

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Filing at a Glance

Company: Continental General Insurance Company
Product Name: Long Term Care
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.003 Other
Filing Type: Rate
Date Submitted: 10/24/2022
SERFF Tr Num: GLTC-133439084
SERFF Status: Closed-Approved
State Tr Num: GLTC-133439084
State Status: Approved
Co Tr Num: LTC2 RATE INCREASE FILING 2022

Effective: On Approval
Date Requested:
Author(s): Beth Lovaas, Melissa Sample, Elizabeth O'Brien, Kristie Pompa, Madison Nahrup, David Weizeorick, Jacob Allensworth, Kyle Diaz, Miranda Rader, Faiz Ahmad

Reviewer(s): Greg Smith (primary), Bill Dismore
Disposition Date: 08/24/2023
Disposition Status: Approved
Effective Date:

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

General Information

Project Name: KIC LTC2 Rate Increase Filing	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Texas is the state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 75%	Filing Status Changed: 08/24/2023
	State Status Changed: 08/24/2023
Deemer Date: 09/23/2023	Created By: David Weizeorick
Submitted By: David Weizeorick	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above referenced policy forms are Individual Long-Term Care insurance products, which are no longer being sold.

This rate increase filing is a follow up, refile, to the filing GLTC-133093925, which was withdrawn on 10/13/2022.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Company and Contact

Filing Contact Information

Madison Nahrup, Assistant Vice President, Madison.Nahrup@continental-ins.com

Pricing

11001 Lakeline Blvd. Suite 120 512-969-2837 [Phone]
 Austin, TX 78720

Filing Company Information

Continental General Insurance Company	CoCode: 71404	State of Domicile: Texas
11001 Lakeline Blvd	Group Code:	Company Type: Life & Health
Suite 120	Group Name:	State ID Number:
Austin, TX 78717	FEIN Number: 47-0463747	
(866) 830-0607 ext. [Phone]		

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Filing Company: Continental General Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Greg Smith	08/24/2023	08/24/2023

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Greg Smith	08/23/2023	08/23/2023
Info has been requested from company	Bill Dismore	03/31/2023	03/31/2023
Info has been requested from company	Bill Dismore	02/08/2023	02/08/2023
Info has been requested from company	Bill Dismore	11/18/2022	11/18/2022
Info has been requested from company	Bill Dismore	11/09/2022	11/09/2022
Info has been requested from company	Bill Dismore	10/25/2022	10/25/2022

Response Letters

Responded By	Created On	Date Submitted
David Weizeorick	08/23/2023	08/23/2023
Jacob Allensworth	05/19/2023	05/19/2023
David Weizeorick	02/21/2023	02/21/2023
David Weizeorick	11/21/2022	11/21/2022
David Weizeorick	11/17/2022	11/17/2022
Jacob Allensworth	11/08/2022	11/08/2022

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	David Weizeorick	11/08/2022	11/08/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Bill Dismore	03/02/2023	

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Disposition

Disposition Date: 08/24/2023

Effective 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 General Insurance Company	75.000%	75.000%	\$1,053,075	485	\$1,404,100	75.000%	75.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	VA - Proposed KIC LTC2 TQ Rate Sheets	Approved	Yes
Rate	VA - Proposed KIC LTC2 NTQ Rate Sheets	Approved	Yes
Supporting Document	Certification of Compliance/Readability		No
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Approved Policy Forms	Received & Acknowledged	Yes
Supporting Document	Current Rate Sheets	Received & Acknowledged	Yes
Supporting Document (revised)	Response to Objection Dated 10/25/2022	Received & Acknowledged	Yes
Supporting Document	Rate Increase Notification Letter	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 11/09/2022	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 11/18/2022	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 2/08/2023	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 3/31/2023	Received & Acknowledged	Yes
Supporting Document	Response to Objection Dated 8/23/2023	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Response to Objection Dated 10/25/2022	Withdrawn	No

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/23/2023
Submitted Date	08/23/2023
Respond By Date	08/25/2023

Dear Madison Nahrup,

Introduction:

Please respond to the inquiry below.

Objection 1

Comments: The Bureau is agreeable to approving the company's request of a 75% increase and accepts the company's offer to spread the increase over three years without adjusting for time value of money. In other words, the final premium after three years will be the same as if the adjustment was made at one time.

Please confirm acceptance by response to this objection.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Greg Smith

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/31/2023
Submitted Date 03/31/2023
Respond By Date 05/19/2023

Dear Madison Nahrup,

Introduction:

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

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

Objection 1

- VA - Proposed KIC LTC2 TQ Rate Sheets, [80650 1/97 (VA)] (Rate)
- VA - Proposed KIC LTC2 NTQ Rate Sheets, [80880 (NTQ) 1/98 (VA)] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: After review of the Companys rate increase request, the VA BOI recommends the following rate increase. 75% for policies with no inflation and 0% for policies with inflation.

The recommendation is based on the VA Regulatory requirements stated under 14VAC5-200 and the Present Value of Future Loss Test where the BOI actuary compared the present value of expected future loss under three scenarios: (1) original assumptions; (2) current assumptions and current premiums; and (3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is less than that expected with no increase for policies with compound inflation. The opposite results were found for those policies with no inflation leading to the recommendation of allowing the 75% requested rate increase.

Should the Company accept this recommendation, please revise the Company Rate Information under the Rate/Rule Schedule and the proposed rate sheets for the Affected Form Number 80650 1/97 (VA) and 80880 (NTQ) 1/98 (VA).

In addition, please revise the Rate Request Summary, Actuarial Memorandum and supporting exhibits

Conclusion:

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

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/08/2023
Submitted Date	02/08/2023
Respond By Date	02/22/2023

Dear Madison Nahrup,

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

- Rate Increase Notification Letter (Supporting Document)

Comments: Please provide the policyholder letter form CGIC (KIC)-RINC-VA in a John Doe format using the proposed rate increase of 75% spread over two years.

Conclusion:

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

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/18/2022
Submitted Date	11/18/2022
Respond By Date	12/02/2022

Dear Madison Nahrup,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the company will consider spreading the proposed increase of 75% increase over two or three years.

Conclusion:

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

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/09/2022
Submitted Date	11/09/2022
Respond By Date	11/23/2022

Dear Madison Nahrup,

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

- Response to Objection Dated 10/25/2022 (Supporting Document)

Comments: The VA BOI requires that a copy of the policyholder notification letter and forms that are to be used with this rate request be placed under the Supporting Documentation tab. We understand that the review and communications regarding these forms will occur under GLTC-133410195. Please comply with our request stated in our objection letter of 10/25/2022.

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 the "Respond by date". After this date, 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 General Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/25/2022
Submitted Date	10/25/2022
Respond By Date	11/09/2022

Dear Madison Nahrup,

Introduction:

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

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

Objection 1

Comments: Please provide the policyholder notification letter and accompanying forms under the Form Schedule tab. If the company is using previously approved forms, please provide the SERFF Tr. Num that contains the approved forms.

If the company is using previously approved forms, place a copy of each approved form and a "John Doe" sample of each under the Supporting Documentation tab.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: For each subset of business in the requested projections, please provide the active life reserve balance as 12/31/2021 on a nationwide basis.

Objection 3

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

Comments: The narrative explanation for the rate increase is missing from this form. Please provide this narrative consistent with the actuarial memorandum and in consumer-friendly language.

Please either attach Appendix A, since it is referenced in the summary, or provide the Issue Dates and Prior Rate Increases. This is a public document available to policyholders and the BOI prefers not to refer a policyholder to an Appendix as it may be difficult for them to find the correct document.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Rate/Rule Schedule

1) Appendix C appears to indicate 693 policies issued in VA as of 12/31/2021. However, under the Rate/Rule Schedule tab, the number of Policy Holders affected is listed as 485. Please clarify if these 485 policyholders represent Active, Premium Paying (460) and Disabled Non-Paid Up (20) only.

2) Explain why the count of 485 is not consistent with the Exhibit 1 and Appendix A VA count of 460.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Comments: In Appendix C, Attained Age count, for 70 and older please provide the breakout of the 622 policyholders by age bands (70-74; 75-79 and >80) that are (i) Active, Premium Paying and (ii) Disabled, Non-Paid Up.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Exhibit 1

1) Please provide the most recent cumulative approved rate increases for each state in Excel.

2) Please provide the nationwide average cumulative approved rate increases.

3) Please add a column to the Exhibit listing pending rate increases filed in each state.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation and support to illustrate how the pilot wellness program will mitigate the need for rate increases.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: You provided the average issue age. Please provide the average attained age for the Virginia block.

Conclusion:

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

Please respond by the "Respond By Date:" above. If an extension is required, you must submit your request prior to that date. An extension may be requested for up to 30 days. Failure to respond will result in the filing being closed.

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.

Sincerely,
Bill Dismore

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

08/23/2023

Submitted Date

08/23/2023

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 8/23/2023" on the Supporting Documentation tab.

Related Objection 1

Comments: The Bureau is agreeable to approving the company's request of a 75% increase and accepts the company's offer to spread the increase over three years without adjusting for time value of money. In other words, the final premium after three years will be the same as if the adjustment was made at one time.

Please confirm acceptance by response to this objection.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 8/23/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 6 - Response.pdf

Conclusion:

Sincerely,

David Weizeorick

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/19/2023
Submitted Date	05/19/2023

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 3/31/2023" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- VA - Proposed KIC LTC2 TQ Rate Sheets, [80650 1/97 (VA)] (Rate)
- VA - Proposed KIC LTC2 NTQ Rate Sheets, [80880 (NTQ) 1/98 (VA)] (Rate)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)

Comments: After review of the Companys rate increase request, the VA BOI recommends the following rate increase. 75% for policies with no inflation and 0% for policies with inflation.

The recommendation is based on the VA Regulatory requirements stated under 14VAC5-200 and the Present Value of Future Loss Test where the BOI actuary compared the present value of expected future loss under three scenarios: (1) original assumptions; (2) current assumptions and current premiums; and (3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is less than that expected with no increase for policies with compound inflation. The opposite results were found for those policies with no inflation leading to the recommendation of allowing the 75% requested rate increase.

Should the Company accept this recommendation, please revise the Company Rate Information under the Rate/Rule Schedule and the proposed rate sheets for the Affected Form Number 80650 1/97 (VA) and 80880 (NTQ) 1/98 (VA).

In addition, please revise the Rate Request Summary, Actuarial Memorandum and supporting exhibits

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response - Revised 05.19.2023.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 10/25/2022</i>
Comments:	
Attachment(s):	<i>VA KIC LTC2 Objection 1 - Response.pdf</i>

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response - Revised 05.19.2023.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Dated 10/25/2022</i>
Comments:	
Attachment(s):	<i>VA KIC LTC2 Objection 1 - Response.pdf</i>

Satisfied - Item:	Response to Objection Dated 3/31/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 5 - Response.pdf

Conclusion:

Sincerely,

Jacob Allensworth

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/21/2023
 Submitted Date 02/21/2023

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 2/08/2023" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Rate Increase Notification Letter (Supporting Document)

Comments: Please provide the policyholder letter form CGIC (KIC)-RINC-VA in a John Doe format using the proposed rate increase of 75% spread over two years.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 2/08/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 4 - Response.pdf VA RINC Letter - KIC_2022-06 - John Doe.pdf

Conclusion:

Sincerely,

David Weizeorick

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Response Letter

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

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 11/18/2022" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the company will consider spreading the proposed increase of 75% increase over two or three years.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 11/18/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 3 - Response.pdf

Conclusion:

Sincerely,

David Weizeorick

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/17/2022
Submitted Date	11/17/2022

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 11/09/2022" on the Supporting Documentation tab.

Related Objection 1

Applies To:

- Response to Objection Dated 10/25/2022 (Supporting Document)

Comments: The VA BOI requires that a copy of the policyholder notification letter and forms that are to be used with this rate request be placed under the Supporting Documentation tab. We understand that the review and communications regarding these forms will occur under GLTC-133410195. Please comply with our request stated in our objection letter of 10/25/2022.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Increase Notification Letter
Comments:	
Attachment(s):	VA RINC Letter - KIC_2022-05.pdf

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Increase Notification Letter
Comments:	
Attachment(s):	VA RINC Letter - KIC_2022-05.pdf
Satisfied - Item:	Response to Objection Dated 11/09/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 2 - Response.pdf

Conclusion:

Sincerely,
David Weizeorick

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/08/2022
 Submitted Date 11/08/2022

Dear Greg Smith,

Introduction:

Response 1

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 1

Comments: Please provide the policyholder notification letter and accompanying forms under the Form Schedule tab. If the company is using previously approved forms, please provide the SERFF Tr. Num that contains the approved forms.

If the company is using previously approved forms, place a copy of each approved form and a "John Doe" sample of each under the Supporting Documentation tab.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 2

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Comments: For each subset of business in the requested projections, please provide the active life reserve balance as 12/31/2021 on a nationwide basis.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Table with 2 columns: Field Name, Value. Row 1: Satisfied - Item, Response to Objection Dated 10/25/2022. Row 2: Comments, (empty). Row 3: Attachment(s), VA KIC LTC2 Objection 1 - Response.pdf

Response 3

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 3

Applies To:

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

Comments: The narrative explanation for the rate increase is missing from this form. Please provide this narrative consistent with the actuarial memorandum and in consumer-friendly language.

Please either attach Appendix A, since it is referenced in the summary, or provide the Issue Dates and Prior Rate Increases. This is a public document available to policyholders and the BOI prefers not to refer a policyholder to an Appendix as it may be difficult for them to find the correct document.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA KIC LTC2 Rate Request Summary Supplement - 11.8.2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA KIC LTC2 Rate Request Summary Supplement - 2022.pdf</i>

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA KIC LTC2 Rate Request Summary Supplement - 11.8.2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA KIC LTC2 Rate Request Summary Supplement - 2022.pdf</i>

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 4

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Comments: Rate/Rule Schedule

1) Appendix C appears to indicate 693 policies issued in VA as of 12/31/2021. However, under the Rate/Rule Schedule tab, the number of Policy Holders affected is listed as 485. Please clarify if these 485 policyholders represent Active, Premium Paying (460) and Disabled Non-Paid Up (20) only.

2) Explain why the count of 485 is not consistent with the Exhibit 1 and Appendix A VA count of 460.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 5

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In Appendix C, Attained Age count, for 70 and older please provide the breakout of the 622 policyholders by age bands (70-74; 75-79 and >80) that are (i) Active, Premium Paying and (ii) Disabled, Non-Paid Up.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 6

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Exhibit 1

1) Please provide the most recent cumulative approved rate increases for each state in Excel.

2) Please provide the nationwide average cumulative approved rate increases.

3) Please add a column to the Exhibit listing pending rate increases filed in each state.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2022.pdf VA KIC LTC2 Cover Letter - 2022.pdf VA KIC LTC2 Actuarial Memorandum - 2022.pdf VA KIC LTC2 Appendices - 2022.pdf VA KIC LTC2 Exhibit 1.xlsx VA KIC LTC2 Exhibits – revised 11.8.2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2022.pdf</i> <i>VA KIC LTC2 Cover Letter - 2022.pdf</i> <i>VA KIC LTC2 Actuarial Memorandum - 2022.pdf</i> <i>VA KIC LTC2 Appendices - 2022.pdf</i> <i>KIC LTC2 Exhibits 2022- VA.pdf</i>

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Filing Company: Continental General Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2022.pdf VA KIC LTC2 Cover Letter - 2022.pdf VA KIC LTC2 Actuarial Memorandum - 2022.pdf VA KIC LTC2 Appendices - 2022.pdf VA KIC LTC2 Exhibit 1.xlsx VA KIC LTC2 Exhibits – revised 11.8.2022.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2022.pdf</i> <i>VA KIC LTC2 Cover Letter - 2022.pdf</i> <i>VA KIC LTC2 Actuarial Memorandum - 2022.pdf</i> <i>VA KIC LTC2 Appendices - 2022.pdf</i> <i>KIC LTC2 Exhibits 2022- VA.pdf</i>
Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 7

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation and support to illustrate how the pilot wellness program will mitigate the need for rate increases.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Response 8

Comments:

Please find our response attached under the heading "Response to Objection Dated 10/25/2022" on the Supporting Documentation tab.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: You provided the average issue age. Please provide the average attained age for the Virginia block.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response.pdf

Conclusion:

Sincerely,

Jacob Allensworth

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Amendment Letter

Submitted Date:

11/08/2022

Comments:

Please see the revised Exhibit 1 (in both pdf and excel versions), which has had some revisions and additional information added to better address the objection letter submitted 10/25/2022.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2022.pdf VA KIC LTC2 Cover Letter - 2022.pdf VA KIC LTC2 Actuarial Memorandum - 2022.pdf VA KIC LTC2 Appendices - 2022.pdf VA KIC LTC2 Exhibits – revised 11.8.2022.pdf VA KIC LTC2 Exhibit 1.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2022.pdf</i> <i>VA KIC LTC2 Cover Letter - 2022.pdf</i> <i>VA KIC LTC2 Actuarial Memorandum - 2022.pdf</i> <i>VA KIC LTC2 Appendices - 2022.pdf</i> <i>VA KIC LTC2 Exhibit 1.xlsx</i> <i>VA KIC LTC2 Exhibits – revised 11.8.2022.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Managing Long-Term Care Risk - 2022.pdf</i> <i>VA KIC LTC2 Cover Letter - 2022.pdf</i> <i>VA KIC LTC2 Actuarial Memorandum - 2022.pdf</i> <i>VA KIC LTC2 Appendices - 2022.pdf</i> <i>KIC LTC2 Exhibits 2022- VA.pdf</i>

State: Virginia **Filing Company:** Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Reviewer Note

Created By:

Bill Dismore on 03/02/2023 08:15 AM

Last Edited By:

Bill Dismore

Submitted On:

06/16/2023 07:22 AM

Subject:

RRS

Comments:

Rate Review Summary

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

Company Name and NAIC Number: Continental General Insurance Company, NAIC NO: 71404

SERFF Tracking Number: GLTC-133439084

Revised Rates

Average Annual Premium Per Member: 5,066

Average Requested Percentage Rate Change Per Member: 75%

Range of Requested Rate Changes: 75%-75%

Number of Virginia Policyholders Affected: 485

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
80650 1/97	LTC2 TQ	2/7/1998 - 12/4/2002	2009: 60% rate increase for all policies 2016: 10% rate increase for policies without inflation and 45.5% for policies with inflation	If the fully justified rate increase is approved, no further rate increases are expected unless the MAE is realized.
80880 1/98	LTC2 NTQ	4/12/1999 - 1/28/2003	2009: 60% rate increase for all policies 2016: 10% rate increase for policies without inflation and 45.5% for policies with inflation	If the fully justified rate increase is approved, no further rate increases are expected unless the MAE is realized.

