and Continental Casualty. The policyholder notification letter must be clear as to who is the insuring company.

“CNA" is a trademark used by certain subsidiaries of CNA Financial Corporation, including Continental Casualty Company, in connection with insurance underwriting and claims activities. Please note that in response to a concern raised by the Bureau in 2013 regarding the use of the “CNA” logo, we have added “Underwritten by Continental Casualty Company” under the logo in order to clarify the identity of the insuring company.

Objection 4

The Change Request Form is designed to be removed from the policyholder letter and returned to the company.

14VAC5-100-40 1. provides that each form submitted must have a form number and that form number must distinguish the form from all other forms used by the insurer. Since the Change Request Form will not remain with the policyholder letter, it cannot be identified by the same form number as that of the letter.

Please separate the Change Request Form from the letter and attach it as an independent form to the Form Schedule with its own unique form number.

The Change Request Form has been separated from the policyholder notification letter and now has a unique form number.

Objection 5

Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

I believe this is more applicable in rating disclosures for new policies. I do not think this is applicable for rate increases on inforce policies since the notification letter is providing the revised premium rate. If I am misinterpreting this request can you provide an example of what you have in mind?

Objection 6

Please explain if the policyholder will receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

We believe that providing the policy change endorsement, along with a letter confirming any benefit change elected by the insured, is sufficient documentation of a policy change and will not send an updated schedule page. Please note that the policy change endorsement has been revised to remove reference to updating the schedule page.

Objection 7

Once the policyholder letter has been updated, please provide a "John/Jane Doe" version of a ICNF Policyholder Notification (R1-PS16LTR-A45), Change Request Form (with new form number) and Policy Endorsement Form (R1-A45-ICNF).

“John Doe” versions of the updated policyholder notification letter, change request form, and policy endorsement form have been added to the filing.

Objection 8

Please provide the approved version of the Increased Contingent Nonforfeiture Benefit Rider along with the Statement of Variability. If this form filing is currently pending in Virginia, please provide the SERFF Tracking Number under which the form has been filed for approval.

An increased contingent nonforfeiture benefit rider has not previously been created or filed. An increased contingent nonforfeiture benefit rider has been added to this filing for review and approval. Please note that there is no variable language in the ICNF rider so a statement of variability is not applicable.

Objection 9

Please provide a redlined version of the changes to this form in comparison to the previously approved R1-A45 form that was approved under MILL-128834437. Please also include a revised Statement of Variability.

A redlined version of the policy endorsement form showing the changes from the prior filing to this filing has been added to this filing. An updated version of a statement of variability for the policy endorsement form has also been added to this filing.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Louis Scarim, ASA, MAAA

Continental Casualty Company

151 N. Franklin St.
Chicago, Illinois

LONG-TERM CARE INSURANCE POLICY ENDORSEMENT
(To be attached to Your current Policy)

Policyholder Name: John E. Doe

Policy Number ("Policy"): 1234567890

Policy Effective Date: 2/15/2001
Endorsement Effective Date: 2/15/2020

This Endorsement attaches to and becomes part of the Policy referenced above. **Please read this Endorsement carefully.** There is no additional premium for this Endorsement. Future premiums for the Policy remain payable under the terms of the Policy.

This Endorsement sets forth the following changes that have been made to Your Policy:

Your Policy has entered non-forfeiture status. Premium is no longer due, although reduced coverage will remain available pursuant to the terms of the Increased Contingent Non-forfeiture Benefit.

The Increased Contingent Non-forfeiture Benefit has been added to Your Coverage, pursuant to the attached Increased Contingent Non-forfeiture Benefit Rider.

Except as specifically included in this Endorsement, this change does not alter any other existing conditions, limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Dino E. Robusto Chairman and Chief Executive Officer

Underwritten by Continental Casualty Company

P.O Box 64912
St. Paul MN 55164-0912
1-800-370-6270
Fax: 952-983-5193

January 3, 2020

JOHN E. DOE

1234 OAK STREET

CHICAGO, IL 60606

Long-Term Care Insurance Premium Adjustment Notice

Company: Continental Casualty Company
Policy Number: 1234567890

Dear John E. Doe:

You are receiving this letter because the premium for your long-term care insurance policy number referenced above, issued by Continental Casualty Company on 2/15/2001, is going to increase. Included in this letter is an explanation of **why** your premium is increasing, **how** much it is increasing, **when** it will increase, **what** options you have as a result of this increase, and, **what**, if any, steps you need to take at this time.

This letter is not a bill; however, you should keep a copy of this letter with your policy.

How much is my Premium Increase and when does my Bill Increase?

The premium you currently pay annually, which is $1,635.00, will increase according to the below schedule with the first due date on or after 2/15/2020. Your premium will change as follows and you will be notified in advance of each subsequent premium increase:

Premium Renewal Date	Percentage Increase	New Annual Premium
2/15/2020	70%	$2,779.50

Subsequent increases will be applied to your policy on or after the following premium renewal dates by the percentages reflected below:

Premium Renewal Date	Percentage Increase	New Annual Premium
2/15/2021	49.8%	$4,163.69

While this is not a bill, you should keep a copy of this letter with your policy.

Why is this Premium Rate Increase Necessary?

Continental Casualty Company, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, Continental Casualty Company and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders. Continental Casualty Company will continue to monitor the experience of the block and may seek additional premium rate increases in the future as necessary. In the event of future rate increases, options similar to those being offered herein may be available.

The rate increase request 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 filings are available for the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

What are my Options?

1. **Reduce Coverage and Stop Paying Premium**

   There are two ways you can stop paying premium and keep some long term care benefits: the Standard Contingent Non-Forfeiture Benefit option ("CNF") or the Increased Contingent Non-Forfeiture Benefit option ("ICNF"). Both options mean you will stop paying premium for your policy and convert to a 'paid-up' policy with a reduced lifetime maximum; with CNF your lifetime maximum benefit will be equal to 100% of the premiums you have paid, and with ICNF, your lifetime maximum benefit will be equal to 150% of the premiums you have paid.