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

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Key Information Used to Develop the Rates Including the Main Drivers

Throughout the years, experience for this product form has continued to develop unfavorably and has not aligned with the original assumptions. One effect of the worsening experience is a need to request a rate increase on this product. The main component driving this need is a significantly higher than anticipated claims volumes.

This requested rate increase is designed to help offset some of the expected increased costs due to higher anticipated claims, and to increase the Company's capability to pay current and anticipated future claims. Please note this rate increase request is not based on a policyholder's claims history or any other personal factor.

Continental General Insurance Company has filed the rate increase request with the Virginia Bureau of Insurance and has included the necessary information requested by the State to support the increase.

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

51.000%

Effective Date of Last Rate Revision:

11/20/2017

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

HUMA-129780509

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 General Insurance Company	75.000%	75.000%	\$1,053,075	485	\$1,404,100	75.000%	75.000%

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA - Proposed KIC LTC2 TQ Rate Sheets	80650 1/97 (VA)	Revised	Previous State Filing Number: HUMA-129780509 Percent Rate Change Request: 75	Proposed Rate Sheets KIC LTC2 TQ- VA.pdf,
2		VA - Proposed KIC LTC2 NTQ Rate Sheets	80880 (NTQ) 1/98 (VA)	Revised	Previous State Filing Number: HUMA-129780509 Percent Rate Change Request: 75	Proposed Rate Sheets KIC LTC2 NTQ- VA.pdf,

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	78.45	39.25	98.07	49.05	119.84	59.94	16-39
40-54	118.84	59.43	148.56	74.31	181.56	90.83	40-54
55-59	161.16	80.61	201.43	100.73	246.19	123.10	55-59
60	184.87	92.79	231.11	115.99	282.45	141.75	60
61	208.78	104.83	260.96	131.04	318.97	160.16	61
62	232.68	116.88	290.87	146.13	355.50	178.59	62
63	258.28	129.08	322.86	161.35	394.59	197.23	63
64	283.20	141.73	354.03	177.14	432.67	216.51	64
65	308.49	154.18	385.63	192.75	471.31	235.59	65
66	333.41	167.13	416.75	208.93	509.37	255.33	66
67	358.98	179.59	448.74	224.51	548.45	274.40	67
68	403.13	201.71	503.90	252.12	615.90	308.16	68
69	447.55	223.83	559.44	279.76	683.76	341.92	69
70	492.01	245.89	614.99	307.34	751.68	375.66	70
71	536.43	268.00	670.53	334.99	819.54	409.41	71
72	580.95	290.41	726.20	362.99	887.58	443.64	72
73	687.42	334.62	859.25	418.29	1,050.21	511.26	73
74	793.87	376.44	992.34	470.61	1,212.86	575.17	74
75	900.36	415.17	1,125.43	518.95	1,375.52	634.27	75
76	1,007.13	451.05	1,258.88	563.82	1,538.65	689.10	76
77	1,113.56	484.23	1,391.99	605.26	1,701.30	739.76	77
78	1,281.11	557.20	1,601.37	696.48	1,957.24	851.31	78
79	1,459.41	634.71	1,824.27	793.36	2,229.66	969.69	79
80	1,634.19	710.24	2,042.71	887.78	2,496.66	1,085.05	80
81	1,816.82	789.83	2,271.03	987.30	2,775.66	1,206.70	81
82	2,008.55	872.94	2,510.69	1,091.16	3,068.63	1,333.64	82
83	2,208.48	960.35	2,760.63	1,200.47	3,374.07	1,467.20	83
84	2,417.12	1,051.28	3,021.38	1,314.06	3,692.82	1,606.08	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	51.17	22.30	63.96	27.90	78.19	34.06	16-39
40-54	77.51	33.81	96.90	42.23	118.41	51.64	40-54
55-59	105.11	45.82	131.37	57.30	160.55	70.00	55-59
60	126.56	55.16	158.22	68.99	193.38	84.30	60
61	148.05	64.24	185.08	80.31	226.19	98.16	61
62	169.56	73.59	211.91	92.00	259.02	112.44	62
63	195.09	84.63	243.88	105.81	298.03	129.33	63
64	220.36	95.99	275.42	120.00	336.63	146.67	64
65	245.89	107.01	307.37	133.79	375.66	163.50	65
66	271.43	118.06	339.29	147.61	414.68	180.39	66
67	296.98	129.13	371.21	161.39	453.72	197.28	67
68	340.81	148.17	426.00	185.24	520.70	226.40	68
69	384.65	167.23	480.81	209.06	587.67	255.48	69
70	428.51	186.31	535.62	232.89	654.64	284.64	70
71	472.62	205.36	590.75	256.71	722.07	313.76	71
72	516.48	224.46	645.56	280.56	789.04	342.93	72
73	611.08	265.56	763.86	331.98	933.63	405.76	73
74	705.72	307.04	882.18	383.78	1,078.18	469.05	74
75	800.35	348.16	1,000.48	435.23	1,222.76	531.93	75
76	895.32	389.31	1,119.11	486.64	1,367.82	594.76	76
77	989.92	430.47	1,237.43	538.06	1,512.40	657.62	77
78	1,138.87	495.32	1,423.57	619.19	1,739.94	756.77	78
79	1,297.36	564.25	1,621.71	705.30	1,982.10	862.02	79
80	1,452.75	631.38	1,815.91	789.20	2,219.46	964.60	80
81	1,615.09	702.14	2,018.85	877.70	2,467.48	1,072.72	81
82	1,785.54	775.99	2,231.92	969.99	2,727.92	1,185.57	82
83	1,963.29	853.74	2,454.10	1,067.19	2,999.43	1,304.31	83
84	2,148.72	934.54	2,685.92	1,168.16	3,282.79	1,427.77	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	47.08	20.55	58.84	25.64	71.91	31.36	16-39
40-54	71.30	31.08	89.15	38.87	108.92	47.50	40-54
55-59	96.67	42.18	120.86	52.69	147.72	64.40	55-59
60	116.46	50.79	145.55	63.46	177.91	77.56	60
61	136.20	59.10	170.24	73.85	208.09	90.28	61
62	155.96	67.71	194.99	84.63	238.28	103.44	62
63	179.48	77.89	224.35	97.34	274.23	118.98	63
64	202.72	88.31	253.38	110.43	309.68	134.94	64
65	226.24	98.46	282.78	123.08	345.63	150.43	65
66	249.71	108.64	312.15	135.78	381.54	165.99	66
67	273.23	118.77	341.55	148.47	417.41	181.48	67
68	313.55	136.31	391.95	170.42	479.03	208.29	68
69	353.87	153.84	442.35	192.33	540.66	235.08	69
70	394.19	171.40	492.78	214.24	602.28	261.85	70
71	434.82	188.93	543.52	236.16	664.27	288.66	71
72	475.14	206.52	593.92	258.11	725.88	315.46	72
73	562.19	244.34	702.75	305.43	858.92	373.29	73
74	649.29	282.47	811.56	353.08	991.94	431.53	74
75	736.35	320.32	920.43	400.40	1,124.97	489.39	75
76	823.66	358.14	1,029.61	447.69	1,258.39	547.17	76
77	910.74	396.03	1,138.43	495.04	1,391.43	605.03	77
78	1,047.76	455.72	1,309.68	569.63	1,600.74	696.24	78
79	1,193.57	519.09	1,491.96	648.87	1,823.54	793.07	79
80	1,336.51	580.84	1,670.64	726.06	2,041.92	887.43	80
81	1,485.86	645.96	1,857.35	807.47	2,270.08	986.90	81
82	1,642.71	713.93	2,053.36	892.41	2,509.69	1,090.72	82
83	1,806.21	785.44	2,257.80	981.79	2,759.51	1,199.96	83
84	1,976.82	859.78	2,471.05	1,074.75	3,020.19	1,313.55	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	40.22	17.54	50.28	21.91	61.44	26.78	16-39
40-54	60.92	26.58	76.16	33.20	93.07	40.60	40-54
55-59	82.60	36.02	103.25	45.03	126.21	55.04	55-59
60	99.51	43.38	124.36	54.22	152.01	66.26	60
61	116.36	50.51	145.44	63.11	177.78	77.16	61
62	133.26	57.86	166.55	72.31	203.58	88.38	62
63	153.34	66.54	191.64	83.16	234.26	101.64	63
64	173.16	75.48	216.49	94.31	264.60	115.29	64
65	193.27	84.12	241.59	105.18	295.28	128.52	65
66	213.36	92.80	266.68	116.03	325.96	141.79	66
67	233.42	101.47	291.78	126.84	356.62	155.02	67
68	267.89	116.46	334.86	145.60	409.26	177.96	68
69	302.33	131.44	377.93	164.31	461.90	200.83	69
70	336.81	146.44	420.96	183.05	514.54	223.72	70
71	371.49	161.40	464.35	201.78	567.54	246.63	71
72	405.93	176.44	507.43	220.52	620.15	269.54	72
73	480.31	208.76	600.39	260.94	733.83	318.92	73
74	554.70	241.31	693.39	301.67	847.46	368.69	74
75	629.09	273.67	786.36	342.09	961.08	418.09	75
76	703.71	305.99	879.60	382.48	1,075.10	467.48	76
77	778.07	338.31	972.62	422.92	1,188.72	516.90	77
78	895.14	389.32	1,118.95	486.66	1,367.59	594.83	78
79	1,019.73	443.49	1,274.67	554.37	1,557.92	677.55	79
80	1,141.86	496.23	1,427.34	620.32	1,744.51	758.14	80
81	1,269.47	551.88	1,586.87	689.87	1,939.49	843.15	81
82	1,403.43	609.95	1,754.32	762.44	2,144.14	931.86	82
83	1,543.15	671.04	1,928.94	838.78	2,357.60	1,025.20	83
84	1,688.91	734.55	2,111.15	918.19	2,580.27	1,122.21	84

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	135.31	67.71	169.14	84.63	206.75	103.43	16-39
40-54	205.07	102.55	256.31	128.19	313.29	156.68	40-54
55-59	285.43	142.77	356.79	178.47	436.08	218.10	55-59
60	362.04	181.67	452.55	227.10	553.12	277.59	60
61	379.24	190.38	474.04	238.00	579.37	290.87	61
62	397.39	199.62	496.72	249.55	607.11	304.99	62
63	423.87	211.86	529.81	264.81	647.57	323.63	63
64	450.47	225.42	563.10	281.80	688.26	344.40	64
65	478.19	239.02	597.75	298.76	730.57	365.17	65
66	506.07	253.65	632.56	317.08	773.13	387.54	66
67	535.05	267.68	668.82	334.60	817.43	408.96	67
68	581.61	291.03	727.00	363.76	888.60	444.59	68
69	629.49	314.79	786.85	393.51	961.73	480.94	69
70	677.60	338.63	847.00	423.29	1,035.21	517.37	70
71	725.88	362.65	907.38	453.32	1,109.03	554.07	71
72	774.59	381.15	968.22	476.46	1,183.39	582.33	72
73	883.75	433.84	1,104.71	542.31	1,350.18	662.83	73
74	992.60	482.46	1,240.79	603.09	1,516.50	737.08	74
75	1,101.47	528.03	1,376.83	660.03	1,682.80	806.73	75
76	1,210.34	573.51	1,512.91	716.92	1,849.12	876.23	76
77	1,319.54	615.11	1,649.43	768.90	2,015.97	939.75	77
78	1,504.88	654.54	1,881.09	818.13	2,299.12	999.93	78
79	1,690.54	735.23	2,113.16	919.03	2,582.77	1,123.29	79
80	1,892.22	822.36	2,365.27	1,027.95	2,890.88	1,256.41	80
81	2,104.94	915.09	2,631.18	1,143.87	3,215.91	1,398.09	81
82	2,326.59	1,011.15	2,908.26	1,263.97	3,554.50	1,544.87	82
83	2,557.84	1,112.27	3,197.27	1,390.32	3,907.80	1,699.32	83
84	2,799.51	1,217.56	3,499.41	1,521.96	4,277.05	1,860.16	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	88.27	38.52	110.32	48.11	134.84	58.80	16-39
40-54	133.74	58.29	167.16	72.87	204.33	89.08	40-54
55-59	186.15	81.18	232.72	101.47	284.43	124.02	55-59
60	247.87	108.06	309.84	135.07	378.72	165.10	60
61	268.92	116.66	336.12	145.83	410.87	178.20	61
62	289.52	125.67	361.92	157.12	442.35	192.03	62
63	320.15	138.90	400.17	173.65	489.09	212.22	63
64	350.49	152.71	438.10	190.89	535.48	233.29	64
65	381.15	165.92	476.46	207.38	582.33	253.47	65
66	412.00	179.22	514.99	224.00	629.44	273.81	66
67	442.61	192.43	553.26	240.54	676.24	293.97	67
68	491.73	213.80	614.65	267.23	751.26	326.64	68
69	541.03	235.24	676.31	294.07	826.56	359.40	69
70	590.14	256.59	737.70	320.71	901.60	392.00	70
71	639.57	277.92	799.45	347.38	977.13	424.60	71
72	688.57	294.61	860.72	368.25	1,051.98	450.12	72
73	785.63	344.33	982.07	430.41	1,200.29	526.05	73
74	882.40	393.45	1,103.03	491.84	1,348.13	601.11	74
75	979.16	442.86	1,223.99	553.56	1,495.97	676.59	75
76	1,075.94	495.04	1,344.95	618.78	1,643.81	756.28	76
77	1,173.03	546.81	1,466.26	683.53	1,792.12	835.40	77
78	1,337.79	581.84	1,672.23	727.32	2,043.84	888.93	78
79	1,502.83	653.59	1,878.54	816.99	2,296.00	998.55	79
80	1,682.12	731.08	2,102.64	913.82	2,569.89	1,116.90	80
81	1,871.22	813.51	2,339.02	1,016.86	2,858.82	1,242.87	81
82	2,068.29	898.91	2,585.35	1,123.62	3,159.85	1,373.33	82
83	2,273.85	988.79	2,842.28	1,235.97	3,473.91	1,510.62	83
84	2,488.69	1,082.38	3,110.85	1,352.96	3,802.14	1,653.63	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	81.18	35.40	101.52	44.24	124.04	54.09	16-39
40-54	123.04	53.64	153.79	67.03	187.95	81.94	40-54
55-59	171.26	74.66	214.08	93.35	261.64	114.07	55-59
60	228.04	99.42	285.06	124.29	348.39	151.92	60
61	247.40	107.31	309.24	134.17	377.97	163.98	61
62	266.39	115.62	332.97	144.52	406.96	176.63	62
63	294.54	127.80	368.15	159.72	449.96	195.27	63
64	322.46	140.49	403.08	175.60	492.64	214.64	64
65	350.67	152.65	438.31	190.79	535.71	233.19	65
66	379.05	164.87	473.80	206.10	579.06	251.90	66
67	407.19	177.03	509.01	221.31	622.14	270.45	67
68	452.38	196.68	565.50	245.84	691.15	300.49	68
69	497.74	216.42	622.16	270.52	760.43	330.66	69
70	542.94	236.04	678.65	295.07	829.48	360.64	70
71	588.40	255.69	735.51	319.60	898.92	390.64	71
72	633.48	271.04	791.84	338.80	967.86	414.09	72
73	722.79	316.79	903.46	395.97	1,104.27	483.96	73
74	811.83	361.97	1,014.76	452.48	1,240.28	553.02	74
75	900.87	407.40	1,126.04	509.27	1,376.31	622.44	75
76	989.85	455.40	1,237.32	569.29	1,512.30	695.80	76
77	1,079.17	503.06	1,348.97	628.83	1,648.75	768.57	77
78	1,230.78	535.29	1,538.48	669.10	1,880.36	817.83	78
79	1,382.61	601.32	1,728.27	751.63	2,112.30	918.66	79
80	1,547.56	672.56	1,934.42	840.72	2,364.30	1,027.55	80
81	1,721.55	748.44	2,151.91	935.53	2,630.11	1,143.45	81
82	1,902.81	827.00	2,378.50	1,033.74	2,907.07	1,263.47	82
83	2,091.93	909.69	2,614.92	1,137.08	3,195.99	1,389.76	83
84	2,289.56	995.79	2,861.99	1,244.76	3,497.97	1,521.35	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	69.34	30.24	86.73	37.80	105.96	46.24	16-39
40-54	105.11	45.82	131.43	57.30	160.62	70.02	40-54
55-59	146.34	63.81	182.89	79.73	223.55	97.48	55-59
60	194.81	84.95	243.53	106.17	297.66	129.76	60
61	211.38	91.68	264.20	114.63	322.95	140.07	61
62	227.57	98.79	284.46	123.48	347.69	150.92	62
63	251.62	109.20	314.55	136.48	384.42	166.83	63
64	275.49	120.02	344.37	150.03	420.88	183.35	64
65	299.58	130.41	374.47	163.00	457.70	199.20	65
66	323.84	140.84	404.78	176.07	494.73	215.22	66
67	347.88	151.24	434.89	189.07	531.51	231.07	67
68	386.51	168.04	483.12	210.04	590.49	256.71	68
69	425.25	184.91	531.55	231.12	649.71	282.47	69
70	463.86	201.67	579.81	252.11	708.66	308.11	70
71	502.71	218.44	628.39	273.07	767.99	333.76	71
72	541.24	231.56	676.53	289.47	826.86	353.76	72
73	617.51	270.66	771.89	338.29	943.43	413.49	73
74	693.56	309.24	866.95	386.58	1,059.63	472.48	74
75	769.65	348.06	962.03	435.09	1,175.83	531.79	75
76	845.67	389.10	1,057.12	486.36	1,292.03	594.42	76
77	921.99	429.78	1,152.48	537.22	1,408.61	656.65	77
78	1,051.51	457.35	1,314.39	571.66	1,606.48	698.67	78
79	1,181.25	513.70	1,476.51	642.16	1,804.65	784.86	79
80	1,322.13	574.60	1,652.68	718.27	2,019.92	877.87	80
81	1,470.77	639.42	1,838.46	799.24	2,247.04	976.85	81
82	1,625.68	706.55	2,032.07	883.17	2,483.65	1,079.44	82
83	1,787.22	777.18	2,234.02	971.48	2,730.51	1,187.36	83
84	1,956.08	850.75	2,445.12	1,063.41	2,988.49	1,299.76	84

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	109.53	54.78	136.92	68.44	167.37	83.67	16-39
40-54	165.94	83.04	207.45	103.76	253.56	126.84	40-54
55	285.43	142.77	356.79	178.47	436.08	218.10	55
56	331.29	165.69	414.12	207.10	506.12	253.14	56
57-59	377.46	188.79	471.85	236.01	576.68	288.45	57-59
60	643.16	322.79	803.95	403.50	982.59	493.15	60
61	713.23	358.07	891.52	447.60	1,089.66	547.07	61
62	739.97	371.07	924.96	463.86	1,130.52	566.93	62
63	805.12	403.27	1,006.39	504.11	1,230.04	616.12	63
64	862.80	431.76	1,078.53	539.68	1,318.19	659.63	64
65	906.43	453.06	1,133.04	566.34	1,384.78	692.16	65
66	949.94	476.18	1,187.43	595.26	1,451.29	727.51	66
67	996.45	498.56	1,245.55	623.18	1,522.36	761.67	67
68	1,068.76	534.70	1,335.93	668.41	1,632.79	816.92	68
69	1,143.47	571.81	1,429.35	714.77	1,746.99	873.60	69
70	1,219.17	609.33	1,523.97	761.65	1,862.61	930.93	70
71	1,295.35	647.10	1,619.19	808.89	1,979.01	988.65	71
72	1,372.89	676.13	1,716.12	845.16	2,097.48	1,032.99	72
73	1,571.68	759.08	1,964.59	948.87	2,401.16	1,159.74	73
74	1,757.56	833.00	2,196.90	1,041.27	2,685.10	1,272.64	74
75	1,933.80	899.97	2,417.29	1,124.99	2,954.46	1,374.98	75
76	2,111.32	965.34	2,639.16	1,206.68	3,225.60	1,474.83	76
77	2,275.68	1,022.82	2,844.63	1,278.52	3,476.73	1,562.63	77
78	2,433.03	1,075.48	3,041.26	1,344.30	3,717.11	1,643.04	78
79	2,586.54	1,125.06	3,233.20	1,406.34	3,951.66	1,718.85	79
80	2,896.93	1,260.07	3,621.17	1,575.11	4,425.89	1,925.11	80
81	3,220.23	1,400.68	4,025.32	1,750.86	4,919.81	2,139.92	81
82	3,559.08	1,548.09	4,448.85	1,935.08	5,437.50	2,365.11	82
83	3,913.49	1,702.17	4,891.86	2,127.72	5,978.91	2,600.57	83
84	4,283.28	1,863.05	5,354.13	2,328.87	6,543.93	2,846.36	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	71.44	31.15	89.32	38.92	109.13	47.58	16-39
40-54	108.24	47.22	135.31	59.01	165.36	72.12	40-54
55	186.15	81.18	232.72	101.47	284.43	124.02	55
56	216.06	94.20	270.08	117.78	330.09	143.92	56
57-59	246.19	107.35	307.72	134.17	376.11	164.01	57-59
60	440.34	191.98	550.43	239.96	672.74	293.34	60
61	505.75	219.42	632.19	274.24	772.70	335.20	61
62	539.16	233.63	673.91	292.02	823.71	356.93	62
63	608.09	264.43	760.10	330.56	929.04	404.01	63
64	671.28	292.44	839.13	365.58	1,025.61	446.81	64
65	722.47	314.46	903.11	393.09	1,103.76	480.45	65
66	773.36	336.44	966.72	420.54	1,181.55	514.01	66
67	824.32	358.38	1,030.40	448.00	1,259.37	547.51	67
68	903.56	392.82	1,129.47	491.02	1,380.45	600.16	68
69	982.80	427.28	1,228.52	534.14	1,501.52	652.80	69
70	1,061.83	461.67	1,327.27	577.12	1,622.22	705.32	70
71	1,141.28	495.90	1,426.60	619.89	1,743.63	757.65	71
72	1,220.45	522.59	1,525.56	653.24	1,864.59	798.40	72
73	1,397.15	602.46	1,746.47	753.08	2,134.55	920.41	73
74	1,562.40	679.33	1,953.00	849.17	2,386.98	1,037.86	74
75	1,719.10	754.76	2,148.90	943.44	2,626.40	1,153.11	75
76	1,876.89	833.21	2,346.12	1,041.50	2,867.46	1,272.93	76
77	2,023.02	909.27	2,528.79	1,136.59	3,090.69	1,389.15	77
78	2,162.88	956.04	2,703.58	1,195.04	3,304.35	1,460.64	78
79	2,299.36	1,000.14	2,874.18	1,250.20	3,512.92	1,528.00	79
80	2,575.27	1,120.16	3,219.11	1,400.21	3,934.46	1,711.36	80
81	2,862.69	1,245.16	3,578.37	1,556.45	4,373.55	1,902.32	81
82	3,163.90	1,376.20	3,954.90	1,720.22	4,833.75	2,102.52	82
83	3,478.95	1,513.17	4,348.68	1,891.47	5,315.08	2,311.80	83
84	3,807.72	1,656.20	4,759.65	2,070.27	5,817.39	2,530.31	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	65.73	28.67	82.15	35.82	100.40	43.75	16-39
40-54	99.58	43.40	124.44	54.27	152.15	66.33	40-54
55	171.26	74.66	214.08	93.35	261.64	114.07	55
56	198.78	86.64	248.47	108.33	303.68	132.42	56
57-59	226.50	98.74	283.12	123.45	346.01	150.87	57-59
60	405.11	176.63	506.40	220.80	618.91	269.85	60
61	465.29	201.83	581.61	252.30	710.87	308.39	61
62	496.00	214.94	620.03	268.68	757.79	328.37	62
63	559.44	243.30	699.32	304.12	854.72	371.68	63
64	617.61	269.08	772.00	336.33	943.55	411.06	64
65	664.67	289.35	830.83	361.64	1,015.46	442.02	65
66	711.52	309.52	889.39	386.91	1,087.03	472.89	66
67	758.40	329.72	947.96	412.14	1,158.64	503.72	67
68	831.30	361.41	1,039.12	451.75	1,270.01	552.16	68
69	904.17	393.12	1,130.24	491.40	1,381.40	600.60	69
70	976.85	424.74	1,221.08	530.95	1,492.45	648.92	70
71	1,049.97	456.24	1,312.48	570.29	1,604.12	697.03	71
72	1,122.80	480.78	1,403.54	600.99	1,715.40	734.55	72
73	1,285.41	554.28	1,606.71	692.83	1,963.80	846.79	73
74	1,437.42	625.00	1,796.76	781.24	2,196.04	954.85	74
75	1,581.60	694.38	1,976.98	868.00	2,416.30	1,060.85	75
76	1,726.74	766.54	2,158.42	958.16	2,638.06	1,171.08	76
77	1,861.16	836.52	2,326.47	1,045.63	2,843.44	1,278.03	77
78	1,989.84	879.55	2,487.31	1,099.46	3,040.03	1,343.77	78
79	2,115.40	920.13	2,644.25	1,150.17	3,231.88	1,405.76	79
80	2,369.26	1,030.56	2,961.56	1,288.18	3,619.68	1,574.46	80
81	2,633.68	1,145.55	3,292.08	1,431.92	4,023.67	1,750.16	81
82	2,910.81	1,266.09	3,638.48	1,582.63	4,447.03	1,934.31	82
83	3,200.63	1,392.11	4,000.80	1,740.18	4,889.87	2,126.88	83
84	3,503.10	1,523.73	4,378.89	1,904.67	5,351.97	2,327.92	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	56.16	24.47	70.18	30.57	85.79	37.40	16-39
40-54	85.07	37.08	106.35	46.38	129.97	56.68	40-54
55	146.34	63.81	182.89	79.73	223.55	97.48	55
56	169.80	74.04	212.29	92.58	259.46	113.12	56
57-59	193.50	84.39	241.89	105.46	295.61	128.91	57-59
60	346.12	150.90	432.64	188.62	528.76	230.55	60
61	397.53	172.43	496.90	215.55	607.32	263.46	61
62	423.76	183.63	529.71	229.53	647.41	280.53	62
63	477.96	207.87	597.45	259.84	730.24	317.56	63
64	527.64	229.86	659.58	287.35	806.12	351.19	64
65	567.88	247.17	709.84	308.95	867.55	377.62	65
66	607.86	264.43	759.82	330.56	928.71	404.01	66
67	647.92	281.70	809.88	352.08	989.85	430.36	67
68	710.20	308.74	887.76	385.96	1,085.05	471.70	68
69	772.50	335.88	965.60	419.83	1,180.17	513.12	69
70	834.58	362.88	1,043.21	453.60	1,275.05	554.40	70
71	897.05	389.80	1,121.30	487.24	1,370.48	595.49	71
72	959.28	410.76	1,199.12	513.45	1,465.57	627.55	72
73	1,098.18	473.53	1,372.68	591.90	1,677.76	723.45	73
74	1,228.05	533.96	1,535.07	667.42	1,876.16	815.76	74
75	1,351.23	593.25	1,689.03	741.55	2,064.34	906.36	75
76	1,475.25	654.90	1,844.03	818.62	2,253.83	1,000.55	76
77	1,590.09	714.67	1,987.62	893.36	2,429.28	1,091.88	77
78	1,700.04	751.47	2,124.99	939.33	2,597.25	1,148.05	78
79	1,807.28	786.12	2,259.15	982.63	2,761.15	1,200.99	79
80	2,024.17	880.44	2,530.20	1,100.58	3,092.48	1,345.12	80
81	2,250.06	978.71	2,812.60	1,223.37	3,437.61	1,495.27	81
82	2,486.80	1,081.69	3,108.54	1,352.12	3,799.32	1,652.58	82
83	2,734.43	1,189.37	3,418.07	1,486.73	4,177.62	1,817.10	83
84	2,992.85	1,301.79	3,741.08	1,627.26	4,572.42	1,988.84	84

**Continental General Insurance Company
Form 80650 1/97 and Riders
Proposed Factor Tables**

Elimination Period:		Discount Factors:		Mode Factors:	
0 Day	1.000	Marital	0.90	Annual	1.000
30 Day	0.871	Association(5%)	0.95	Semi Annual	0.510
60 Day(Georgia Only)	0.826	Association/Employer(10%)	0.90	Quarterly	0.260
90 Day	0.780			Monthly Bank Draft (PAC)	0.086
				List Bill	0.086
				Monthly Direct	0.092

80710 - Survivorship Rider Factors: (By Age)

Issue Age	Factor	Issue Age	Factor
16-39	0.663	71	0.209
40-54	0.453	72	0.208
55-59	0.346	73	0.191
60	0.313	74	0.179
61	0.286	75	0.169
62	0.265	76	0.162
63	0.249	77	0.156
64	0.237	78	0.151
65	0.228	79	0.146
66	0.220	80	0.143
67	0.214	81	0.140
68	0.212	82	0.137
69	0.211	83	0.135
70	0.210	84	0.133

80680 or 93072 - Inflation Rider Factors: (By Age)

Issue Age Factor

16-54	1.254
55-59	1.260
60	1.255
61	1.248
62	1.246
63	1.201
64	1.170
65	1.141
66	1.121
67	1.103
68	1.060
69	1.027
70	1.002
71	0.980
72	0.962
73	0.900
74	0.855
75	0.822
76	0.793
77	0.771
78	0.754
79	0.739
80	0.725
81	0.714
82	0.704
83	0.695
84	0.688

93000 - Nonforfeiture Factors (By Age)

Issue Age	Lifetime	Ten Year	Five Year or to Age 65
16-55	0.220	0.220	0.220
56-59	0.220	0.220	0.146
60-64	0.191	0.191	0.067
65-69	0.164	0.145	0.043
70-74	0.150	0.129	0.031
75-84	0.107	0.099	0.020

90170 or 93087 - Guaranteed Purchase Option Rider (GPO) 0.050

90175 or 93102 - Return of Premium Rider 0.327

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	78.45	39.25	98.07	49.05	119.84	59.94	16-39
40-54	118.84	59.43	148.56	74.31	181.56	90.83	40-54
55-59	161.16	80.61	201.43	100.73	246.19	123.10	55-59
60	184.87	92.79	231.11	115.99	282.45	141.75	60
61	208.78	104.83	260.96	131.04	318.97	160.16	61
62	232.68	116.88	290.87	146.13	355.50	178.59	62
63	258.28	129.08	322.86	161.35	394.59	197.23	63
64	283.20	141.73	354.03	177.14	432.67	216.51	64
65	308.49	154.18	385.63	192.75	471.31	235.59	65
66	333.41	167.13	416.75	208.93	509.37	255.33	66
67	358.98	179.59	448.74	224.51	548.45	274.40	67
68	403.13	201.71	503.90	252.12	615.90	308.16	68
69	447.55	223.83	559.44	279.76	683.76	341.92	69
70	492.01	245.89	614.99	307.34	751.68	375.66	70
71	536.43	268.00	670.53	334.99	819.54	409.41	71
72	580.95	290.41	726.20	362.99	887.58	443.64	72
73	687.42	334.62	859.25	418.29	1,050.21	511.26	73
74	793.87	376.44	992.34	470.61	1,212.86	575.17	74
75	900.36	415.17	1,125.43	518.95	1,375.52	634.27	75
76	1,007.13	451.05	1,258.88	563.82	1,538.65	689.10	76
77	1,113.56	484.23	1,391.99	605.26	1,701.30	739.76	77
78	1,281.11	557.20	1,601.37	696.48	1,957.24	851.31	78
79	1,459.41	634.71	1,824.27	793.36	2,229.66	969.69	79
80	1,634.19	710.24	2,042.71	887.78	2,496.66	1,085.05	80
81	1,816.82	789.83	2,271.03	987.30	2,775.66	1,206.70	81
82	2,008.55	872.94	2,510.69	1,091.16	3,068.63	1,333.64	82
83	2,208.48	960.35	2,760.63	1,200.47	3,374.07	1,467.20	83
84	2,417.12	1,051.28	3,021.38	1,314.06	3,692.82	1,606.08	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	51.17	22.30	63.96	27.90	78.19	34.06	16-39
40-54	77.51	33.81	96.90	42.23	118.41	51.64	40-54
55-59	105.11	45.82	131.37	57.30	160.55	70.00	55-59
60	126.56	55.16	158.22	68.99	193.38	84.30	60
61	148.05	64.24	185.08	80.31	226.19	98.16	61
62	169.56	73.59	211.91	92.00	259.02	112.44	62
63	195.09	84.63	243.88	105.81	298.03	129.33	63
64	220.36	95.99	275.42	120.00	336.63	146.67	64
65	245.89	107.01	307.37	133.79	375.66	163.50	65
66	271.43	118.06	339.29	147.61	414.68	180.39	66
67	296.98	129.13	371.21	161.39	453.72	197.28	67
68	340.81	148.17	426.00	185.24	520.70	226.40	68
69	384.65	167.23	480.81	209.06	587.67	255.48	69
70	428.51	186.31	535.62	232.89	654.64	284.64	70
71	472.62	205.36	590.75	256.71	722.07	313.76	71
72	516.48	224.46	645.56	280.56	789.04	342.93	72
73	611.08	265.56	763.86	331.98	933.63	405.76	73
74	705.72	307.04	882.18	383.78	1,078.18	469.05	74
75	800.35	348.16	1,000.48	435.23	1,222.76	531.93	75
76	895.32	389.31	1,119.11	486.64	1,367.82	594.76	76
77	989.92	430.47	1,237.43	538.06	1,512.40	657.62	77
78	1,138.87	495.32	1,423.57	619.19	1,739.94	756.77	78
79	1,297.36	564.25	1,621.71	705.30	1,982.10	862.02	79
80	1,452.75	631.38	1,815.91	789.20	2,219.46	964.60	80
81	1,615.09	702.14	2,018.85	877.70	2,467.48	1,072.72	81
82	1,785.54	775.99	2,231.92	969.99	2,727.92	1,185.57	82
83	1,963.29	853.74	2,454.10	1,067.19	2,999.43	1,304.31	83
84	2,148.72	934.54	2,685.92	1,168.16	3,282.79	1,427.77	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	47.08	20.55	58.84	25.64	71.91	31.36	16-39
40-54	71.30	31.08	89.15	38.87	108.92	47.50	40-54
55-59	96.67	42.18	120.86	52.69	147.72	64.40	55-59
60	116.46	50.79	145.55	63.46	177.91	77.56	60
61	136.20	59.10	170.24	73.85	208.09	90.28	61
62	155.96	67.71	194.99	84.63	238.28	103.44	62
63	179.48	77.89	224.35	97.34	274.23	118.98	63
64	202.72	88.31	253.38	110.43	309.68	134.94	64
65	226.24	98.46	282.78	123.08	345.63	150.43	65
66	249.71	108.64	312.15	135.78	381.54	165.99	66
67	273.23	118.77	341.55	148.47	417.41	181.48	67
68	313.55	136.31	391.95	170.42	479.03	208.29	68
69	353.87	153.84	442.35	192.33	540.66	235.08	69
70	394.19	171.40	492.78	214.24	602.28	261.85	70
71	434.82	188.93	543.52	236.16	664.27	288.66	71
72	475.14	206.52	593.92	258.11	725.88	315.46	72
73	562.19	244.34	702.75	305.43	858.92	373.29	73
74	649.29	282.47	811.56	353.08	991.94	431.53	74
75	736.35	320.32	920.43	400.40	1,124.97	489.39	75
76	823.66	358.14	1,029.61	447.69	1,258.39	547.17	76
77	910.74	396.03	1,138.43	495.04	1,391.43	605.03	77
78	1,047.76	455.72	1,309.68	569.63	1,600.74	696.24	78
79	1,193.57	519.09	1,491.96	648.87	1,823.54	793.07	79
80	1,336.51	580.84	1,670.64	726.06	2,041.92	887.43	80
81	1,485.86	645.96	1,857.35	807.47	2,270.08	986.90	81
82	1,642.71	713.93	2,053.36	892.41	2,509.69	1,090.72	82
83	1,806.21	785.44	2,257.80	981.79	2,759.51	1,199.96	83
84	1,976.82	859.78	2,471.05	1,074.75	3,020.19	1,313.55	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	40.22	17.54	50.28	21.91	61.44	26.78	16-39
40-54	60.92	26.58	76.16	33.20	93.07	40.60	40-54
55-59	82.60	36.02	103.25	45.03	126.21	55.04	55-59
60	99.51	43.38	124.36	54.22	152.01	66.26	60
61	116.36	50.51	145.44	63.11	177.78	77.16	61
62	133.26	57.86	166.55	72.31	203.58	88.38	62
63	153.34	66.54	191.64	83.16	234.26	101.64	63
64	173.16	75.48	216.49	94.31	264.60	115.29	64
65	193.27	84.12	241.59	105.18	295.28	128.52	65
66	213.36	92.80	266.68	116.03	325.96	141.79	66
67	233.42	101.47	291.78	126.84	356.62	155.02	67
68	267.89	116.46	334.86	145.60	409.26	177.96	68
69	302.33	131.44	377.93	164.31	461.90	200.83	69
70	336.81	146.44	420.96	183.05	514.54	223.72	70
71	371.49	161.40	464.35	201.78	567.54	246.63	71
72	405.93	176.44	507.43	220.52	620.15	269.54	72
73	480.31	208.76	600.39	260.94	733.83	318.92	73
74	554.70	241.31	693.39	301.67	847.46	368.69	74
75	629.09	273.67	786.36	342.09	961.08	418.09	75
76	703.71	305.99	879.60	382.48	1,075.10	467.48	76
77	778.07	338.31	972.62	422.92	1,188.72	516.90	77
78	895.14	389.32	1,118.95	486.66	1,367.59	594.83	78
79	1,019.73	443.49	1,274.67	554.37	1,557.92	677.55	79
80	1,141.86	496.23	1,427.34	620.32	1,744.51	758.14	80
81	1,269.47	551.88	1,586.87	689.87	1,939.49	843.15	81
82	1,403.43	609.95	1,754.32	762.44	2,144.14	931.86	82
83	1,543.15	671.04	1,928.94	838.78	2,357.60	1,025.20	83
84	1,688.91	734.55	2,111.15	918.19	2,580.27	1,122.21	84