If you have previously received benefit payments due to a claim, the reduced lifetime maximum plus the total of the benefits already paid will not exceed the lifetime maximum benefit in your original policy.

a) Standard Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums as of the premium increase effective date (or up to 120 days after the effective date of the premium increase), and do not elect the ICNF option in writing, (as explained below), your policy will automatically convert to a 'paid-up' policy under the standard CNF Benefit. As a result, your lifetime maximum benefit will be an amount equal to the greater of the following:

(i) 100% of the premiums paid on the policy to date, or
(ii) 30 times your current maximum daily benefit amount.

b) Increased Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums after the premium increase effective date, and you elect, in writing, to accept the ICNF option, your policy will convert to a 'paid-up' policy under the ICNF Benefit. As a result, your lifetime maximum benefit will be:

(i) **150%** of the premiums paid on the policy to date.

The lifetime benefits available to you under this option will be greater than those available under the CNF option as described above in section (a). See the Change Request Form for more information and for the benefit available to you if you choose the ICNF option.

If you wish to elect this ICNF option, you **must** complete the enclosed ICNF Change Request Form and return it to us by 4/15/2020.

Please note that this ICNF benefit is available only if the signed Change Request Form is received by the date shown above and this offer is valid only in connection with the rate increase referenced in this notification and may not be offered in the future.

2. Reduce Coverage to Offset the Rate Increase

Remove the inflation rider and avoid the premium increase(s) reflected on the first page completely. Your policy includes an automatic benefit increase rider, which has increased your policy's maximum daily benefit amount by 5% per year* to protect against inflation. By choosing now to remove the automatic benefit increase rider, you can avoid the premium increases referenced in this notice completely and reduce your premium amount to a rate below what you are paying today. Be assured that you will retain your current daily benefit level that includes all

historical automatic increases (see the Current Daily Benefit on the enclosed Change Request Form). (*on either a simple or compound basis, depending on the specific provision in your policy).

Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit. Your policy currently has an Unlimited Lifetime Maximum Benefit which you can reduce to a five (5) year benefit. The total Lifetime Maximum Benefit would be based your daily benefit amount times a factor of 1,825. Please see the enclosed Change Request Form for actual Lifetime Maximum Benefit and associated premium.

Reduce other benefit features. CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium. However, your policy also provides you the ability to reduce the amount of coverage provided by those features, which would reduce the impact of the rate increase, by reducing the amount of premium you owe. Possible coverage reduction options that might be available to you include, but are not limited to:

i) Reducing the Daily Maximum Benefit
ii) Dropping optional benefit features >>

Please note that there is no deadline for electing to reduce coverage. Please call us if you would like to reduce your coverage.

3. **Pay the New Premium Amount and Maintain Existing Coverage**

If you wish to retain your current coverage without changes, you do not need to take action at this time. Your new increased premium will be reflected on your bill, or if you pay via electronic funds transfer, the withdrawal amount will be adjusted to reflect the premium increase. If you continue to pay your premium, at the new amount, your coverage will remain the same.

Choose the Option That is Best for You.

We recommend that you carefully review the options available to you and contact us if you have questions. We also encourage you to carefully evaluate your individual situation, the current and projected cost of care in your area, and consider speaking to your family or to a trusted financial adviser before making changes to your coverage. **All options available may not be of equal value.**

The premium increase will automatically take effect on February 15, 2020 unless you sign and return an enclosed Change Request Form or provide us with other written request to change

your policy benefits by February 15, 2020.

Please remember that if you want to elect the ICNF benefit option and convert to a 'paid-up' policy ("ICNF policy") with a lifetime maximum equal to 150% of the premiums paid, you need to complete the enclosed Change Request Form and return it to us by 4/15/2020.

For more information regarding the options described in this letter or if you have any questions, please contact our dedicated rate increase Customer Service Team at 1-800-370-6270 Monday through Friday, 8:00am to 5:00pm Central Time.

Sincerely,

Operations Manager Signature and Name

CHANGE REQUEST FORM

January 3, 2020
Insured: John Doe
Policy Number: 1234567890

Upon making this election, Your new premium, which includes the rate increase due on 2/15/2020, and coverage amounts are as follows:

New <<frequency>> Premium	$2,779.50
Current Daily Benefit	$252.70
Current Lifetime Maximum Benefit	Unlimited
Automatic Benefit Increase Type	5% compound

Should you elect to accept the premium increase, please do not return this Change Request Form. Rather, your current coverage will continue upon payment of your new premium.

However, if you wish to modify your coverage, as described on the following pages, in order to avoid or reduce the impact of the rate increase, please: (i) check the box corresponding to the option you choose, (ii) sign and date in the space provided, and (iii) return the Change Request Form to us prior to the premium increase effective date of «policy_incr_eff_date». We will send you confirmation of your policy changes once processed. Please note that the benefit amounts and premium quoted above are based on your policy information as of the date of this letter.

PLEASE REVIEW AND CONSIDER THESE OPTIONS VERY CAREFULLY PRIOR TO MAKING ANY CHANGES TO YOUR CURRENT COVERAGE. All changes will permanently alter your coverage and your current coverage cannot be reinstated once the changes are completed. If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

January 3, 2020
Insured: John Doe
Policy Number: 1234567890

Option 1

☐ **PAID-UP WITH REDUCED LIFETIME MAXIMUM BENEFIT AMOUNT OPTION (i.e. ICNF)**

I elect to discontinue paying premium and convert my coverage to a paid-up policy with a Reduced Lifetime Maximum Benefit Amount as follows:

New Annual Premium	$0.00
Daily Benefit (no further increases)	$252.70
Reduced Lifetime Maximum Benefit	$34,771.87
Inflation Protection	None

This Increased Contingent Non-Forfeiture benefit offer provides the option of stopping premium payments and converting to a 'paid-up' policy with a maximum lifetime benefit equal to **150%** of premiums you have already paid. This option is more generous than the standard CNF option. You must elect this option by checking the box above, signing below, and submitting this Change Request Form. If you elect this ICNF option, your policy will convert to a paid-up policy with reduced lifetime maximum benefits.