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	135.31	67.71	169.14	84.63	206.75	103.43	16-39
40-54	205.07	102.55	256.31	128.19	313.29	156.68	40-54
55-59	285.43	142.77	356.79	178.47	436.08	218.10	55-59
60	362.04	181.67	452.55	227.10	553.12	277.59	60
61	379.24	190.38	474.04	238.00	579.37	290.87	61
62	397.39	199.62	496.72	249.55	607.11	304.99	62
63	423.87	211.86	529.81	264.81	647.57	323.63	63
64	450.47	225.42	563.10	281.80	688.26	344.40	64
65	478.19	239.02	597.75	298.76	730.57	365.17	65
66	506.07	253.65	632.56	317.08	773.13	387.54	66
67	535.05	267.68	668.82	334.60	817.43	408.96	67
68	581.61	291.03	727.00	363.76	888.60	444.59	68
69	629.49	314.79	786.85	393.51	961.73	480.94	69
70	677.60	338.63	847.00	423.29	1,035.21	517.37	70
71	725.88	362.65	907.38	453.32	1,109.03	554.07	71
72	774.59	381.15	968.22	476.46	1,183.39	582.33	72
73	883.75	433.84	1,104.71	542.31	1,350.18	662.83	73
74	992.60	482.46	1,240.79	603.09	1,516.50	737.08	74
75	1,101.47	528.03	1,376.83	660.03	1,682.80	806.73	75
76	1,210.34	573.51	1,512.91	716.92	1,849.12	876.23	76
77	1,319.54	615.11	1,649.43	768.90	2,015.97	939.75	77
78	1,504.88	654.54	1,881.09	818.13	2,299.12	999.93	78
79	1,690.54	735.23	2,113.16	919.03	2,582.77	1,123.29	79
80	1,892.22	822.36	2,365.27	1,027.95	2,890.88	1,256.41	80
81	2,104.94	915.09	2,631.18	1,143.87	3,215.91	1,398.09	81
82	2,326.59	1,011.15	2,908.26	1,263.97	3,554.50	1,544.87	82
83	2,557.84	1,112.27	3,197.27	1,390.32	3,907.80	1,699.32	83
84	2,799.51	1,217.56	3,499.41	1,521.96	4,277.05	1,860.16	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	88.27	38.52	110.32	48.11	134.84	58.80	16-39
40-54	133.74	58.29	167.16	72.87	204.33	89.08	40-54
55-59	186.15	81.18	232.72	101.47	284.43	124.02	55-59
60	247.87	108.06	309.84	135.07	378.72	165.10	60
61	268.92	116.66	336.12	145.83	410.87	178.20	61
62	289.52	125.67	361.92	157.12	442.35	192.03	62
63	320.15	138.90	400.17	173.65	489.09	212.22	63
64	350.49	152.71	438.10	190.89	535.48	233.29	64
65	381.15	165.92	476.46	207.38	582.33	253.47	65
66	412.00	179.22	514.99	224.00	629.44	273.81	66
67	442.61	192.43	553.26	240.54	676.24	293.97	67
68	491.73	213.80	614.65	267.23	751.26	326.64	68
69	541.03	235.24	676.31	294.07	826.56	359.40	69
70	590.14	256.59	737.70	320.71	901.60	392.00	70
71	639.57	277.92	799.45	347.38	977.13	424.60	71
72	688.57	294.61	860.72	368.25	1,051.98	450.12	72
73	785.63	344.33	982.07	430.41	1,200.29	526.05	73
74	882.40	393.45	1,103.03	491.84	1,348.13	601.11	74
75	979.16	442.86	1,223.99	553.56	1,495.97	676.59	75
76	1,075.94	495.04	1,344.95	618.78	1,643.81	756.28	76
77	1,173.03	546.81	1,466.26	683.53	1,792.12	835.40	77
78	1,337.79	581.84	1,672.23	727.32	2,043.84	888.93	78
79	1,502.83	653.59	1,878.54	816.99	2,296.00	998.55	79
80	1,682.12	731.08	2,102.64	913.82	2,569.89	1,116.90	80
81	1,871.22	813.51	2,339.02	1,016.86	2,858.82	1,242.87	81
82	2,068.29	898.91	2,585.35	1,123.62	3,159.85	1,373.33	82
83	2,273.85	988.79	2,842.28	1,235.97	3,473.91	1,510.62	83
84	2,488.69	1,082.38	3,110.85	1,352.96	3,802.14	1,653.63	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	81.18	35.40	101.52	44.24	124.04	54.09	16-39
40-54	123.04	53.64	153.79	67.03	187.95	81.94	40-54
55-59	171.26	74.66	214.08	93.35	261.64	114.07	55-59
60	228.04	99.42	285.06	124.29	348.39	151.92	60
61	247.40	107.31	309.24	134.17	377.97	163.98	61
62	266.39	115.62	332.97	144.52	406.96	176.63	62
63	294.54	127.80	368.15	159.72	449.96	195.27	63
64	322.46	140.49	403.08	175.60	492.64	214.64	64
65	350.67	152.65	438.31	190.79	535.71	233.19	65
66	379.05	164.87	473.80	206.10	579.06	251.90	66
67	407.19	177.03	509.01	221.31	622.14	270.45	67
68	452.38	196.68	565.50	245.84	691.15	300.49	68
69	497.74	216.42	622.16	270.52	760.43	330.66	69
70	542.94	236.04	678.65	295.07	829.48	360.64	70
71	588.40	255.69	735.51	319.60	898.92	390.64	71
72	633.48	271.04	791.84	338.80	967.86	414.09	72
73	722.79	316.79	903.46	395.97	1,104.27	483.96	73
74	811.83	361.97	1,014.76	452.48	1,240.28	553.02	74
75	900.87	407.40	1,126.04	509.27	1,376.31	622.44	75
76	989.85	455.40	1,237.32	569.29	1,512.30	695.80	76
77	1,079.17	503.06	1,348.97	628.83	1,648.75	768.57	77
78	1,230.78	535.29	1,538.48	669.10	1,880.36	817.83	78
79	1,382.61	601.32	1,728.27	751.63	2,112.30	918.66	79
80	1,547.56	672.56	1,934.42	840.72	2,364.30	1,027.55	80
81	1,721.55	748.44	2,151.91	935.53	2,630.11	1,143.45	81
82	1,902.81	827.00	2,378.50	1,033.74	2,907.07	1,263.47	82
83	2,091.93	909.69	2,614.92	1,137.08	3,195.99	1,389.76	83
84	2,289.56	995.79	2,861.99	1,244.76	3,497.97	1,521.35	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	69.34	30.24	86.73	37.80	105.96	46.24	16-39
40-54	105.11	45.82	131.43	57.30	160.62	70.02	40-54
55-59	146.34	63.81	182.89	79.73	223.55	97.48	55-59
60	194.81	84.95	243.53	106.17	297.66	129.76	60
61	211.38	91.68	264.20	114.63	322.95	140.07	61
62	227.57	98.79	284.46	123.48	347.69	150.92	62
63	251.62	109.20	314.55	136.48	384.42	166.83	63
64	275.49	120.02	344.37	150.03	420.88	183.35	64
65	299.58	130.41	374.47	163.00	457.70	199.20	65
66	323.84	140.84	404.78	176.07	494.73	215.22	66
67	347.88	151.24	434.89	189.07	531.51	231.07	67
68	386.51	168.04	483.12	210.04	590.49	256.71	68
69	425.25	184.91	531.55	231.12	649.71	282.47	69
70	463.86	201.67	579.81	252.11	708.66	308.11	70
71	502.71	218.44	628.39	273.07	767.99	333.76	71
72	541.24	231.56	676.53	289.47	826.86	353.76	72
73	617.51	270.66	771.89	338.29	943.43	413.49	73
74	693.56	309.24	866.95	386.58	1,059.63	472.48	74
75	769.65	348.06	962.03	435.09	1,175.83	531.79	75
76	845.67	389.10	1,057.12	486.36	1,292.03	594.42	76
77	921.99	429.78	1,152.48	537.22	1,408.61	656.65	77
78	1,051.51	457.35	1,314.39	571.66	1,606.48	698.67	78
79	1,181.25	513.70	1,476.51	642.16	1,804.65	784.86	79
80	1,322.13	574.60	1,652.68	718.27	2,019.92	877.87	80
81	1,470.77	639.42	1,838.46	799.24	2,247.04	976.85	81
82	1,625.68	706.55	2,032.07	883.17	2,483.65	1,079.44	82
83	1,787.22	777.18	2,234.02	971.48	2,730.51	1,187.36	83
84	1,956.08	850.75	2,445.12	1,063.41	2,988.49	1,299.76	84

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	109.53	54.78	136.92	68.44	167.37	83.67	16-39
40-54	165.94	83.04	207.45	103.76	253.56	126.84	40-54
55	285.43	142.77	356.79	178.47	436.08	218.10	55
56	331.29	165.69	414.12	207.10	506.12	253.14	56
57-59	377.46	188.79	471.85	236.01	576.68	288.45	57-59
60	643.16	322.79	803.95	403.50	982.59	493.15	60
61	713.23	358.07	891.52	447.60	1,089.66	547.07	61
62	739.97	371.07	924.96	463.86	1,130.52	566.93	62
63	805.12	403.27	1,006.39	504.11	1,230.04	616.12	63
64	862.80	431.76	1,078.53	539.68	1,318.19	659.63	64
65	906.43	453.06	1,133.04	566.34	1,384.78	692.16	65
66	949.94	476.18	1,187.43	595.26	1,451.29	727.51	66
67	996.45	498.56	1,245.55	623.18	1,522.36	761.67	67
68	1,068.76	534.70	1,335.93	668.41	1,632.79	816.92	68
69	1,143.47	571.81	1,429.35	714.77	1,746.99	873.60	69
70	1,219.17	609.33	1,523.97	761.65	1,862.61	930.93	70
71	1,295.35	647.10	1,619.19	808.89	1,979.01	988.65	71
72	1,372.89	676.13	1,716.12	845.16	2,097.48	1,032.99	72
73	1,571.68	759.08	1,964.59	948.87	2,401.16	1,159.74	73
74	1,757.56	833.00	2,196.90	1,041.27	2,685.10	1,272.64	74
75	1,933.80	899.97	2,417.29	1,124.99	2,954.46	1,374.98	75
76	2,111.32	965.34	2,639.16	1,206.68	3,225.60	1,474.83	76
77	2,275.68	1,022.82	2,844.63	1,278.52	3,476.73	1,562.63	77
78	2,433.03	1,075.48	3,041.26	1,344.30	3,717.11	1,643.04	78
79	2,586.54	1,125.06	3,233.20	1,406.34	3,951.66	1,718.85	79
80	2,896.93	1,260.07	3,621.17	1,575.11	4,425.89	1,925.11	80
81	3,220.23	1,400.68	4,025.32	1,750.86	4,919.81	2,139.92	81
82	3,559.08	1,548.09	4,448.85	1,935.08	5,437.50	2,365.11	82
83	3,913.49	1,702.17	4,891.86	2,127.72	5,978.91	2,600.57	83
84	4,283.28	1,863.05	5,354.13	2,328.87	6,543.93	2,846.36	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	71.44	31.15	89.32	38.92	109.13	47.58	16-39
40-54	108.24	47.22	135.31	59.01	165.36	72.12	40-54
55	186.15	81.18	232.72	101.47	284.43	124.02	55
56	216.06	94.20	270.08	117.78	330.09	143.92	56
57-59	246.19	107.35	307.72	134.17	376.11	164.01	57-59
60	440.34	191.98	550.43	239.96	672.74	293.34	60
61	505.75	219.42	632.19	274.24	772.70	335.20	61
62	539.16	233.63	673.91	292.02	823.71	356.93	62
63	608.09	264.43	760.10	330.56	929.04	404.01	63
64	671.28	292.44	839.13	365.58	1,025.61	446.81	64
65	722.47	314.46	903.11	393.09	1,103.76	480.45	65
66	773.36	336.44	966.72	420.54	1,181.55	514.01	66
67	824.32	358.38	1,030.40	448.00	1,259.37	547.51	67
68	903.56	392.82	1,129.47	491.02	1,380.45	600.16	68
69	982.80	427.28	1,228.52	534.14	1,501.52	652.80	69
70	1,061.83	461.67	1,327.27	577.12	1,622.22	705.32	70
71	1,141.28	495.90	1,426.60	619.89	1,743.63	757.65	71
72	1,220.45	522.59	1,525.56	653.24	1,864.59	798.40	72
73	1,397.15	602.46	1,746.47	753.08	2,134.55	920.41	73
74	1,562.40	679.33	1,953.00	849.17	2,386.98	1,037.86	74
75	1,719.10	754.76	2,148.90	943.44	2,626.40	1,153.11	75
76	1,876.89	833.21	2,346.12	1,041.50	2,867.46	1,272.93	76
77	2,023.02	909.27	2,528.79	1,136.59	3,090.69	1,389.15	77
78	2,162.88	956.04	2,703.58	1,195.04	3,304.35	1,460.64	78
79	2,299.36	1,000.14	2,874.18	1,250.20	3,512.92	1,528.00	79
80	2,575.27	1,120.16	3,219.11	1,400.21	3,934.46	1,711.36	80
81	2,862.69	1,245.16	3,578.37	1,556.45	4,373.55	1,902.32	81
82	3,163.90	1,376.20	3,954.90	1,720.22	4,833.75	2,102.52	82
83	3,478.95	1,513.17	4,348.68	1,891.47	5,315.08	2,311.80	83
84	3,807.72	1,656.20	4,759.65	2,070.27	5,817.39	2,530.31	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	65.73	28.67	82.15	35.82	100.40	43.75	16-39
40-54	99.58	43.40	124.44	54.27	152.15	66.33	40-54
55	171.26	74.66	214.08	93.35	261.64	114.07	55
56	198.78	86.64	248.47	108.33	303.68	132.42	56
57-59	226.50	98.74	283.12	123.45	346.01	150.87	57-59
60	405.11	176.63	506.40	220.80	618.91	269.85	60
61	465.29	201.83	581.61	252.30	710.87	308.39	61
62	496.00	214.94	620.03	268.68	757.79	328.37	62
63	559.44	243.30	699.32	304.12	854.72	371.68	63
64	617.61	269.08	772.00	336.33	943.55	411.06	64
65	664.67	289.35	830.83	361.64	1,015.46	442.02	65
66	711.52	309.52	889.39	386.91	1,087.03	472.89	66
67	758.40	329.72	947.96	412.14	1,158.64	503.72	67
68	831.30	361.41	1,039.12	451.75	1,270.01	552.16	68
69	904.17	393.12	1,130.24	491.40	1,381.40	600.60	69
70	976.85	424.74	1,221.08	530.95	1,492.45	648.92	70
71	1,049.97	456.24	1,312.48	570.29	1,604.12	697.03	71
72	1,122.80	480.78	1,403.54	600.99	1,715.40	734.55	72
73	1,285.41	554.28	1,606.71	692.83	1,963.80	846.79	73
74	1,437.42	625.00	1,796.76	781.24	2,196.04	954.85	74
75	1,581.60	694.38	1,976.98	868.00	2,416.30	1,060.85	75
76	1,726.74	766.54	2,158.42	958.16	2,638.06	1,171.08	76
77	1,861.16	836.52	2,326.47	1,045.63	2,843.44	1,278.03	77
78	1,989.84	879.55	2,487.31	1,099.46	3,040.03	1,343.77	78
79	2,115.40	920.13	2,644.25	1,150.17	3,231.88	1,405.76	79
80	2,369.26	1,030.56	2,961.56	1,288.18	3,619.68	1,574.46	80
81	2,633.68	1,145.55	3,292.08	1,431.92	4,023.67	1,750.16	81
82	2,910.81	1,266.09	3,638.48	1,582.63	4,447.03	1,934.31	82
83	3,200.63	1,392.11	4,000.80	1,740.18	4,889.87	2,126.88	83
84	3,503.10	1,523.73	4,378.89	1,904.67	5,351.97	2,327.92	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Proposed Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	56.16	24.47	70.18	30.57	85.79	37.40	16-39
40-54	85.07	37.08	106.35	46.38	129.97	56.68	40-54
55	146.34	63.81	182.89	79.73	223.55	97.48	55
56	169.80	74.04	212.29	92.58	259.46	113.12	56
57-59	193.50	84.39	241.89	105.46	295.61	128.91	57-59
60	346.12	150.90	432.64	188.62	528.76	230.55	60
61	397.53	172.43	496.90	215.55	607.32	263.46	61
62	423.76	183.63	529.71	229.53	647.41	280.53	62
63	477.96	207.87	597.45	259.84	730.24	317.56	63
64	527.64	229.86	659.58	287.35	806.12	351.19	64
65	567.88	247.17	709.84	308.95	867.55	377.62	65
66	607.86	264.43	759.82	330.56	928.71	404.01	66
67	647.92	281.70	809.88	352.08	989.85	430.36	67
68	710.20	308.74	887.76	385.96	1,085.05	471.70	68
69	772.50	335.88	965.60	419.83	1,180.17	513.12	69
70	834.58	362.88	1,043.21	453.60	1,275.05	554.40	70
71	897.05	389.80	1,121.30	487.24	1,370.48	595.49	71
72	959.28	410.76	1,199.12	513.45	1,465.57	627.55	72
73	1,098.18	473.53	1,372.68	591.90	1,677.76	723.45	73
74	1,228.05	533.96	1,535.07	667.42	1,876.16	815.76	74
75	1,351.23	593.25	1,689.03	741.55	2,064.34	906.36	75
76	1,475.25	654.90	1,844.03	818.62	2,253.83	1,000.55	76
77	1,590.09	714.67	1,987.62	893.36	2,429.28	1,091.88	77
78	1,700.04	751.47	2,124.99	939.33	2,597.25	1,148.05	78
79	1,807.28	786.12	2,259.15	982.63	2,761.15	1,200.99	79
80	2,024.17	880.44	2,530.20	1,100.58	3,092.48	1,345.12	80
81	2,250.06	978.71	2,812.60	1,223.37	3,437.61	1,495.27	81
82	2,486.80	1,081.69	3,108.54	1,352.12	3,799.32	1,652.58	82
83	2,734.43	1,189.37	3,418.07	1,486.73	4,177.62	1,817.10	83
84	2,992.85	1,301.79	3,741.08	1,627.26	4,572.42	1,988.84	84

**Continental General Insurance Company
Form 80880 1/98 and Riders
Proposed Factor Tables**

Elimination Period:		Discount Factors:		Mode Factors:	
0 Day	1.000	Marital	0.90	Annual	1.000
30 Day	0.871	Association(5%)	0.95	Semi Annual	0.510
60 Day(Georgia Only)	0.826	Association/Employer(10%)	0.90	Quarterly	0.260
90 Day	0.780			Monthly Bank Draft (PAC)	0.086

80710 - Survivorship Rider Factors: (By Age)

Issue Age	Factor	Issue Age	Factor
16-39	0.663	71	0.209
40-54	0.453	72	0.208
55-59	0.346	73	0.191
60	0.313	74	0.179
61	0.286	75	0.169
62	0.265	76	0.162
63	0.249	77	0.156
64	0.237	78	0.151
65	0.228	79	0.146
66	0.220	80	0.143
67	0.214	81	0.140
68	0.212	82	0.137
69	0.211	83	0.135
70	0.210	84	0.133

Monthly Direct 0.092

80680 or 93072 - Inflation Rider Factors: (By Age)

Issue Age	Factor
16-54	1.254
55-59	1.260
60	1.255
61	1.248
62	1.246
63	1.201
64	1.170
65	1.141
66	1.121
67	1.103
68	1.060
69	1.027
70	1.002
71	0.980
72	0.962
73	0.900
74	0.855
75	0.822
76	0.793
77	0.771
78	0.754
79	0.739
80	0.725
81	0.714
82	0.704
83	0.695
84	0.688

93000 - Nonforfeiture Factors (By Age)

Issue Age	Lifetime	Ten Year	Five Year or to Age 65
16-55	0.220	0.220	0.220
56-59	0.220	0.220	0.146
60-64	0.191	0.191	0.067
65-69	0.164	0.145	0.043
70-74	0.150	0.129	0.031
75-84	0.107	0.099	0.020

90170 or 93087 - Guaranteed Purchase Option Rider (GPO) 0.050

90175 or 93102 - Return of Premium Rider 0.327

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Filing Company: Continental General Insurance Company

Supporting Document Schedules

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	10/25/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Managing Long-Term Care Risk - 2022.pdf VA KIC LTC2 Cover Letter - 2022.pdf VA KIC LTC2 Actuarial Memorandum - 2022.pdf VA KIC LTC2 Appendices - 2022.pdf VA KIC LTC2 Exhibits – revised 11.8.2022.pdf VA KIC LTC2 Exhibit 1.xlsx
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA KIC LTC2 Rate Request Summary Supplement - 11.8.2022.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Approved Policy Forms
Comments:	
Attachment(s):	Form 80650 1.97 VA - Approval.pdf Form 80880 1.98 VA - Approval.pdf
Item Status:	Received & Acknowledged
Status Date:	10/25/2022

Satisfied - Item:	Current Rate Sheets
Comments:	
Attachment(s):	Current Rate Sheets KIC LTC2 TQ- VA.pdf Current Rate Sheets KIC LTC2 NTQ- VA.pdf
Item Status:	Received & Acknowledged
Status Date:	10/25/2022

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Satisfied - Item:	Response to Objection Dated 10/25/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 1 - Response - Revised 05.19.2023.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Rate Increase Notification Letter
Comments:	
Attachment(s):	VA RINC Letter - KIC_2022-05.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Response to Objection Dated 11/09/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 2 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Response to Objection Dated 11/18/2022
Comments:	
Attachment(s):	VA KIC LTC2 Objection 3 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Response to Objection Dated 2/08/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 4 - Response.pdf VA RINC Letter - KIC_2022-06 - John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

Satisfied - Item:	Response to Objection Dated 3/31/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 5 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

State: Virginia Filing Company: Continental General Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care
Project Name/Number: KIC LTC2 Rate Increase Filing/

Satisfied - Item:	Response to Objection Dated 8/23/2023
Comments:	
Attachment(s):	VA KIC LTC2 Objection 6 - Response.pdf
Item Status:	Received & Acknowledged
Status Date:	08/24/2023

SERFF Tracking #:

GLTC-133439084

State Tracking #:

GLTC-133439084

Company Tracking #:

LTC2 RATE INCREASE FILING 2022

State:

Virginia

Filing Company:

Continental General Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Long Term Care

Project Name/Number:

KIC LTC2 Rate Increase Filing/

Attachment VA KIC LTC2 Exhibit 1.xlsx is not a PDF document and cannot be reproduced here.

Review Requirements Checklist
 FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	x
		(ii) All information required by SERFF.	x
	14 VAC 5-130-70 B	Actuarial Memorandum	x
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	x
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	x
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	x
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	X
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	x
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	x

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	X
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	X
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	X
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	X
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	x
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	NA
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	X

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	X
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	
	14VAC5-200-150 B 3	Experienced and projected trends;	
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	
	14VAC5-200-150 B 5	Expected claim fluctuation;	
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	
	14VAC5-200-150 B 7	Renewability features;	
	14VAC5-200-150 B 8	All appropriate expense factors;	
	14VAC5-200-150 B 9	Interest;	
	14VAC5-200-150 B 10	Experimental nature of the coverage;	
	14VAC5-200-150 B 11	Policy reserves;	

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	
		c. Any exclusions, reductions and limitations on benefits of long-term care;	

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	
		a. Any long-term care benefits paid out during the month;	
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	
		c. The amount of long-term care benefits existing or remaining;	
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	
		a. A description of the basis on which the long-term care rates were determined;	
		b. A description of the basis for the reserves;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	
		f. The estimated average annual premium per policy and the average issue age;	
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	
		(3) The projections shall demonstrate compliance with subsection C of this section; and	
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times 58%;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times 58%; and	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	
		(4) For exceptional increases:	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		<p>commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.</p>	
	14VAC5-200-154 D	<p>If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.</p>	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is 54.4.

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 submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: 

Name (please print): Madison Nahrup Title: Associate Actuary

Company Name: Continental General Insurance Company

Date: 10/21/2022 Phone No: () 904-248-9978

E-Mail Address: madison.nahrup@cgic.com

Managing and Monitoring Long Term Care Risks

Risk Management processes and staffing are focused on four specific stages of the managing the claims process: Intake/New Claim Setup, Adjudication, Ongoing Management/Payment, and Claim Resolution.

Intake/New Claim Setup: By keeping the eligibility requirements-gathering process agile, significant delays are avoided that could otherwise compromise our ability to make sound claim decisions and prevent us from complying with our regulatory requirements. We maintain a team dedicated to following up on claim notices received via telephone or electronically. This unit can accurately assess the developing circumstances that surround an early claim and guide the claimant and family through a timely and effective adjudication process while setting appropriate expectations by reviewing each insured's policy benefit information and coverage. Our proactive front-end process helps avoid "buying" claims that would otherwise happen if we just mailed a claim form.

Adjudication: As eligibility requirements are received, our extensive front-end Intake process proceeds to Adjudication. New claims are presented by the Claims Examiner to either a senior second-tier review specialist or to our Claim Committee, along with recommendations for approval, denial or further handling and disposition. The committee meets on a regular basis and consists of senior level staff with many years of experience, as well as management personnel who can discuss the claim and confirm the claim determination or offer any special guidance for handling.

It is vital that we thoroughly understand the medical circumstances that drive eligibility for each claim and that will set the stage for its development and outcome.

Ongoing Management/Payment: One of the most important risk controls for LTC claims is the active monitoring and payment of an approved, ongoing claim. Claimants that have a potential for recovery are closely monitored to ensure that the eligibility criteria continues to be met.

The protocol for reviewing ongoing claims is set by each individual claimant's medical status and recovery potential. In addition to our internal RN staff, also available to us are the services of an expert LTC Medical Director who can consult on the most difficult cases and who may also be called upon to clarify information given to us by the insured's own attending physician.

Ongoing claims are examined carefully for changes in billing patterns, changes in levels of care and breaks of confinement for possible hospital stays or other leaves. Confinement verification protocol ensures that claim payments are properly adjusted to reflect these leaves.

Claim Resolution: Controlling the trajectory of short duration claims can have a positive outcome for early claim closure and restoration of premium payment. This is often a "win-win" situation for both the company and the client.

Also, accurate and timely resolution of a client's death and accurately paying a claim to its coverage maximums prevents overpayment, recovery costs and disruption to a grieving family.

Also critical to managing risk exposure and monitoring morbidity are fraud detection controls, ongoing claims audits, and periodic updates to our expected claim costs.

Fraud: Our LTC processes include several fraud detection and mitigation controls and practices. Staff members are trained annually on several aspects of fraud including "red flags" of LTC fraud detection and will refer suspect claim activity to management for review and further action if warranted. If necessary, independent medical exams or other investigatory methods may be used to resolve outstanding concerns. All suspect claim activity is reported to the appropriate state governing agencies as required. Lastly, our Strategic Investigative Unit (SIU) is comprised of a multidisciplinary group of senior leaders who serve as a sounding board and steering committee for both specific and general fraud matters.

Claims Audits: In addition to an ongoing robust internal claims audit program, we also engage external 3rd party audit reviews, assuring that our claims processes and practices are sound and generally in line with industry practices and regulatory controls. The most recent external review occurred in 2018 and covered a sample of claims with losses occurring between 2012 and 2018.

Internal audits represent a constant feedback loop. Results are reviewed monthly with senior management staff for discussion, process improvement and training purposes.



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October 24, 2022

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Long-Term Care Insurance products.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above referenced policy forms are Individual Long-Term Care insurance products, which are no longer being sold.

This rate increase filing is a follow up, refile, to the filing GLTC-133093925, which was withdrawn on 10/13/2022.

Enclosed are any necessary certifications, transmittals, and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Nahrup', is written over a horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

VA

Long-term care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

Continental General Insurance Company

P.O. Box 203098

Austin, Texas 78720-3098

**Actuarial Memorandum Supporting Rate Revisions for
Long Term Care Insurance Base Policy Forms and Riders Associated with
80650 1/97 (LTC2), 80880 NTQ 1/98 (NTQ2)**

1 SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to the Base Policy Forms and Riders of the Continental General Insurance Company (the Company) long-term care (LTC) policy form referenced above.

These forms were originally sold under the name Kanawha Insurance Company (Kanawha) from 1997 through 2003. The South Carolina Department of Insurance approved the Form A application on July 12, 2018, pursuant to Order 2018-003. Upon approval by South Carolina, the Texas Department of Insurance approved the redomestication and merger of Kanawha with and into Continental General Insurance Company pursuant to Commissioner Order 2018-5594 dated July 31, 2018. The surviving company is Continental General Insurance Company. The effective date of the acquisition, redomestication, and merger is August 9, 2018. Continental General Insurance Company will honor all liabilities of Kanawha and the terms, conditions, or benefits of the policy, contract, or certificate. The UCAA tracking number associated with that filing is 103947-000.

Some riders may not be available in all states. The issue date range associated with active, premium-paying lives in this state is shown in Appendix A.

These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance.

This rate increase filing is a refile of SERFF filing #GLTC-133093925, which was withdrawn on 10/13/2022, with the following changes:

- Inforce has been updated from 12/31/2020 to 12/31/2021,
- The Prospective Present Value methodology is using the original assumptions for the prior assumptions, instead of the Company's purchase GAAP assumptions for this block, and
- In the withdrawn filing a composite restated original loss ratio of 72.5% was used for all inflation groups, while in this refile the Company calculated the respective restated loss ratio for each inflation group.
 - An example of impact of this can be seen in the no inflation rate increase calculated by the If-Knew/Make-up Blend methodology. In the initial filing, using a loss ratio of 72.5% the resulting rate increase was 94.4%, but using the no inflation specific original loss ratio of 68.8% the resulting rate increase is now 120.6%.

With these changes the rate increases justified in this filing, using the Company's rate increase methodology of the Prospective Present Value outlined by the NAIC Pricing Subgroup's ("Long-term Care Insurance Approaches to Reviewing Premium Rate Increases"), are a 648% rate increase for policies with no inflation and a 963% rate increase for policies with compound inflation. However, per the Company's

conversation with the state on 10/14/2022 the Company is willing to limit the rate increases to the minimum of the If-Knew/Makeup Blend methodology and 75% for the following reasons:

- The Company is testing a pilot wellness program that will hopefully help mitigate the need for rate increases,
- Better align premiums with key states that make up more than 50% of the inforce population, while actively pursuing the justified rate increases in those and other states, and
- Better align future premiums with provided benefits.

Therefore, the Company is currently requesting a 75% rate increase for all policies in your state at this time. While the Company intends to implement the requested rate increase at one time, the Company is open to discussions with the state regarding alternative implementation options, such as an actuarially equivalent series of rate increases.

This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where these products were issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 21 for a description of the information contained in each Appendix.

2 POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF PREMIUM RATE INCREASE

Optional Policyholder offers to Reduce Benefits

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the base policy and riders. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit, or
3. Increase their elimination period.

Contingent Benefit Upon Lapse (CBUL)

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of the CBUL benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount. This CBUL benefit shall not exceed the policyholder's remaining unused Maximum Lifetime Benefit at the time of conversion. Once customer service receives the signed form and selection of an option, a communication is sent which includes a new policy schedule page and a one page change request confirmation. This offer will be made to all policyholders.

If applicable, for policyholders with active Limited Pay policy provisions, the Company will additionally provide policyholders an opportunity to elect a reduced paid-up policy in accordance with state regulatory requirements.

3 PREMIUM RATE INCREASE JUSTIFICATION

This rate revision is necessary because the current best estimate projections of the nationwide lifetime loss ratios are in excess of expected. Policies were issued nationwide under both loss ratio requirements and under rate stabilization requirements established in the 2000 LTC NAIC Model Regulation.

The lifetime loss ratios anticipated at the time of original pricing for these policy forms is 61%. This loss ratio has been stated based on the original pricing interest rate of 7%. Based on available documentation, the pricing loss ratio stated above is conservatively assumed to be representative of best estimate expectations. For policies issued under loss ratio requirements, the lifetime loss ratio that these products were initially priced to has been exceeded.

Consistent with the discussions and final document produced by the NAIC Pricing Subgroup's ("Long-term Care Insurance Approaches to Reviewing Premium Rate Increases"), the Company is providing analysis based on the prospective present value approach to determine the level of rate increase requested. This modified approach recognizes that past premium rate increases were not adequate and relies on the original pricing assumptions to catch-up on past premium rate increases.

The cumulative rate increase indicated by the prospective present value formula is calculated as:

$$\text{Cumulative rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - (\text{Restated Loss Ratio})\Delta PV(\text{future earned premiums})}{(0.85)PV_{\text{current}}(\text{future earned premiums})}$$

The ΔPV indicates the change in present value due to the change in actuarial assumptions between original assumptions and current moderately adverse assumptions. The formula is applied to nationwide experience that has been restated to the original rate level. Please note that experience used in the calculation is associated with only active, premium paying policyholders as of the time of this filing's valuation date. Moderately adverse assumptions are defined as best estimate assumptions as described in Section 10, plus a 10% load to future incurred claims.

State-specific justified rate increases are calculated to achieve equity across states with respect to the total amount of rate increases that will have been implemented in each state.

In order to calculate the rate increase needed for this state specifically, the following formula was used:

$$\frac{1 + \text{Cumulative Rate Increase}}{1 + \text{State Specific Cumulative Rate Increase to Date}} - 1$$

The original loss ratios restated with the actual sold mix of business and discounted at the current maximum valuation rate of 4.5% are as follows: 68.8% for policies with no inflation and 77.6% for policies with compound inflation.

4 DESCRIPTION OF BENEFITS

Appendix B contains a brief summary of the benefits contained in these base forms and associated riders. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

5 RENEWABILITY CLAUSE

All products are Guaranteed Renewable, Individual Long-Term Care policies.

6 MARKETING METHOD

These plans were individually solicited by agents and independent brokers representing Kanawha Insurance Company. These products are not currently being marketed.

7 APPLICABILITY

The revised rates contained in this memorandum will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The current and revised premium rate schedules are attached. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

8 PROPOSED EFFECTIVE DATE

Policyholder notification of the rate increases will begin as soon as possible subject to state insurance department approval with the additional condition that no policyholder will receive the rate increases sooner than one year after receiving a previous rate increase.

9 UNDERWRITING

These policy forms were fully underwritten based on responses to questions in the application and the use of additional underwriting tools such as telephone interviews, attending physician statements, and/or a face-to-face interview. The underwriting standards used were taken into consideration when projecting future experience.

10 ACTUARIAL ASSUMPTIONS

The actuarial assumptions used to project the future premiums and claims are described in this section. Appendix D provides further details of the experience studies conducted that were used to develop the actuarial assumptions. These base assumptions are the same as the assumptions being used in the Company's internal cash flow testing.

A Morbidity

The morbidity assumptions use a starting-situs approach, implicitly building in any transfers into the starting-situs assumptions. Claim incidence and termination rates are based on a combination of the Company's historical claim experience on these forms from 2007 through March 31, 2021, the Milliman 2017 Long-Term Care Guidelines (Guidelines) and judgment. Utilization reflects average

utilization during the study period of 2016-2020, which is projected forward with a cost of care assumption. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration.