In order to be eligible for this option, **all premiums due up to your renewal date of 2/15/2020 must be paid**. If premiums are not paid, your policy will **not** convert to the ICNF benefit policy, regardless of whether you complete and provide this Change Request Form. Rather, your policy will automatically convert to a standard CNF policy with a maximum lifetime benefit equal to 100% of premiums you have already paid.

Please note that if you have previously received benefit payments due to a claim, the reduced lifetime maximum plus the total of the benefits already paid will not exceed the lifetime maximum benefit in your original policy. In addition, if you have an automatic inflation protection rider, it will be removed and you will no longer receive future benefit increases with this option. You have 60 days following the premium increase effective date to elect this ICNF option.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

Signature of Insured _____ Date _____

January 3, 2020
Insured: John Doe
Policy Number: 1234567890

Option 2

☐ **REMOVE AUTOMATIC BENEFIT INCREASE RIDER**

I elect to lower my premium by removing the automatic benefit increase rider and retaining the current inflated benefit levels..

New Annual Premium	$981.00
Daily Benefit (no further annual increases)	$252.70
Lifetime Maximum Benefit	Unlimited
Automatic Benefit Increase Rider	None

I understand that if I elect Option 2, I cannot at a later date reinstate this rider.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

Signature of Insured Date

January 3, 2020
Insured: John Doe
Policy Number: 1234567890

Option 3

☐ **REDUCE LIFETIME MAXIMUM BENEFIT FROM UNLIMITED TO A 5 YEAR BENEFIT PERIOD**

I elect to lower my premium by reducing the Lifetime Maximum Benefit to 5 years as described below:

Upon making this election, Your new premium, which includes the rate increase due on 2/15/2020, and coverage amounts are as follows:

New Annual Premium	$2,223.60
Daily Benefit (as of the date of this letter)	$252.70
New Lifetime Maximum Benefit	$461,177.50

If I elect Option 3, I cannot at a later date reinstate the Unlimited Lifetime Maximum.

If you have the Shared Advantage benefit feature, both you and your spouse MUST elect the same change.

I acknowledge that I have carefully reviewed the enclosed information and understand my options.

I authorize Continental Casualty Company to amend my coverage as indicated and understand this change is permanent and my prior coverage cannot be reinstated.

_____ _____
Signature of Insured Date

151 N. Franklin St.~~333 S. Wabash Ave.~~ Chicago, Illinois ~~60604~~

LONG-TERM CARE INSURANCE
POLICY ENDORSEMENT
(To be attached to Your current Policy)

Policyholder Name:
Policy Number ("Policy"):
Policy Effective Date:
Endorsement Effective Date:

This Endorsement attaches to and becomes part of the Policy referenced above. **Please read this Endorsement carefully**. There is no additional premium for this Endorsement. Future premiums for the Policy remain payable under the terms of the Policy.

This Endorsement sets forth the following changes that have been made to Your Policy:

[The non-inflated maximum daily facility benefit as stated in the Policy's Schedule of Benefits Page has been decreased from $100 to $50.] *[Drafter, if policy has no inflation benefit, remove the word "non-inflated."]*

[The home and community based care percentage has been decreased from 100% to 75%.]

[The Maximum Lifetime Benefit stated in the Policy's Schedule of Benefits Page has been decreased from $182,500 to $109,500]

[The Elimination Period as stated in the Policy's Schedule of Benefits Page has been increased from 30 days to 90 days.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Simple Automatic Increase Benefit Rider has been deleted from Your coverage. The Policy will retain the inflated benefit amounts as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. Benefit amounts will cease inflating as of the Endorsement Effective Date.]

[The Compound Automatic Increase Benefit Rider has been deleted from Your coverage. The Simple Automatic Increase Benefit Rider has been added to Your coverage. The Policy will retain the increased portion of the benefit amount as of the Endorsement Effective Date. If you have also elected to reduce the maximum daily facility benefit, the retained inflated benefit amounts are based on the reduced maximum daily facility benefit. The Simple Automatic Increase Benefit will begin to increase Your Policy's non-inflated amount as of the Endorsement Effective date. The Simple Automatic Increase Benefit Rider is attached.]

[The Dual Waiver of Premium rider has been deleted from Your coverage.]

[The Shared Advantage rider has been deleted from Your coverage.]

[The Restoration of Benefits rider has been deleted from Your coverage.]

[The Cost of Living Increase rider has been deleted from Your coverage.]

[The Survivorship Benefit rider has been deleted from Your coverage.]

[Your Policy has entered nonforfeiture status. Premium is no longer due, although coverage will remain available pursuant to the terms of Your Policy's [nonforfeiture benefit] [Contingent Nonforfeiture Benefit].]

[Your Policy has entered non-forfeiture status. Premium is no longer due, although reduced coverage will remain available pursuant to the terms of the Increased Contingent Non-forfeiture Benefit].

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[The Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Contingent Nonforfeiture Benefit Rider.]

[The Increased Contingent Nonforfeiture Benefit has been added to Your Coverage, pursuant to the attached Increased Contingent Nonforfeiture Benefit Rider.]

~~The above changes will be reflected on Your new Schedule of Benefits Page issued in conjunction with this Endorsement, where applicable.~~ Except as specifically included in this Endorsement, this change does not alter any other existing conditions,

limitations, or provisions of the coverage provided by the Policy to which it is attached.