The assumptions reflect the Company’s current best estimate of future morbidity and considers the recent, emerging experience (particularly experience of the last five years), but generally excluded or otherwise adjusted for 2020 experience deemed to be materially impacted by the COVID-19 pandemic. The baseline assumptions include future morbidity improvement equal to 100% of the Scale G2 improvement scale, centered at 2018, beginning in the first projection year and continuing for ten projection years, but does not include any loads for moderately adverse experience.

B Mortality

The best estimate future mortality assumption is 100% of the Individual Annuity Mortality (IAM) 2012 Base table with selection factors, attained age factors (to adjust the base table to an active life basis), underwriting class factors, and other company - specific adjustments where credible data exists. The baseline assumptions include future mortality improvement equal to 100% of the Scale G2 improvement scale beginning in the first projection year and continuing for ten projection years. Disabled life mortality is based on the Milliman 2017 Long-Term Care Guidelines with fitting adjustments varying by situs, claim duration, gender, benefit trigger, incurred age, Florida/non-Florida, benefit type, elimination period, coverage type, and product series.

C Voluntary Lapse

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company’s experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total persistency on an active life basis. Benefit exhaustions are treated separately. Because the projection model uses a first principles approach, no explicit assumption related to benefit exhaust is necessary. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Voluntary lapse rates vary by marital status and inflation versus non-inflation. The table below shows the voluntary lapse assumptions.

LTC Lapse Rate Assumptions		
Lifetime Pay Only	Married	Single
Compound/Simple Inflation	0.40%	0.65%
No Inflation	0.75%	1.00%
Limited Pay / Paid Up Policies	0.00%	0.00%

For limited pay policies, voluntary lapse rates were assumed to be zero after the premium payment period. Also, an additional voluntary lapse assumption for NFO conversion rate, which is calculated as 19% of the requested rate increase capped at 19%, is included.

D Interest Rate

The supporting exhibits use the average maximum valuation interest rate of 4.5% to calculate the lifetime loss ratio.

E Expenses

The need for a rate increase is based on the prospective present value formula. Expenses are not accounted for in the prospective present value formula and therefore are not used as justification for the rate increase. As such, expenses are not being projected and are not included in this filing.

11 ISSUE AGE RANGE

These products were available for issue ages 40 to 84. Premiums are based on issue age.

12 AREA FACTORS

The Company did not use area factors within the state in the premium scale for these products.

13 CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for Incurred But Not Reported reserves (IBNR) and using continuance curves validated for the Company's experience for open claims on a disabled life basis. The claim reserves were discounted to the incurred date for each claim and have been included in the historical incurred claims.

14 ACTIVE LIFE RESERVES

Incurred claims are calculated without the impact of the change in active life reserves.

15 DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies. See Appendix C for the distribution of the inforce policies by key demographic and benefit characteristics.

16 NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of premium-paying policyholders as of 12/31/2021 in this state.

17 AVERAGE ANNUAL PREMIUM

The average annual premium for these products both prior to the impact of the requested rate increase, and after, is indicated in Appendix A.

The average annual premium for Virginia is above the nationwide average, but this is due to the mix of business in Virginia, not the cumulative rate increases approved. This is evident when comparing the cumulative approvals and the base rates for a 60-year-old, lifetime pay, lifetime benefit period, 0 day EP, TQ, Standard UW Class for the top 5 states with the most lives, as seen in Appendix A.

18 HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of rate adjustments on these products in this state.

19 EXPERIENCE – PAST AND FUTURE

Nationwide historical experience since inception by issue year within calendar year for these policy forms and riders as of 12/31/2021 is contained in Exhibit 2a. Experience for loss years 2021 and prior are developed through 12/31/2021. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The nationwide historical and projected experience for all policies issued under these products is contained in Exhibit 3a. The experience is adjusted to reflect the state's specific rate increase history, both with and without the impact of the requested rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 3b contains the nationwide historical and projection experience for active, premium-paying policies. The experience is adjusted to reflect the state's specific rate increase history, both with and without the impact of the requested rate increase. Projected experience utilizes best estimate assumptions.

In developing the projected future experience with the rate increase, an implementation date of 10/30/2023 was assumed.

20 RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company 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.

21 SUMMARY OF APPENDICES

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for nationwide is also contained in this Appendix.

Appendix B contains a summary of the benefits included under each policy form grouping.

Appendix C contains a summary of the demographic distributions of the inforce policies as of 12/31/2021.

Appendix D contains a detailed summary of the development of the projection assumptions.

Appendix E contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

22 SUMMARY OF EXHIBITS

Exhibit 1 contains the breakdown of policy counts, annualized premium, and average premium for all currently active, premium paying policies by state under each product grouping as of the inforce date. Additionally, the exhibit includes each state's cumulative rate increases.

Exhibit 2a contains the historical nationwide lifetime experience for all non-inflation policies issued under these products by issue year within calendar year.

Exhibit 2b contains the historical state-specific lifetime experience for all currently active, premium paying non-inflation policies issued under these products by issue year within calendar year.

Exhibit 2c contains the historical nationwide lifetime experience for all compound inflation policies issued under these products by issue year within calendar year.

Exhibit 2d contains the historical nationwide lifetime experience for all currently active, premium paying compound inflation policies issued under these products by issue year within calendar year.

Exhibit 3a contains historical and projected nationwide experience for all non-inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 3b contains historical and projected nationwide experience for currently active, premium-paying non-inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 3c contains historical and projected nationwide experience for all compound inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 3d contains historical and projected nationwide experience for currently active, premium-paying compound inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 3e contains historical and projected nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 3f contains historical and projected nationwide experience for currently active, premium-paying policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions. Historical experience is shown before and after adjusting for this state's specific rate history.

Exhibit 4a contains historical and projected state-specific experience for all non-inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4b contains historical and projected state-specific experience for currently active, premium-paying non-inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4c contains historical and projected state-specific experience for all compound inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4d contains historical and projected state-specific experience for currently active, premium-paying compound inflation policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4e contains historical and projected state-specific experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 4f contains historical and projected state-specific experience for currently active, premium-paying policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the proposed rate increase. Projected experience utilizes best estimate assumptions.

Exhibit 5a contains nationwide experience for currently active, premium-paying non-inflation policies, restated to the state's rate level, using original assumptions and current moderately adverse assumptions. Additionally, this exhibit includes the justified rate increase calculation for non-inflation policies.

Exhibit 5b contains nationwide experience for currently active, premium-paying compound inflation policies, restated to the state's rate level, using original assumptions and current moderately adverse assumptions. Additionally, this exhibit includes the justified rate increase calculation for compound inflation policies.

Exhibit 6a demonstrates the If-Knew / Makeup Blend (Minnesota Method) calculation using nationwide experience for currently active, premium-paying non-inflation policies. The "If Knew" and "Make-up" rate increases included in this calculation target the restated original loss ratio of 68.8% for non-inflation policies.

Exhibit 6b demonstrates the If-Knew / Makeup Blend (Minnesota Method) calculation using nationwide experience for currently active, premium-paying compound inflation policies. The "If Knew" and "Make-up" rate increases included in this calculation target the restated original loss ratio of 77.6% for compound inflation policies.

Exhibit 7a demonstrates the dual-loss ratio test associated with regulation 14VAC5-200-153 for currently, active premium paying non-inflation policies.

Exhibit 7b demonstrates the dual-loss ratio test associated with regulation 14VAC5-200-153 for currently, active premium paying compound inflation policies.

23 ACTUARIAL CERTIFICATION

In performing the analysis, preparing this filing, and rendering the actuarial opinion below, I relied upon other actuaries for experience analysis used to develop baseline actuarial assumptions related to morbidity and persistency. I reviewed the analysis for reasonableness and consistency, but I did not perform a detailed audit. The assumptions are appropriate for the purpose used.

To the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this state as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits," No. 18 "Long-Term Care Insurance," and No. 23 "Data Quality."

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

In my opinion, the rates are not excessive or unfairly discriminatory, and the benefits are reasonable in relation to the premiums. The anticipated lifetime loss ratio exceeds the applicable required loss ratio. The filing will enhance premium adequacy but may not be sufficient to prevent future rate action. Given this, I cannot certify the proposed rates to be sustainable over the lifetime of the form with no future premium increases or that they would be sufficient to cover anticipated costs under moderately adverse conditions.



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Appendix A
Continental General Insurance Company
80650 1/97 (VA), 80880 1/98 (VA)

Virginia

Requested Rate Increase for Policies with No Inflation = 75%
Requested Rate Increase for Policies with Compound Inflation = 75%

Issue Date Range (Section 1 in Actuarial Memorandum)

Virginia 2/7/1998 to 1/28/2003
 Nationwide 6/19/1995 to 11/1/2003

Rate Stabilization Date for Virginia 10/1/2003

Number of Active, Premium-Paying Policyholders and their Annualized Premium as of December 31, 2021

Number of active, premium-paying lives in Virginia
 Issued prior to Rate Stabilization 460
 Issued on or after Rate Stabilization 0
 Average issue age 59

	Policies	Premium
Virginia	460 \$	1,315,557
Nationwide	8,623 \$	23,996,123

Average Annual Premium for Active, Premium-Paying Policyholders (Section 17 in Actuarial Memorandum)

The average annual premium for this form and associated riders, prior to the current rate increase is:

Policies with Compound Inflation	Policies with No Inflation
Virginia 3,274	Virginia 2,112
Nationwide 2,953	Nationwide 2,581

The average annual premium for this form and associated riders in Virginia, including the impact of the requested rate increase, is:

Policies with Compound Inflation	5,730
Policies with No Inflation	3,696

The averages above, without context, may be misleading (due to demographic differences) therefore the Company has added the below table.

Comparison of Virginia Base Rates to the Top 4 States with Inforce (Section 17 in Actuarial Memorandum)

State	Premium-Paying Lives	Annualized Premium	Average Premium	Issue Age 60			
				Base Rates for Sample Policy - No Inflation	Base Rates for Sample Policy - Compound	Cumulative RINC % - No Inflation	Cumulative RINC % - Compound
FL	2,441	\$ 8,704,469	\$ 3,566	\$ 2,290	\$ 4,185	233%	266%
NC	931	\$ 2,614,973	\$ 2,809	\$ 1,652	\$ 2,746	140%	140%
SC	676	\$ 1,476,886	\$ 2,185	\$ 1,683	\$ 4,028	145%	252%
VA	460	\$ 1,315,557	\$ 2,860	\$ 1,321	\$ 2,978	92%	161%
TX	509	\$ 1,623,426	\$ 3,179	\$ 2,021	\$ 4,068	194%	256%
NW	8,623	\$ 23,996,123	\$ 2,783				

Rate Increase History (Section 18 in Actuarial Memorandum)

Approved Rate Changes: 60% for all policies in 2009, 10% for policies without inflation and 45.5% for policies with inflation in 2016 (phased in over 3 years)

No Inflation Lifetime Loss Ratio - Exhibit 3a

The Lifetime Loss Ratio without the requested rate increase is: 146.8%
 The Lifetime Loss Ratio with the requested rate increase is: 140.2%

Compound Inflation Lifetime Loss Ratio - Exhibit 3c

The Lifetime Loss Ratio without the requested rate increase is: 353.8%
 The Lifetime Loss Ratio with the requested rate increase is: 320.2%

Appendix B

Continental General Insurance Company

Description of Benefits

A brief summary of the benefits contained in the base forms and associated riders is provided below. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

Policy Forms 80650 1/97 and 80880 1/98

Two policies were available: a tax qualified policy (form 80650 1/97) and a non-tax qualified policy (form 80880 1/98). Except for the services covered, the pricing assumptions used, policy features, and benefit options are identical.

The elimination period could be chosen as 0, 30, or 90 calendar days. The elimination period can be satisfied by any combination of nursing home, assisted living, hospice or adult day care services. Benefit periods are available as two, three, or four years, or lifetime, and are payable on an indemnity basis (flat per diem rate). Daily benefits ranged from \$50 to \$200 for nursing home, assisted living, hospice and adult day care. Home health care coverage can be added as a rider, where the maximum benefit period is less than or equal to the nursing home benefit period and the daily benefit must be at least \$30 and cannot exceed the smaller of \$200 or 150% of the daily nursing home benefit.

Benefits are payable when the insured becomes disabled in two out of six Activities of Daily Living (ADLs) for 90 days, or when he or she becomes cognitively impaired. Additionally, under form 80880 1/98 benefits of the policy are triggered if services are required due to medical necessity.

An insured who qualifies for benefits will be eligible to receive all long-term care services that are included in the Plan of Care and covered under the policy. For both forms, this could include nursing home care, assisted living facility care, adult day care, or hospice care benefit. A 60-day per year bed reservation benefit is included in the Plan of Care under the base policy. Additionally, other alternate services could be included, if agreed to by all parties.

On both policies, benefits are fully restored if the insured does not receive any contractually covered services for 180 consecutive days, extended by any period of inpatient hospitalization.

After the 91st consecutive day of covered care have been provided, premiums on the policy are waived for the remainder of the claim period.

All benefits are subject to the daily maximums, the total benefit allowance (except for the home health care rider benefit, which has its own separate maximum) and the elimination period (except that the latter does not apply to the respite benefit).

Several optional riders were available for these policies:

- Rider 80900 NTQ 1/98 and Rider 80660 1/97 – Home Health Care:
 - The benefit triggers and EP of the policy apply. However,
 - The maximum benefit period must be less than or equal to the nursing home benefit period; and

Appendix B
Continental General Insurance Company
Description of Benefits

- The daily benefit must be at least \$30 and cannot exceed the smaller of \$200 or 150% of the daily nursing home benefit.
- Home Health Care benefits are payable on an indemnity basis.
- Home Health Care does count toward the waiver of premium period in the base policy.
- Homemaker Care benefits are payable for services such as shopping, housekeeping, transportation, laundry or cooking. This is payable for up to 104 days per calendar year. Limited to 25% of the daily Home Health Care benefit.
- Respite Care benefits are payable for temporary care by a live-in companion. The maximum benefit is 14 days per year, with no EP. The daily limit is the same as for Home Health Care.
- Rider 93072 NTQ 1/98 and Rider 80680 1/97 – Compound Inflation Protection: Increases the daily maximum and the remaining lifetime maximum by 5%, compounded annually, on each policy anniversary. This is not capped. If the rider terminates, benefits revert to the amount originally issued.
- Rider 93087 NTQ 1/98 and 90170 1/97– Guaranteed Purchase Option: On the 3rd, 6th, 9th, and 12th anniversaries, but not beyond the 85th birthday, the insured may elect to purchase, without evidence of insurability, a new policy providing 25% of the daily benefits provided by the original policy.
- Rider 93000 1/97– Non-forfeiture Benefit: After 3 years inforce, if the policy would otherwise lapse for nonpayment of premiums, or is cancelled by the insured, coverage continues with the monthly benefit maximum then in effect, but for a reduced policy maximum. The policy maximum is the greater of: (1) the monthly benefit maximum for one month in effect on the due date of the unpaid premium; or (2) the sum of all premiums paid
- Rider 93102 1/98 and 90175 1/97 – Return of Premium Benefit: This benefit is payable when the policy terminates by death or otherwise. The benefit is the total of premiums paid for the policy less unearned premiums refunded at death, multiplied by a percentage stated in the rider and minus any benefits that the insured has or is entitled to receive.
- Rider 80710 1/97 – Survivorship Benefit: If spouses are both insured upon the first death: (1) waive future premiums, if the death occurs on or after the 10th anniversary of the policy; or (2) waive premiums beginning on the 10th anniversary if the death occurs prior thereto.

Continental General Insurance Company
Appendix C
Policy Form: 80650 1/97, 80880 1/98
Distribution of Inforce Business as of 12/31/2021

Nationwide					
Issue Year	Count	% of Count	Premium	% of Premium	
1995	25	0.2%	29,448	0.1%	
1996	95	0.6%	79,285	0.3%	
1997	306	2.0%	564,902	2.0%	
1998	1,352	8.8%	2,547,780	8.9%	
1999	2,049	13.3%	3,913,454	13.6%	
2000	3,097	20.1%	5,791,571	20.2%	
2001	4,463	29.0%	8,180,668	28.5%	
2002	3,717	24.2%	7,080,783	24.7%	
2003	272	1.8%	484,913	1.7%	
Total	15,376	100.0%	28,672,803	100.0%	

Virginia					
Issue Year	Count	% of Count	Premium	% of Premium	
1995	-	0.0%	-	0.0%	
1996	-	0.0%	-	0.0%	
1997	-	0.0%	-	0.0%	
1998	3	0.4%	2,742	0.2%	
1999	15	2.2%	9,112	0.6%	
2000	81	11.7%	124,756	8.9%	
2001	250	36.1%	438,009	31.2%	
2002	339	48.9%	810,045	57.7%	
2003	5	0.7%	19,437	1.4%	
Total	693	100.0%	1,404,100	100.0%	

Issue Age	Count	% of Count	Premium	% of Premium	
<45	504	3.3%	342,505	1.2%	
45 - 49	950	6.2%	806,076	2.8%	
50 - 54	2,893	18.8%	3,150,307	11.0%	
55 - 59	3,990	25.9%	6,851,376	23.9%	
60 - 64	4,067	26.5%	9,375,326	32.7%	
65 - 69	2,294	14.9%	6,028,465	21.0%	
70 - 74	611	4.0%	1,950,042	6.8%	
75 - 79	65	0.4%	168,706	0.6%	
>80	2	0.0%	-	0.0%	
Total	15,376	100.0%	28,672,803	100.0%	

Issue Age	Count	% of Count	Premium	% of Premium	
<45	18	2.6%	11,488	0.8%	
45 - 49	42	6.1%	53,806	3.8%	
50 - 54	143	20.6%	194,714	13.9%	
55 - 59	192	27.7%	373,092	26.6%	
60 - 64	191	27.6%	459,821	32.7%	
65 - 69	87	12.6%	247,143	17.6%	
70 - 74	19	2.7%	64,036	4.6%	
75 - 79	1	0.1%	-	0.0%	
>80	-	0.0%	-	0.0%	
Total	693	100.0%	1,404,100	100.0%	

Attained Age	Count	% of Count	Premium	% of Premium	
<45	11	0.0%	1,770	0.0%	
45 - 49	20	0.2%	11,013	0.0%	
50 - 54	50	0.3%	22,393	0.1%	
55 - 59	110	0.7%	58,648	0.2%	
60 - 64	317	2.1%	263,181	0.9%	
65 - 69	860	5.6%	782,381	2.7%	
70 - 74	2,642	17.2%	2,768,209	9.7%	
75 - 79	3,858	25.1%	6,514,510	22.7%	
>80	7,508	48.8%	18,250,699	63.7%	
Total	15,376	100.0%	28,672,803	100.0%	