SIGNED FOR CONTINENTAL CASUALTY COMPANY

Dino E. Robusto
Chairman and Chief Executive Officer

Chairman of the Board

Secretary

Continental Casualty Company
Statement of Variability
Form R1-PS16LTR-A45
Long-Term Care Insurance
Rate Increase Policyholder Notification Letter

Variable Field	Applicable Variability
Date [Notification Generation Date]	Customized to include the date letter was created.
Policyholder [Insured] Name & Address [FNAME] [MI] [LNAME] [ADDRESS1] [ADDRESS2] [CITY] [STATE] [ZIPCODE]	Customized to include the policyholder's name and address.
Policy Number ["Policy"] [POLICY NUMBER]	Customized to include the policyholder's policy number.
Issue Date [issue date]	Customized to include the date the insured's policy was issued.
Current Premium [current premium amount]	Customized to include the policyholder's premium as of the [notification generation date].
Premium Increase Date [policy_incr_eff_date]	Customized to include the effective date of the rate increase.
Percentage Increase [XX%]	Customized to include the policyholder's specific rate increase percentage amount.
Modal Frequency [frequency]	Customized to include the policyholder's modal frequency as of the [notification generation date]. Options can be monthly, quarterly, semi-annual, 10-month, or annual.
Rate Increase Premium [default_modal_prem]	Customized to include policyholder's modal premium after the first rate increase
Second Premium Increase Date [policy_incr_eff_date2]	Customized to include the effective date of the [potential] second phase rate increase. This is equal to the phase 1 rate increase date plus 12 months.
Rate Increase Premium2 [default_modal_prem2]	Customized to include policyholder's modal premium after the second [potential] rate increase
Third Premium Increase Date [policy_incr_eff_date3]	Customized to include the effective date of the [potential] third phase rate increase. This is equal to the phase 2 rate increase date plus 12 months.
Rate Increase Premium3 [default_modal_prem3]	Customized to include policyholder's modal premium after the third [potential] rate increase
Virginia Bureau of Insurance Webpage [www.scc.virginia.gov/BOI]	Customized to include the State of Virginia Bureau of Insurance Website address.
ICNF request form completion [rate incr eff date + 60 day]	Customized to include the date which follows 60 days after the rate increase effective date.
Lifetime Maximum Benefit Reduction [Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit	Customized to reflect the Lifetime Maximum Benefit reduction if the policyholder has a Lifetime Maximum Benefit that can be reduced. If there is no Lifetime Maximum Benefit reduction available, the [Reduce Other Benefit Features] language would be present
Other Benefit Feature Reductions [Reduce other benefit features]	Customized to be present if a Lifetime Maximum Benefit reduction is not available
Change Request Form Return Date [Month XX, 20XX]	Customized to include the date by which the change request form would need to be returned to CNA.
Officer Signature [Operations Manager Signature and Name]	Allows for variability in the event staff changes.

Continental Casualty Company
Statement of Variability
Form R1-PS16CRF-A45
Long-Term Care Insurance
Rate Increase Change Request Form

Variable Field	Applicable Variability
Date [Notification Generation Date]	Customized to include the date Change Request Form is generated.
Policyholder Name [FNAME] [LNAME]	Customized to include the policyholder's name.
Policy Number [POLICY NUMBER]	Customized to include the policyholder's policy number.
Policy Increase effective date [policy_incr_eff_date]	Customized to include the effective date of the rate increase.
Modal Frequency [frequency]	Customized to include the policyholder's modal frequency as of the [Notification Generation Date]. Options can be monthly, quarterly, semi-annual, 10-month, or annual.
ICNF request form completion [rate incr eff date + 60 day]	Customized to include the date which follows 60 days after the rate increase effective date.
New Premium [XX,XXX.XX]	Customized to include the policyholder's premium should they choose one of the designated forms (the Change Request Form, Option 1, Option 2, or Option 3 forms) as of the [Notification Generation Date].
Current Daily Benefit [XXX.XX]	Customized to include the policyholder's daily maximum benefit as of the [Notification Generation Date].
Current Lifetime Maximum Benefit [$XXX,XXX.XX] [Unlimited]	Customized to include the policyholder's lifetime maximum benefit as of the [notification generation date]. [XXX,XXX.XX] would be utilized if the policyholder had any Lifetime Maximum Benefit other than an Unlimited Lifetime Maximum Benefit. [Unlimited] would be utilized if the policyholder had an Unlimited Lifetime Maximum Benefit.
Automatic Benefit Increase Type [5% compound] [5% simple] [None]	Customized to include the insureds automatic benefit increase type as of the [Notification Generation Date] [5% compound] would be utilized if the policyholder has 5% compound inflation benefit. [5% simple] would be utilized if the policyholder has a simple inflation benefit. [None] would be utilized if the policyholder does not have an inflation benefit.
Reduced Lifetime Maximum Benefit [$XXX,XXX.XX]	Customized to include the policyholder's lifetime maximum benefit upon election of the reduced paid up option as of the [Notification Generation Date].
New Lifetime Maximum Benefit [$XXX,XXX.XX]	Customized to include the policyholder's new lifetime maximum benefit upon reduction to a 5 year benefit period as of the [Notification Generation Date].
Premium Renewal Date [renewal date]	Customized to include the policyholder's premium renewal date.
Option 2 [remove inflation rider]	Optional reduction quote to drop the inflation protection rider. The inflation rider could include either compound or simple interest inflation. Option 2 would be offered and present if the policyholder has a compound or simple interest inflation protection rider. The offer would not appear in the change request form if the policyholder does not have a compound or simple interest inflation protection rider.
Option 3 [reduce lifetime maximum benefit]	Optional reduction quote to reduce unlimited lifetime maximum. Reduction of lifetime maximum benefit could include reducing an unlimited lifetime benefit to a 5 year benefit or a 5 year benefit to a 3 year benefit. Option 3 would be offered and present if the policyholder had a lifetime maximum benefit that can be reduced. The offer would not be appear in the change request form if the policyholder does not have a lifetime maximum benefit that can be reduced.

Continental Casualty Company
Statement of Variability
Form RIICNF_VA45
Long-Term Care Insurance
ICNF Rider

Variable Field	Applicable Variability
Date [PRINT DATE]	Customized to include the date the amendment rider is generated.

Continental Casualty Company
Statement of Variability
Form R1-A45-ICNF
Long-Term Care Insurance Policy Endorsement

Variable Field	Applicable Variability
Policyholder Name [Policyholder Name]	Customized to include the policyholder's name
Policy Number ("Policy") [Policy Number]	Customized to include the policyholder's policy number
Policy Effective Date [Policy Effective Date]	Customized to include the effective date of the policy
Endorsement Effective Date [Endorsement Effective Date]	Customized to include the effective date of the endorsement
[Maximum Daily Facility Benefit]	Customized to include any changes in the non-inflated daily facility benefit. The range of values is $10 - $1,000.
[Non-Inflated]	Customized to be present if the policyholder has an automatic increase benefit rider.
[Home and Community Based Care Percentage]	Customized to include any changes in the Home and Community Based Care benefit. The values include 0%, 50%, 75%, 100%.
[Maximum Lifetime Benefit]	Customized to include any changes in the Maximum Lifetime Benefit. The range of values is $7,300 – unlimited.
[Elimination Period]	Customized to include any changes in the Elimination Period. The values include 0, 14, 20, 60, 90, 100, 180, 365.
[Compound Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Simple Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Dual Waiver of Premium Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Shared Advantage Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Restoration of Benefits Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Cost of Living Increase Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Survivorship Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Non-forfeiture Status]	Include if the insured stopped paying premium with a non-forfeiture or contingent non-forfeiture benefit
[Increased Contingent Non-forfeiture Benefit]	Include if the insured stopped paying premium with an increased contingent non-forfeiture benefit
[Contingent Non-forfeiture Benefit]	Include if the insured had a contingent non-forfeiture benefit added to their coverage

151 N Franklin St
Chicago, IL 60606

Louis Scarim, ASA, MAAA
Actuarial Consulting Director
Long Term Care Pricing
Phone: (312) 822-6179
Email: louis.scarim@cna.com

March 24, 2020

Bill Dismore
Virginia State Corporation Commission
Bureau of Insurance
Commonwealth of Virginia
PO Box 1157
Richmond, VA 23218

Re: Continental Casualty Company
(NAIC #218-20443, FEIN #36-2114545)
SERFF Tracking # CNAB-131651014
Rate Increase Filing for "Preferred Solution" Individual Long Term Care Forms
(**Simple and Compound Automatic Benefit Rider Policies Only)**:

Coverage Type	Policy Form
Comprehensive	P1-N0080
	P1-N0081
	P1-N0085
	P1-N0086
	P1-N0095
	P1-N0096
	P1-N0100
	P1-N0101
Nursing Home Only	P1-N0075
	P1-N0076
	P1-N0090
	P1-N0091

Dear Mr. Dismore:

Thank you for reviewing our filing. This letter is in response to your objection dated March 2, 2020. The items in the objections are stated below in italics and response in blue for your convenience.

Objection 1
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: 14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the form. The logo should not appear more prominently than the corporate name. Our concern would be resolved if Underwritten by Continental Casualty Company were emboldened and appeared in a type size equal to or larger than the largest type size used in the letter.

The revised policyholder notification letter includes the recommended changes to the corporate name; bolding and the increasing the type size to the largest type size used in the policyholder notification letter (type size 12).

Objection 2
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
- ICNF Rider, RIICNF_VA45 (Form)
Comments: We recognize that the Increased Contingent Non-Forfeiture Benefit Option is designed to provide a greater benefit than the Standard Contingent Non-Forfeiture Benefit Option; however, the benefit provided remains a contingent benefit. For conformity with 14 VAC 5-200-185 E 3, the contingent benefit must be the greater of all premiums paid or 30 times the daily nursing home benefit.

The revised policyholder notification letter and ICNF rider includes the recommended change to include the greater of 150% of premiums paid or 30 times the daily nursing home benefit.

Objection 3
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
*Comments: 1) Under "What are my Options?; 2. Reduce Coverage to Offset the Rate Increase" there is an * that appears in the second sentence. The explanation for the * appears at the end of the paragraph in parenthesis and is confusing. Our concern would be resolved if the * were removed and the parenthesis text was revised and placed at the end of the second sentence. As an example: "Your policy includes an automatic benefit increase rider which has increased your policy's maximum daily benefit amount by 5% per year to protect against inflation, on a simple or compound basis, depending on the specific provision in your policy."*
2) Page 3, "2. Reduce Coverage to Offset the Rate Increase" the first sentence contains the word "increase[s]" with the s in brackets. Please remove the brackets and replace with parenthesis to address this concern.

The revised policyholder notification letter includes the recommended changes.

Objection 4
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: 1) Appearing on page 4, the sentence, "The total Lifetime Maximum Benefit would be based our daily benefit amount times a factor of 1,825." appears to be missing text (i.e. "on") and an incorrect word "our". Our objection would be resolved if the sentence were reworded to read, ".... would be based on your daily benefit amount ." (i.e. add "on" and change "our" to "your").
2) Similar to the comment in 1) above, the next sentence, "Please see the enclosed Change Request Form for actual Lifetime Maximum benefit and associated premium." also appears to be missing text (i.e. "your"). Our objection would be resolved if the sentence were reworded to read, ".... for your actual Lifetime Maximum Benefit "

The revised policyholder notification letter includes the recommended changes.

Objection 5
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
- Change Request Form, R1-PS16CRF-A45 (Form)
Comments: 14 VAC 5-200-75 A 4 b requires that the premium increase notification include a statement that the insured has a right to a revised premium rate or rate schedule. We did not find such a statement in the Policyholder Notification form. On the Change Request form, the second paragraph, second to last sentence states, "We will send you confirmation of your policy changes once processed." This sentence should be revised to follow the language as closely as possible as outlined in 14 VAC 5-200-75-A. 4. b.

This same comment was included in the 12/9/19 objection. Our response then was that this particular requirement is applicable at the time a new policy is issued but not at the time of a rate increase (the rate increase notification letter is providing the new rate so including an explanation that the insured has a right to a revised premium rate does not seem applicable). I believe including the requested statement in the rate increase notification letter will only confuse insureds.

Please note that 14VAC5-200-75-D1 requires only the applicable information from 14VAC5-200-75-A be provided at the time of a rate increase.