Attained Age	Count	% of Count	Premium	% of Premium	
<45	-	0.0%	-	0.0%	
45 - 49	-	0.0%	-	0.0%	
50 - 54	1	0.1%	-	0.0%	
55 - 59	5	0.7%	-	0.0%	
60 - 64	15	2.2%	17,850	1.3%	
65 - 69	50	7.2%	75,007	5.3%	
70 - 74	144	20.8%	199,176	14.2%	
75 - 79	191	27.6%	380,211	27.1%	
>80	287	41.4%	731,855	52.1%	
Total	693	100.0%	1,404,100	100.0%	

Gender	Count	% of Count	Premium	% of Premium	
Female	9,768	63.5%	18,577,737	64.8%	
Male	5,608	36.5%	10,095,066	35.2%	
Total	15,376	100.0%	28,672,803	100.0%	

Gender	Count	% of Count	Premium	% of Premium	
Female	431	62.2%	853,372	60.8%	
Male	262	37.8%	550,728	39.2%	
Total	693	100.0%	1,404,100	100.0%	

Inflation Options	Count	% of Count	Premium	% of Premium	
5% Compound	8,850	57.6%	15,611,665	54.4%	
None	6,526	42.4%	13,061,138	45.6%	
Total	15,376	100.0%	28,672,803	100.0%	

Inflation Options	Count	% of Count	Premium	% of Premium	
5% Compound	446	64.4%	1,004,713	71.6%	
None	247	35.6%	399,387	28.4%	
Total	693	100.0%	1,404,100	100.0%	

Limited Payment Options	Count	% of Count	Premium	% of Premium	
5 Pay	41	0.3%	-	0.0%	
10 Pay	2,751	17.9%	-	0.0%	
PU at 65	743	4.8%	11,932	0.0%	
Single	157	1.0%	-	0.0%	
Lifetime	11,684	76.0%	28,660,871	100.0%	
Total	15,376	100.0%	28,672,803	100.0%	

Limited Payment Options	Count	% of Count	Premium	% of Premium	
5 Pay	1	0.1%	-	0.0%	
10 Pay	95	13.7%	-	0.0%	
PU at 65	16	2.3%	-	0.0%	
Single	13	1.9%	-	0.0%	
Lifetime	568	82.0%	1,404,100	100.0%	
Total	693	100.0%	1,404,100	100.0%	

Elimination Period Days	Count	% of Count	Premium	% of Premium	
0	5,440	35.4%	12,176,529	42.5%	
30	4,777	31.1%	8,001,534	27.9%	
60	97	0.6%	163,813	0.6%	
90	5,054	32.9%	8,308,839	29.0%	
180	8	0.1%	22,088	0.1%	
Total	15,376	100.0%	28,672,803	100.0%	

Elimination Period Days	Count	% of Count	Premium	% of Premium	
0	336	48.5%	756,968	53.9%	
30	159	22.9%	315,544	22.5%	
60	-	0.0%	-	0.0%	
90	198	28.6%	331,587	23.6%	
180	-	0.0%	-	0.0%	
Total	693	100.0%	1,404,100	100.0%	

Benefit Period	Count	% of Count	Premium	% of Premium	
2 years	582	3.8%	869,480	3.0%	
3 years	1,371	8.9%	2,528,377	8.8%	
4 years	3,229	21.0%	5,728,026	20.0%	
Lifetime	10,194	66.3%	19,546,919	68.2%	
Total	15,376	100.0%	28,672,803	100.0%	

Benefit Period	Count	% of Count	Premium	% of Premium	
2 years	19	2.7%	22,221	1.6%	
3 years	60	8.7%	101,474	7.2%	
4 years	208	30.0%	354,869	25.3%	
Lifetime	406	58.6%	925,536	65.9%	
Total	693	100.0%	1,404,100	100.0%	

Marital Status	Count	% of Count	Premium	% of Premium	
Single	4,962	32.3%	10,881,546	38.0%	
Married	10,414	67.7%	17,791,256	62.0%	
Total	15,376	100.0%	28,672,803	100.0%	

Marital Status	Count	% of Count	Premium	% of Premium	
Single	199	28.7%	461,338	32.9%	
Married	494	71.3%	942,762	67.1%	
Total	693	100.0%	1,404,100	100.0%	

Continental General Insurance Company
Appendix C
Policy Form: 80650 1/97, 80880 1/98
Distribution of Inforce Business as of 12/31/2021

Nationwide

HHC Percent	Count	% of Count	Premium	% of Premium
<0.5	909	5.9%	1,343,663	4.7%
0.5-0.75	915	6.0%	1,267,599	4.4%
0.75-1	760	4.9%	1,273,232	4.4%
1-1.25	12,073	78.5%	23,456,520	81.8%
1.25-1.5	363	2.4%	636,425	2.2%
>1.5	356	2.3%	695,363	2.4%
Total	15,376	100.0%	28,672,803	100.0%

Tax Status	Count	% of Count	Premium	% of Premium
NTQ	4,943	32.1%	11,269,872	0.0%
TQ	10,433	67.9%	17,402,931	100.0%
Total	15,376	100.0%	28,672,803	100.0%

Premium-Paying Status	Count	% of Count	Premium	% of Premium
Active, Premium Paying	8,623	56.1%	23,990,750	83.7%
Active, Non Premium Paying	3,574	23.2%	-	0.0%
Disabled Non-Paid-Up	1,152	7.5%	4,682,053	16.3%
Disabled Paid-Up	2,027	13.2%	-	0.0%
Total	15,376	100.0%	28,672,803	100.0%

Premium Mode	Count	% of Count	Premium	% of Premium
Annual	2,766	32.1%	7,866,495	32.8%
Bi-Weekly	-	0.0%	-	0.0%
Monthly	4,588	53.2%	12,345,747	51.5%
Quarterly	739	8.6%	2,246,644	9.4%
Semi-Annual	530	6.1%	1,531,864	6.4%
Total	8,623	100.0%	23,990,750	100.0%

*Count includes active, premium paying lives only

Underwriting Class	Count	% of Count	Premium	% of Premium
Preferred	13,432	87.4%	24,087,078	84.0%
Select	584	3.8%	1,449,888	5.1%
Standard	1,360	8.8%	3,135,837	10.9%
Total	15,376	100.0%	28,672,803	100.0%

Virginia

HHC Percent	Count	% of Count	Premium	% of Premium
<0.5	15	2.2%	21,355	1.5%
0.5-0.75	12	1.7%	27,046	1.9%
0.75-1	34	4.9%	81,929	5.8%
1-1.25	599	86.4%	1,242,470	88.5%
1.25-1.5	30	4.3%	25,610	1.8%
>1.5	3	0.4%	5,691	0.4%
Total	693	100.0%	1,404,100	100.0%

Tax Status	Count	% of Count	Premium	% of Premium
NTQ	442	63.8%	1,004,215	71.5%
TQ	251	36.2%	399,884	28.5%
Total	693	100.0%	1,404,100	100.0%

Premium-Paying Status	Count	% of Count	Premium	% of Premium
Active, Premium Paying	460	66.4%	1,315,557	93.7%
Active, Non Premium Paying	119	17.2%	-	0.0%
Disabled Non-Paid-Up	25	3.6%	88,543	6.3%
Disabled Paid-Up	89	12.8%	-	0.0%
Total	693	100.0%	1,404,100	100.0%

Premium Mode	Count	% of Count	Premium	% of Premium
Annual	174	37.8%	533,933	40.6%
Bi-Weekly	-	0.0%	-	0.0%
Monthly	241	52.4%	670,171	50.9%
Quarterly	17	3.7%	41,159	3.1%
Semi-Annual	28	6.1%	70,294	5.3%
Total	460	100.0%	1,315,557	100.0%

*Count includes active, premium paying lives only

Underwriting Class	Count	% of Count	Premium	% of Premium
Preferred	575	83.0%	1,110,082	79.1%
Select	31	4.5%	75,597	5.4%
Standard	87	12.6%	218,421	15.6%
Total	693	100.0%	1,404,100	100.0%

Continental General Insurance Company
Appendix D
Actuarial Assumption Development

Appendix D contains a description of the experience studies conducted on the Company's actual experience.

Persistency Study

The persistency study is on an active life basis and is comprised of voluntary lapse and active life mortality assumptions. The mortality and lapse assumptions were developed using actual experience from lifetime pay policies (excluding nonforfeiture policies) issued by Kanawha Insurance Company from 2007 and later with durations 10+, excluding durations that began in 2020 or later to exclude Covid-19 related impacts.

The best estimate future mortality assumption is 100% of the Individual Annuity Mortality (IAM) 2012 Base table with selection factors, attained age factors (to adjust the base table to an active life basis), underwriting class factors, and other company-specific adjustments where credible data exists. The baseline assumptions include future mortality improvement equal to 100% of the Scale G2 improvement scale beginning in the first projection year and continuing for ten projection years. Disabled life mortality, studied separately, is based on the Milliman 2017 Long Term Care Guidelines with fitting adjustments.

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total persistency. Benefit exhaustions are treated separately. Because the projection model uses a first principles approach, no explicit assumption related to benefit exhaust is necessary. All remaining policies were assumed to terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Voluntary lapse rates vary by marital status and inflation versus non-inflation.

Exhibit D-1 contains the comparison of total terminations experience to the current termination assumption for healthy lives. The exhibit shows total lives, actual total terminations and expected total terminations by duration.

Incidence Study

An incidence study was also conducted on the Company's actual policy and claims data through March 31, 2021, on policies issued by Kanawha Insurance Company. Fitting factors to the Milliman 2017 Long Term Care Guidelines were developed using experience from calendar years 2007 through 2019 (with a focus on years 2015-2019) and judgment. The study excluded 2020 and 2021 experience to account for potential reporting lags and COVID-19 related impacts.

The actual-to-expected fitting factors varied by situs, tax status, risk class, attained age, benefit trigger, elimination period, gender, non-Florida/Florida, benefit period, inflation protection, and product series. The baseline assumptions include future morbidity improvement equal to 100% of the Scale G2 improvement scale beginning in the first projection year and continuing for ten projection years, but does not include any loads for moderately adverse experience.

A claim was counted as having occurred once it survived the elimination period and the claim counts were not adjusted for claims that were incurred but not reported (IBNR). An IBNR adjustment was not deemed necessary

as the study includes 15 months of runout from 2019. Additionally, the study was conducted on an active life basis.

Exhibit D-2 contains the comparison of actual claim counts to the current assumption of expected claim counts.

Continental General Insurance Company
Appendix D
Exhibit D-1
Policy Forms: 80650 1/97, 80880 1/98
Healthy Lives Persistency Study
Experience by Policy Duration

Policy Duration	Total Lives	Total Actual Terminations		Total Expected Terminations	
		Count	Rate	Count	Rate
5	376	11	2.9%	4	1.1%
6	4,359	84	1.9%	54	1.2%
7	9,227	207	2.2%	127	1.4%
8	12,606	262	2.1%	188	1.5%
9	14,964	292	2.0%	240	1.6%
10	16,203	337	2.1%	276	1.7%
11	15,980	309	1.9%	284	1.8%
12	15,314	310	2.0%	285	1.9%
13	14,678	273	1.9%	287	2.0%
14	14,060	276	2.0%	291	2.1%
15	13,405	256	1.9%	299	2.2%
16	12,677	265	2.1%	307	2.4%
17	11,903	296	2.5%	311	2.6%
18	10,858	254	2.3%	310	2.9%
19	7,692	228	3.0%	246	3.2%
20	4,500	137	3.0%	161	3.6%
21	2,373	76	3.2%	92	3.9%
22	1,000	34	3.4%	44	4.4%
23+	188	9	4.8%	10	5.3%
Total	182,365	3,916	2.1%	3,814	2.1%
Durations 10+	140,832	3,060	2.2%	3,201	2.3%

Notes:

- 1) Experience through 3/31/2021
- 2) Expected Mortality Rate is 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with fitting factors.
- 3) Record years 2007 to 2019
- 4) Includes only lifetime pay policies (excludes 5 Pay and 10 Pay).

Continental General Insurance Company
Appendix D
Exhibit D-2
Policy Forms: HHC, LTC1, LTC2, LTC3, LTC4, LTC5
Incidence Study

Experience by Policy Duration

Policy Duration	Total Lives	Actual Claim Count	Expected Claim Count	Actual to Expected
1	109	0	0	0.0%
2	518	0	1	0.0%
3	1,529	1	2	43.3%
4	4,528	12	11	108.8%
5	10,032	37	46	80.7%
6	17,139	100	116	86.1%
7	22,694	201	200	100.6%
8	26,318	289	283	102.0%
9	28,469	338	365	92.6%
10	29,266	403	440	91.6%
11	29,470	523	510	102.6%
12	29,160	569	575	99.0%
13	28,296	562	616	91.2%
14	27,278	645	657	98.2%
15	25,903	650	688	94.5%
16	24,032	703	707	99.4%
17	20,709	723	696	103.8%
18	15,854	629	629	100.1%
19	10,162	515	478	107.6%
20	5,966	386	334	115.6%
21	3,265	236	217	108.8%
22	1,614	130	132	98.6%
23	740	65	72	90.0%
24	233	25	25	98.2%
25	21	3	3	113.7%
Total	363,306	7,745	7,803	99.3%
Subtotal for Key Durations (10-25)	251,969	6,767	6,779	99.8%

Experience by Calendar Year

Calendar Year	Total Lives	Actual Claim Count	Expected Claim Count	Actual to Expected
2007	34,333	405	400	101.2%
2008	33,483	461	442	104.3%
2009	32,560	486	482	100.7%
2010	31,096	491	516	95.1%
2011	29,859	501	551	90.9%
2012	28,875	584	585	99.8%
2013	27,919	593	617	96.1%
2014	27,037	653	654	99.9%
2015	26,030	612	683	89.6%
2016	24,860	753	703	107.2%
2017	23,642	710	716	99.2%
2018	22,434	763	727	105.0%
2019	21,178	733	727	100.9%
Total	363,306	7,745	7,803	99.3%

Experience by Policy Form

Policy Form	Total Lives	Actual Claim Count	Expected Claim Count	Actual to Expected
HHC	11,865	663	675	98%
LTC1	18,792	1,123	1,137	99%
LTC2	237,861	5,331	5,360	99%
LTC3	93,855	626	627	100%
LTC4	286	1	2	64%
LTC5	647	1	2	44%
Total	363,306	7,745	7,803	99.3%

Notes:

- 1) Experience through 3/31/2021.
- 2) Calendar years 2007 to 2019.

Continental General Insurance Company
Appendix E
Policy Persistency Comparison
Policy Form: 80650 1/97, 80880 1/98

Policy Duration	<u>Actual Experience</u>		<u>Original Pricing Assumptions</u>			<u>Current Healthy Lives Assumptions</u>		
	Healthy Lives	Healthy Life Terminations	Lapse	Mortality	Total Terminations	Lapse	Mortality	Total Terminations
5	376	2.9%	6.4%	0.9%	7.3%	0.5%	0.6%	1.1%
6	4,359	1.9%	6.2%	1.1%	7.3%	0.6%	0.6%	1.2%
7	9,227	2.2%	6.1%	1.4%	7.5%	0.6%	0.7%	1.4%
8	12,606	2.1%	6.0%	1.6%	7.6%	0.7%	0.8%	1.5%
9	14,964	2.0%	5.9%	1.9%	7.8%	0.7%	0.9%	1.6%
10	16,203	2.1%	5.9%	2.1%	8.0%	0.7%	1.0%	1.7%
11	15,980	1.9%	5.9%	2.3%	8.2%	0.7%	1.1%	1.8%
12	15,314	2.0%	5.9%	2.5%	8.4%	0.7%	1.2%	1.9%
13	14,678	1.9%	5.9%	2.8%	8.7%	0.7%	1.3%	2.0%
14	14,060	2.0%	5.9%	3.0%	8.9%	0.7%	1.4%	2.1%
15	13,405	1.9%	5.9%	3.3%	9.2%	0.7%	1.5%	2.2%
16	12,677	2.1%	6.0%	4.4%	10.4%	0.7%	1.7%	2.4%
17	11,903	2.5%	6.0%	4.8%	10.8%	0.7%	1.9%	2.6%
18	10,858	2.3%	6.0%	5.1%	11.1%	0.7%	2.1%	2.9%
19	7,692	3.0%	6.0%	5.7%	11.7%	0.7%	2.5%	3.2%
20	4,500	3.0%	5.9%	6.3%	12.2%	0.8%	2.8%	3.6%
21	2,373	3.2%	6.0%	6.7%	12.7%	0.8%	3.0%	3.9%
22	1,000	3.4%	6.0%	7.4%	13.4%	0.9%	3.5%	4.4%
23	185	4.9%	5.9%	8.1%	14.0%	0.9%	4.4%	5.3%

Notes:

- 1) Experience through 3/31/2021.
- 2) Record years 2007-2019
- 3) The results shown above include only lifetime pay policies
- 4) The "Original Pricing Assumptions" are those provided in the original pricing Actuarial Memorandum.
- 5) Since Lapse Rates vary by issue age, duration, and attained age, the rates shown above are composites.
- 6) The mortality assumptions are 100% of the Individual Annuity Mortality (IAM) 2012 Basic Table with fitting factors

Exhibit 1
Continental General Insurance
Summary of Active, Premium Paying Lives
Nationwide
Policy Forms: 80650 1/97, 80880 1/98
As of 12/31/2021