Objection 6
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: Under the Section, "How much is my Premium Increase and when does my Bill Increase?, the two options (i.e. single increase or series of increases) should be bracketed on the policyholder notification form and explained on the Statement of Variability.

The revised policyholder notification letter and its statement of variability include the recommended changes.

Objection 7
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: 1) On page 2, under "1. Reduce Coverage and Stop Paying Premium", the underlined text under section b) that states, "If you wish to elect this ICNF option, .." refers to the enclosed "ICNF Change Request Form". This is not the correct name of the form. R1-PS16CRF-A45 is titled "CHANGE REQUEST FORM" and for consistency should be referred to correctly. Our concern would be resolved if the Company were to revise the sentence to read: "If you wish to elect this ICNF option, you must complete Option 1 - INCREASED CONTINGENT NON-FORFEITURE BENEFIT OPTION on the enclosed CHANGE REQUEST FORM and return to us by [rate incr eff date + 60 day].

The revised policyholder notification letter includes the recommended changes.

Objection 8
- Statement of Variability (Supporting Document)
Comments: The SOV should describe how the bracketed paragraphs appearing on Page 4 are subject to change from the text as presented. The paragraphs begin with: [Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit .] [Reduce other benefit features.]

The revised statement of variability for the policyholder notification letter includes the recommended changes.

Objection 9
- Statement of Variability (Supporting Document)
Comments: Change Request Form Statement of Variability
14 VAC 5-100-50 2 requires that the full and proper corporate name appear prominently on the Change Request Form.

The revised change request form includes the recommended changes.

Objection 10
- Statement of Variability (Supporting Document)
Comments: R1-A45-ICNF
1) We have the following concerns with the non-inflated daily benefit revision option. The option is bracketed as variable because it may or may not appear in the endorsement. However, the specific dollar amounts are also variable. As such, the dollar amounts should be bracketed. The SOV should describe the minimum and maximum dollar range. The option includes a drafter note. The drafter note should be removed from the endorsement and included in the SOV. Based on the drafter note, the term non-inflated should also be bracketed and described in the SOV.
2) Related to the first bullet directly above, any numerical range presented in the options should be bracketed. The SOV should express the minimum and maximum values.

The revised policy endorsement and its statement of variability include the recommended changes.

Objection 11
- Change Request Form, R1-PS16CRF-A45 (Form)
Comments: Option 1 is described as PAID-UP WITH REDUCED LIFETIME MAXIMUM BENEFIT AMOUNT OPTION (i.e. ICNF). However, the policyholder letter refers to the benefit as the Increased Contingent Non-Forfeiture Benefit. To avoid confusion, the benefit description should be consistent. Our concern would be resolved if the Company were to consider language such as, "INCREASED CONTINGENT NONFORFEITURE OPTION" which matches the description of the benefit provided in the policyholder notification letter.

The revised change request form includes the recommended changes.

Objection 12
- Change Request Form, R1-PS16CRF-A45 (Form)
Comments: Option 2 and Option 3 are indicated as being variable in their entirety. Please advise under what circumstances the options are offered and, conversely, would not appear in the change form. The Statement of Variability should reflect the variances.

The statement of variability for the change request form describes when the options are offered and when they are not.

Objection 13
- ICNF Rider, RIICNF_VA45 (Form)
Comments: The <<print date>> appears to be a variable field. The field should be described in the SOV. In addition, the brackets should be consistent with those used on the other forms (i.e. the double carat should not replace the "[ ]" currently used throughout the other forms).

The ICNF rider has been revised as requested and a statement of variability has been created.

Objection 14
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: Waiver of Premium
The policyholder notification letter should address insureds who are on premium waiver due to a claim, how the premium increase notice affects their current premium and when the insured in must select an option once they come off waiver of premium status.

The policyholder notification letter is not sent to insureds currently on waiver of premium. Notification letters would be sent to these individuals if and when their claim is closed and they begin paying premium once again.

Objection 15
- Change Request Form, R1-PS16CRF-A45 (Form)
Comments: Both Options 2 and 3 on the CHANGE REQUEST FORM are bracketed. The end brackets are placed prior to the Signature and Date lines. Our concern would be addressed if the end brackets were moved to follow the Signature and Date lines. This would indicate that the Signature and Date lines would not appear on the form if these options are not offered.

The revised change request form includes the recommended changes.

Objection 16
- ICNF Policyholder Notification, R1-PS16LTR-A45 (Form)
Comments: Enclosures on last page of letter.
[Encl] should not be bracketed if there is to be no variance to the letter that currently includes a return envelope and the Change Request Form.. Otherwise, the Statement of Variability must list the specific items that are variable as an enclosure.

The policyholder notification letter has been revised to remove the brackets around Encl because there will be no variability.

Objection 17
- Response to Objection Dated December 9, 2019 (Supporting Document)
Comments: The "John Doe" version of the policyholder letter notification shows an inconsistency with 14VAC5-200-75D which requires the premium increase notice be sent at least 75 days prior to the implementation date. Our concern would be addressed if the date of the letter is at least 75 days prior to the "Premium Renewal Date".

The date on the revised “John Doe” version of the policyholder notification letter has been changed to show that the notice must be sent at least 75 days prior to the premium renewal date.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions.

Sincerely,

Louis Scarim, ASA, MAAA

Underwritten by Continental Casualty Company

P.O Box 64912
St. Paul MN 55164-0912
1-800-370-6270
Fax: 952-983-5193

October 1, 2019

JOHN E. DOE

1234 OAK STREET

CHICAGO, IL 60606

Long-Term Care Insurance Premium Adjustment Notice

Company: Continental Casualty Company
Policy Number: 1234567890

Dear John E. Doe:

You are receiving this letter because the premium for your long-term care insurance policy number referenced above, issued by Continental Casualty Company on 2/15/2001, is going to increase. Included in this letter is an explanation of **why** your premium is increasing, **how** much it is increasing, **when** it will increase, **what** options you have as a result of this increase, and, **what**, if any, steps you need to take at this time.

This letter is not a bill; however, you should keep a copy of this letter with your policy.

How much is my Premium Increase and when does my Bill Increase?

The premium you currently pay annually, which is $1,635.00, will increase according to the below schedule with the first due date on or after 2/15/2020. Your premium will change as follows and you will be notified in advance of each subsequent premium increase:

Premium Renewal Date	Percentage Increase	New Annual Premium
2/15/2020	70%	$2,779.50

Subsequent increases will be applied to your policy on or after the following premium renewal dates by the percentages reflected below:

Premium Renewal Date	Percentage Increase	New Annual Premium
2/15/2021	49.8%	$4,163.69

While this is not a bill, you should keep a copy of this letter with your policy.

Why is this Premium Rate Increase Necessary?

Continental Casualty Company, like most long term care insurers, used certain assumptions when originally setting the premium price of your policy. These assumptions were our best estimates of future experience for these policies. Unfortunately, Continental Casualty Company and the long term care industry in general, has seen experience emerging differently than expected. Specifically, more policyholders are going on claim and claims are lasting longer. Therefore, we have determined that we must increase premiums to reflect the future claim expectations on these policies.

The decision to implement a premium increase is a difficult one, however, as a responsible insurer, it is important for us to take appropriate actions to ensure we can fulfill our obligations to our policyholders. Continental Casualty Company will continue to monitor the experience of the block and may seek additional premium rate increases in the future as necessary. In the event of future rate increases, options similar to those being offered herein may be available.

The rate increase request 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 filings are available for the public inspection and may be accessed online through the Virginia Bureau of Insurance webpage at www.scc.virginia.gov/BOI.

What are my Options?

1. **Reduce Coverage and Stop Paying Premium**

   There are two ways you can stop paying premium and keep some long term care benefits: the Standard Contingent Non-Forfeiture Benefit option ("CNF") or the Increased Contingent Non-Forfeiture Benefit option ("ICNF"). Both options mean you will stop paying premium for your policy and convert to a 'paid-up' policy with a reduced lifetime maximum; with CNF your lifetime maximum benefit will be equal to 100% of the premiums you have paid, and with ICNF, your lifetime maximum benefit will be equal to 150% of the premiums you have paid.

   If you have previously received benefit payments due to a claim, the reduced lifetime maximum plus the total of the benefits already paid will not exceed the lifetime maximum

benefit in your original policy.

a) Standard Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums as of the premium increase effective date (or up to 120 days after the effective date of the premium increase), and do not elect the ICNF option in writing, (as explained below), your policy will automatically convert to a 'paid-up' policy under the standard CNF Benefit. As a result, your lifetime maximum benefit will be an amount equal to the greater of the following:

(i) 100% of the premiums paid on the policy to date, or
(ii) 30 times your current maximum daily benefit amount.

b) Increased Contingent Non-Forfeiture Benefit Option.
If you stop paying premiums after the premium increase effective date, and you elect, in writing, to accept the ICNF option, your policy will convert to a 'paid-up' policy under the ICNF Benefit. As a result, your lifetime maximum benefit will be the greater of:

(i) **150%** of the premiums paid on the policy to date, or
(ii) 30 times your current maximum daily benefit amount

The lifetime benefits available to you under this option will be greater than those available under the CNF option as described above in section (a). See the Change Request Form for more information and for the benefit available to you if you choose the ICNF option.

If you wish to elect this ICNF option, you **must** complete the enclosed Option 1 – INCREASED NON-FORFEITURE BENEFIT OPTION on the enclosed CHANGE REQUEST FORM and return it to us by 4/15/2020.

Please note that this ICNF benefit is available only if the signed Change Request Form is received by the date shown above and this offer is valid only in connection with the rate increase referenced in this notification and may not be offered in the future.

2. Reduce Coverage to Offset the Rate Increase

Remove the inflation rider and avoid the premium increase(s) reflected on the first page completely. Your policy includes an automatic benefit increase rider, which has increased your policy's maximum daily benefit amount by 5% per year to protect against inflation, on a simple or compound basis, depending on the specific provision in your policy. By choosing now to remove the automatic benefit increase rider, you can avoid the premium increases referenced in this notice completely and reduce your premium amount to a rate below what you are paying

today. Be assured that you will retain your current daily benefit level that includes all historical automatic increases (see the Current Daily Benefit on the enclosed Change Request Form).

Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit. Your policy currently has an Unlimited Lifetime Maximum Benefit which you can reduce to a five (5) year benefit. The total Lifetime Maximum Benefit would be based on your daily benefit amount times a factor of 1,825. Please see the enclosed Change Request Form for actual Lifetime Maximum Benefit and associated premium.

Reduce other benefit features. CNA's long-term care policies were sold with different policy features. The features you selected at the time you purchased your policy determined your initial premium. However, your policy also provides you the ability to reduce the amount of coverage provided by those features, which would reduce the impact of the rate increase, by reducing the amount of premium you owe. Possible coverage reduction options that might be available to you include, but are not limited to:

i) Reducing the Daily Maximum Benefit
ii) Dropping optional benefit features >>

Please note that there is no deadline for electing to reduce coverage. Please call us if you would like to reduce your coverage.

3. **Pay the New Premium Amount and Maintain Existing Coverage**

If you wish to retain your current coverage without changes, you do not need to take action at this time. Your new increased premium will be reflected on your bill, or if you pay via electronic funds transfer, the withdrawal amount will be adjusted to reflect the premium increase. If you continue to pay your premium, at the new amount, your coverage will remain the same.

Choose the Option That is Best for You.

We recommend that you carefully review the options available to you and contact us if you have questions. We also encourage you to carefully evaluate your individual situation, the current and projected cost of care in your area, and consider speaking to your family or to a trusted financial adviser before making changes to your coverage. **All options available may not be of equal value.**

The premium increase will automatically take effect on February 15, 2020 unless you sign and return an enclosed Change Request Form or provide us with other written request to change your policy benefits by February 15, 2020.

Please remember that if you want to elect the ICNF benefit option and convert to a 'paid-up' policy ("ICNF policy") with a lifetime maximum equal to 150% of the premiums paid, you need to complete the enclosed Change Request Form and return it to us by 4/15/2020.

For more information regarding the options described in this letter or if you have any questions, please contact our dedicated rate increase Customer Service Team at 1-800-370-6270 Monday through Friday, 8:00am to 5:00pm Central Time.

Sincerely,

Operations Manager Signature and Name

Continental Casualty Company
Statement of Variability
Form R1-PS16LTR-A45
Long-Term Care Insurance
Rate Increase Policyholder Notification Letter

Variable Field	Applicable Variability
Date [Notification Generation Date]	Customized to include the date letter was created.
Policyholder [Insured] Name & Address [FNAME] [MI] [LNAME] [ADDRESS1] [ADDRESS2] [CITY] [STATE] [ZIPCODE]	Customized to include the policyholder's name and address.
Policy Number ["Policy"] [POLICY NUMBER]	Customized to include the policyholder's policy number.
Issue Date [issue date]	Customized to include the date the insured's policy was issued.
Current Premium [current premium amount]	Customized to include the policyholder's premium as of the [notification generation date].
Premium Increase Date [policy_incr_eff_date]	Customized to include the effective date of the rate increase.
Percentage Increase [XX%]	Customized to include the policyholder's specific rate increase percentage amount.
Modal Frequency [frequency]	Customized to include the policyholder's modal frequency as of the [notification generation date]. Options can be monthly, quarterly, semi-annual, 10-month, or annual.
Rate Increase Premium [default_modal_prem]	Customized to include policyholder's modal premium after the first rate increase
Second Premium Increase Date [policy_incr_eff_date2]	Customized to include the effective date of the [potential] second phase rate increase. This is equal to the phase 1 rate increase date plus 12 months.
Rate Increase Premium2 [default_modal_prem2]	Customized to include policyholder's modal premium after the second [potential] rate increase
Third Premium Increase Date [policy_incr_eff_date3]	Customized to include the effective date of the [potential] third phase rate increase. This is equal to the phase 2 rate increase date plus 12 months.
Rate Increase Premium3 [default_modal_prem3]	Customized to include policyholder's modal premium after the third [potential] rate increase
Virginia Bureau of Insurance Webpage [https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx]	Customized to include the State of Virginia Bureau of Insurance Website address.
ICNF request form completion [rate incr eff date + 60 day]	Customized to include the date which follows 60 days after the rate increase effective date.
Lifetime Maximum Benefit Reduction [Reduce the impact of the premium increase by lowering your Lifetime Maximum Benefit	Customized to reflect the Lifetime Maximum Benefit reduction if the policyholder has a Lifetime Maximum Benefit that can be reduced. If there is no Lifetime Maximum Benefit reduction available, the [Reduce Other Benefit Features] language would be present
Other Benefit Feature Reductions [Reduce other benefit features]	Customized to be present if a Lifetime Maximum Benefit reduction is not available
Change Request Form Return Date [Month XX, 20XX]	Customized to include the date by which the change request form would need to be returned to CNA.
Officer Signature [Operations Manager Signature and Name]	Allows for variability in the event staff changes.

Continental Casualty Company
Statement of Variability
Form R1-A45-ICNF
Long-Term Care Insurance Policy Endorsement

Variable Field	Applicable Variability
Policyholder Name [Policyholder Name]	Customized to include the policyholder's name
Policy Number ("Policy") [Policy Number]	Customized to include the policyholder's policy number
Policy Effective Date [Policy Effective Date]	Customized to include the effective date of the policy
Endorsement Effective Date [Endorsement Effective Date]	Customized to include the effective date of the endorsement
[Maximum Daily Facility Benefit]	Customized to include any changes in the non-inflated daily facility benefit. The range of values is $10 - $1,000.
[Non-Inflated]	Customized to be present if the policyholder has an automatic increase benefit rider.
[Home and Community Based Care Percentage]	Customized to include any changes in the Home and Community Based Care benefit. The values include 50%, 75%, 100%.
[Maximum Lifetime Benefit]	Customized to include any changes in the Maximum Lifetime Benefit. The range of values is $7,300 – unlimited.
[Elimination Period]	Customized to include any changes in the Elimination Period. The values include 0, 14, 20, 60, 90, 100, 180, 365.
[Compound Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Simple Automatic Increase Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Dual Waiver of Premium Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Shared Advantage Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Restoration of Benefits Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Cost of Living Increase Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Survivorship Benefit Rider]	Include if the insured purchased this rider/benefit and has deleted the rider/benefit
[Non-forfeiture Status]	Include if the insured stopped paying premium with a non-forfeiture or contingent non-forfeiture benefit
[Increased Contingent Non-forfeiture Benefit]	Include if the insured stopped paying premium with an increased contingent non-forfeiture benefit
[Contingent Non-forfeiture Benefit]	Include if the insured had a contingent non-forfeiture benefit added to their coverage

POLICY SCHEDULE

This policy schedule provides You with specific information about the product You selected. It tells You which benefits You chose and how much they will cost. General policy information is also provided.

BENEFITS

Elimination Period per Lifetime	30 Days
Maximum Daily Home and Community-Based Care Benefit	$ 50
Maximum Daily Facility Benefit	$ 100
Maximum Lifetime Benefit	$146,000

This Policy [Includes/Does Not Include] a Nonforfeiture Benefit

OPTIONAL BENEFITS

Compound Automatic Increase Benefit Rider	Included
Survivorship Rider	Included
Dual Waiver of Premium Rider	Included
Restoration of Benefits Rider	Included
Shared Advantage Rider	Included
Shared Benefit Amount	$146,000

PREMIUM SUMMARY

Total Annual Premium Before Discounts	$ 1,346.80
Total Annual Premium Less Applicable Discounts	$ 1,077.40
Mode of Payment	Annual
Renewal Premium Based on Mode of Payment	$ 1,077.40

GENERAL POLICY INFORMATION

Policy Number	1234567
Effective Date of Coverage	July 1,1998
First Renewal Date	July 1,1999
Name of Insured	John A. Doe

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