State	Policy Count	Annualized Premium			Cumulative Rate Increase			Current Status
		No Inflation	Compound Inflation	Average Premium	No Inflation	Compound Inflation	Average	
AK	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
AL	-	\$ -	\$ -	\$ -	21%	21%	0%	Not Filed
AR	39	\$ 25,578	\$ 36,953	\$ 1,603	58%	58%	58%	Not Filed
AZ	125	\$ 59,694	\$ 181,444	\$ 1,929	50%	50%	50%	Not Filed
BC	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
CA	537	\$ 56,156	\$ 808,275	\$ 1,610	15%	15%	15%	Not Filed
CO	-	\$ -	\$ -	\$ -	50%	50%	0%	Not Filed
CT	-	\$ -	\$ -	\$ -	25%	25%	0%	Not Filed
DC	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
DE	-	\$ -	\$ -	\$ -	32%	32%	0%	Not Filed
FL	2,441	\$ 5,861,263	\$ 2,843,207	\$ 3,566	204%	250%	218%	Not Filed
GA	190	\$ 167,276	\$ 328,242	\$ 2,608	121%	121%	121%	Not Filed
HI	418	\$ 240,568	\$ 1,050,295	\$ 3,088	121%	236%	206%	Not Filed
IA	144	\$ 97,957	\$ 245,582	\$ 2,386	163%	191%	182%	Not Filed
ID	-	\$ -	\$ -	\$ -	10%	10%	0%	Not Filed
IL	133	\$ 178,308	\$ 199,113	\$ 2,838	207%	205%	206%	Not Filed
IN	5	\$ 4,632	\$ 4,703	\$ 1,867	15%	15%	15%	Not Filed
KS	72	\$ 16,310	\$ 103,233	\$ 1,660	43%	86%	79%	Not Filed
KY	33	\$ 29,782	\$ 29,296	\$ 1,790	80%	116%	96%	Not Filed
LA	98	\$ 135,943	\$ 32,681	\$ 1,721	89%	114%	93%	Not Filed
MA	-	\$ -	\$ -	\$ -	25%	25%	0%	Not Filed
MD	136	\$ 32,671	\$ 285,687	\$ 2,341	75%	75%	75%	Not Filed
ME	-	\$ -	\$ -	\$ -	50%	50%	0%	Not Filed
MI	32	\$ 25,452	\$ 64,384	\$ 2,807	140%	263%	217%	Not Filed
MN	333	\$ 33,136	\$ 707,222	\$ 2,223	76%	133%	129%	Pending - Requested 440% average rate increase
MO	50	\$ 43,994	\$ 67,544	\$ 2,231	96%	198%	148%	Not Filed
MS	63	\$ 74,096	\$ 41,075	\$ 1,828	125%	125%	125%	Not Filed
MT	2	\$ -	\$ 1,086	\$ 543	20%	20%	20%	Not Filed
NC	931	\$ 928,325	\$ 1,686,648	\$ 2,809	140%	140%	140%	Not Filed
ND	29	\$ 34,570	\$ 11,986	\$ 1,605	102%	102%	102%	Not Filed
NE	47	\$ 47,078	\$ 72,913	\$ 2,553	109%	217%	164%	Not Filed
NH	-	\$ -	\$ -	\$ -	50%	50%	0%	Not Filed
NJ	225	\$ 138,511	\$ 352,471	\$ 2,182	12%	33%	27%	Not Filed
NM	10	\$ 4,834	\$ 17,514	\$ 2,235	46%	46%	46%	Not Filed
NV	15	\$ 6,005	\$ 29,892	\$ 2,393	49%	126%	108%	Not Filed
NY	-	\$ -	\$ -	\$ -	68%	68%	0%	Not Filed
OC	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
OH	26	\$ 6,573	\$ 63,772	\$ 2,706	208%	208%	208%	Not Filed
OK	88	\$ 122,564	\$ 37,253	\$ 1,816	109%	112%	109%	Not Filed
ON	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
OR	-	\$ -	\$ -	\$ -	20%	20%	0%	Not Filed
PA	338	\$ 124,083	\$ 917,340	\$ 3,081	187%	183%	184%	Not Filed
RI	5	\$ -	\$ 5,365	\$ 1,073	20%	20%	20%	Not Filed
SC	676	\$ 772,154	\$ 704,732	\$ 2,185	145%	252%	186%	Not Filed
SD	34	\$ 3,066	\$ 77,063	\$ 2,357	51%	130%	125%	Not Filed
TN	267	\$ 218,388	\$ 358,016	\$ 2,159	88%	163%	128%	Not Filed
TX	509	\$ 307,159	\$ 1,316,267	\$ 3,189	194%	256%	242%	Not Filed
UT	12	\$ -	\$ 13,051	\$ 1,088	0%	0%	0%	Not Filed
VA	460	\$ 346,369	\$ 969,187	\$ 2,860	92%	161%	138%	Pending - Requested 75% average rate increase
VI	-	\$ -	\$ -	\$ -	0%	0%	0%	Not Filed
VT	-	\$ -	\$ -	\$ -	25%	25%	0%	Not Filed
WA	-	\$ -	\$ -	\$ -	76%	76%	0%	Not Filed
WI	91	\$ 27,248	\$ 140,643	\$ 1,845	74%	74%	74%	Not Filed
WV	9	\$ 5,591	\$ 16,656	\$ 2,472	45%	45%	45%	Not Filed
WY	-	\$ -	\$ -	\$ -	51%	51%	0%	Not Filed
Total	8,623	10,175,333	13,820,790	2,783				

	No Inflation	Compound Inflation	Average
Nationwide Cumulative Approved (Original Premium Weighted):	160%	152%	155%

Exhibit 2b
Continental General Insurance Company
Nationwide Historic Experience by Calendar and Issue Year
Currently Active, Premium Paying Non-Inflation Policies Only
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Issue Year	Premium	Original Rate Level Premium	VA Rate Level Premium	Incurred Claims	Reserves	IBNR	Total Incurred Claims	Loss Ratio	Calendar Year Duration
1994	1994	-	-	-	-	-	-	-	0%	1
1995	1994	-	-	-	-	-	-	-	0%	2
1995	1995	-	-	-	-	-	-	-	0%	1
1996	1994	-	-	-	-	-	-	-	0%	3
1996	1995	-	-	-	-	-	-	-	0%	2
1996	1996	-	-	-	-	-	-	-	0%	1
1997	1994	-	-	-	-	-	-	-	0%	4
1997	1995	-	-	-	-	-	-	-	0%	3
1997	1996	-	-	-	-	-	-	-	0%	2
1997	1997	16,032	16,032	16,032	1,381	128,778	-	130,159	812%	1
1998	1994	-	-	-	-	-	-	-	0%	5
1998	1995	-	-	-	-	-	-	-	0%	4
1998	1996	-	-	-	-	-	-	-	0%	3
1998	1997	94,883	94,883	94,883	-	-	-	-	0%	2
1998	1998	237,980	237,980	237,980	1,340	-	-	1,340	1%	1
1999	1994	-	-	-	-	-	-	-	0%	6
1999	1995	-	-	-	-	-	-	-	0%	5
1999	1996	-	-	-	-	-	-	-	0%	4
1999	1997	91,969	91,969	91,969	-	-	-	-	0%	3
1999	1998	345,534	345,534	345,534	-	-	-	-	0%	2
1999	1999	415,958	415,958	415,958	6,920	-	-	6,920	2%	1
2000	1994	-	-	-	-	-	-	-	0%	7
2000	1995	-	-	-	-	-	-	-	0%	6
2000	1996	-	-	-	-	-	-	-	0%	5
2000	1997	92,251	92,251	92,251	-	-	-	-	0%	4
2000	1998	329,917	329,917	329,917	23,880	-	-	23,880	7%	3
2000	1999	624,727	624,727	624,727	24,763	-	-	24,763	4%	2
2000	2000	655,878	655,878	655,878	1,722	-	-	1,722	0%	1
2001	1994	-	-	-	-	-	-	-	0%	8
2001	1995	-	-	-	-	-	-	-	0%	7
2001	1996	-	-	-	-	-	-	-	0%	6
2001	1997	91,831	91,831	91,831	-	-	-	-	0%	5
2001	1998	313,513	313,513	313,513	-	-	-	-	0%	4
2001	1999	606,689	606,689	606,689	18,600	-	-	18,600	3%	3
2001	2000	969,113	969,113	969,113	11,589	-	-	11,589	1%	2
2001	2001	878,778	878,778	878,778	2,394	-	-	2,394	0%	1
2002	1994	-	-	-	-	-	-	-	0%	9
2002	1995	-	-	-	-	-	-	-	0%	8
2002	1996	-	-	-	-	-	-	-	0%	7
2002	1997	96,616	96,616	96,616	-	-	-	-	0%	6
2002	1998	345,248	345,248	345,248	17,105	-	-	17,105	5%	5
2002	1999	613,101	613,101	613,101	106,022	-	-	106,022	17%	4
2002	2000	933,498	933,498	933,498	34,544	-	-	34,544	4%	3
2002	2001	1,273,800	1,273,800	1,273,800	7,150	-	-	7,150	1%	2
2002	2002	712,869	712,869	712,869	18,680	-	-	18,680	3%	1
2003	1994	-	-	-	-	-	-	-	0%	10
2003	1995	-	-	-	-	-	-	-	0%	9
2003	1996	-	-	-	-	-	-	-	0%	8
2003	1997	95,253	91,047	91,047	11,616	-	-	11,616	12%	7
2003	1998	336,386	328,161	328,161	15,400	-	-	15,400	5%	6
2003	1999	622,228	606,104	606,104	35,476	-	-	35,476	6%	5
2003	2000	940,173	921,925	921,925	76	-	-	76	0%	4
2003	2001	1,236,231	1,212,914	1,212,914	31,180	-	-	31,180	3%	3
2003	2002	883,187	870,855	870,855	46,343	-	-	46,343	5%	2
2003	2003	25,458	25,458	25,458	-	-	-	-	0%	1
2004	1994	-	-	-	-	-	-	-	0%	11
2004	1995	-	-	-	-	-	-	-	0%	10
2004	1996	-	-	-	-	-	-	-	0%	9
2004	1997	110,579	99,034	99,034	-	-	-	-	0%	8
2004	1998	362,894	330,805	330,805	19,622	-	-	19,622	5%	7
2004	1999	659,813	603,221	603,221	38,224	-	-	38,224	6%	6
2004	2000	1,001,698	921,371	921,371	42,572	-	-	42,572	4%	5
2004	2001	1,307,451	1,209,612	1,209,612	16,758	-	-	16,758	1%	4
2004	2002	928,185	871,489	871,489	22,608	-	-	22,608	2%	3
2004	2003	19,406	19,406	19,406	-	-	-	-	0%	2
2004	2004	347	347	347	-	-	-	-	0%	1
2005	1994	-	-	-	-	-	-	-	0%	12
2005	1995	-	-	-	-	-	-	-	0%	11
2005	1996	-	-	-	-	-	-	-	0%	10
2005	1997	107,854	95,209	95,209	7,523	-	-	7,523	7%	9
2005	1998	378,938	336,158	336,158	402	-	-	402	0%	8
2005	1999	689,497	614,016	614,016	26,575	-	-	26,575	4%	7
2005	2000	1,043,502	931,519	931,519	77,118	-	-	77,118	7%	6
2005	2001	1,367,994	1,222,403	1,222,403	15,866	-	-	15,866	1%	5
2005	2002	956,298	859,192	859,192	8,516	-	-	8,516	1%	4
2005	2003	25,452	25,452	25,452	-	-	-	-	0%	3
2005	2004	520	520	520	-	-	-	-	0%	2
2005	2005	-	-	-	-	-	-	-	0%	1
2006	1994	-	-	-	-	-	-	-	0%	13
2006	1995	-	-	-	-	-	-	-	0%	12
2006	1996	-	-	-	-	-	-	-	0%	11
2006	1997	106,428	89,382	89,382	-	-	-	-	0%	10
2006	1998	394,372	336,735	336,735	8,804	-	-	8,804	2%	9
2006	1999	708,626	608,017	608,017	28,766	-	-	28,766	4%	8
2006	2000	1,087,866	941,533	941,533	20,295	-	-	20,295	2%	7
2006	2001	1,415,856	1,231,669	1,231,669	13,119	-	-	13,119	1%	6
2006	2002	988,359	874,462	874,462	17,361	-	-	17,361	2%	5
2006	2003	21,874	21,723	21,723	-	-	-	-	0%	4
2006	2004	520	520	520	-	-	-	-	0%	3
2006	2005	-	-	-	-	-	-	-	0%	2
2006	2006	-	-	-	-	-	-	-	0%	1
2007	1994	-	-	-	-	-	-	-	0%	14
2007	1995	-	-	-	-	-	-	-	0%	13
2007	1996	-	-	-	-	-	-	-	0%	12
2007	1997	123,610	100,370	100,370	-	-	-	-	0%	11
2007	1998	414,624	339,020	339,020	1,980	-	-	1,980	0%	10
2007	1999	741,819	610,082	610,082	32,602	-	-	32,602	4%	9
2007	2000	1,136,955	941,921	941,921	148,306	-	-	148,306	13%	8
2007	2001	1,488,411	1,240,380	1,240,380	34,694	-	-	34,694	2%	7
2007	2002	1,039,700	874,289	874,289	218,670	-	-	218,670	21%	6
2007	2003	22,065	21,874	21,874	-	-	-	-	0%	5
2007	2004	555	504	504	-	-	-	-	0%	4
2007	2005	-	-	-	-	-	-	-	0%	3
2007	2006	-	-	-	-	-	-	-	0%	2
2007	2007	-	-	-	-	-	-	-	0%	1
2008	1994	-	-	-	-	-	-	-	0%	15
2008	1995	-	-	-	-	-	-	-	0%	14
2008	1996	-	-	-	-	-	-	-	0%	13
2008	1997	122,816	99,244	99,244	-	-	-	-	0%	12
2008	1998	421,618	343,719	343,719	65,874	-	-	65,874	16%	11
2008	1999	758,426	619,745	619,745	17,998	-	-	17,998	2%	10
2008	2000	1,152,227	949,083	949,083	68,703	-	-	68,703	6%	9
2008	2001	1,514,805	1,254,387	1,254,387	227,554	144,299	-	371,853	25%	8
2008	2002	1,078,331	903,099	903,099	2,066	-	-	2,066	0%	7
2008	2003	22,337	21,971	21,971	-	-	-	-	0%	6
2008	2004	572	520	520	-	-	-	-	0%	5
2008	2005	-	-	-	-	-	-	-	0%	4
2008	2006	-	-	-	-	-	-	-	0%	3
2008	2007	-	-	-	-	-	-	-	0%	2
2008	2008	-	-	-	-	-	-	-	0%	1

Exhibit 2c
Continental General Insurance Company
Nationwide Historic Experience by Calendar and Issue Year
All Compound Inflation Policies Combined
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Issue Year	Premium	Original Rate Level Premium	VA Rate Level Premium	Incurred Claims	Reserves	IBNR	Total Incurred Claims	Loss Ratio	Calendar Year Duration
1994	1994	-	-	-	-	-	-	-	0%	1
1995	1994	-	-	-	-	-	-	-	0%	2
1995	1995	-	-	-	-	-	-	-	0%	1
1996	1994	-	-	-	-	-	-	-	0%	3
1996	1995	-	-	-	-	-	-	-	0%	2
1996	1996	9,540	9,540	9,540	-	-	-	-	0%	1
1997	1994	-	-	-	-	-	-	-	0%	4
1997	1995	-	-	-	-	-	-	-	0%	3
1997	1996	-	-	-	-	-	-	-	0%	2
1997	1997	61,765	61,765	61,765	-	-	-	-	0%	1
1998	1994	-	-	-	-	-	-	-	0%	5
1998	1995	-	-	-	-	-	-	-	0%	4
1998	1996	-	-	-	-	-	-	-	0%	3
1998	1997	266,362	266,362	266,362	-	-	-	-	0%	2
1998	1998	1,126,801	1,126,801	1,126,801	-	-	-	-	0%	1
1999	1994	-	-	-	-	-	-	-	0%	6
1999	1995	-	-	-	-	-	-	-	0%	5
1999	1996	-	-	-	-	-	-	-	0%	4
1999	1997	248,740	248,740	248,740	3,827	-	-	3,827	2%	3
1999	1998	1,617,029	1,617,029	1,617,029	13,665	-	-	13,665	1%	2
1999	1999	2,001,826	2,001,826	2,001,826	995	-	-	995	0%	1
2000	1994	-	-	-	-	-	-	-	0%	7
2000	1995	-	-	-	-	-	-	-	0%	6
2000	1996	-	-	-	-	-	-	-	0%	5
2000	1997	245,119	245,119	245,119	-	-	-	-	0%	4
2000	1998	1,441,487	1,441,487	1,441,487	96	-	-	96	0%	3
2000	1999	2,116,097	2,116,097	2,116,097	20,957	-	-	20,957	1%	2
2000	2000	3,524,453	3,524,453	3,524,453	487,439	-	-	487,439	12%	1
2001	1994	-	-	-	-	-	-	-	0%	8
2001	1995	-	-	-	-	-	-	-	0%	7
2001	1996	-	-	-	-	-	-	-	0%	6
2001	1997	244,555	244,555	244,555	-	-	-	-	0%	5
2001	1998	1,363,162	1,363,162	1,363,162	84,921	-	-	84,921	6%	4
2001	1999	1,981,218	1,981,218	1,981,218	903,743	-	-	903,743	46%	3
2001	2000	4,166,981	4,166,981	4,166,981	115,113	-	-	115,113	3%	2
2001	2001	4,877,631	4,877,631	4,877,631	10,727	-	-	10,727	0%	1
2002	1994	-	-	-	-	-	-	-	0%	9
2002	1995	-	-	-	-	-	-	-	0%	8
2002	1996	-	-	-	-	-	-	-	0%	7
2002	1997	241,650	241,650	241,650	-	-	-	-	0%	6
2002	1998	1,350,389	1,350,389	1,350,389	164,398	-	-	164,398	12%	5
2002	1999	1,970,774	1,970,774	1,970,774	257,842	-	-	257,842	13%	4
2002	2000	3,844,715	3,844,715	3,844,715	221,470	-	-	221,470	6%	3
2002	2001	6,285,039	6,285,039	6,285,039	281,523	-	-	281,523	4%	2
2002	2002	5,222,709	5,222,709	5,222,709	1,059,437	433,116	-	1,492,553	29%	1
2003	1994	-	-	-	-	-	-	-	0%	10
2003	1995	-	-	-	-	-	-	-	0%	9
2003	1996	-	-	-	-	-	-	-	0%	8
2003	1997	242,146	236,033	236,033	122,485	-	-	122,485	51%	7
2003	1998	1,315,732	1,303,659	1,303,659	399,122	-	-	399,122	30%	6
2003	1999	1,906,133	1,885,318	1,885,318	1,365,560	-	-	1,365,560	72%	5
2003	2000	3,776,393	3,740,918	3,740,918	613,776	-	-	613,776	16%	4
2003	2001	5,838,118	5,786,030	5,786,030	282,836	-	-	282,836	5%	3
2003	2002	5,080,776	5,067,454	5,067,454	594,777	-	-	594,777	12%	2
2003	2003	514,999	514,999	514,999	-	-	-	-	0%	1
2004	1994	-	-	-	-	-	-	-	0%	11
2004	1995	-	-	-	-	-	-	-	0%	10
2004	1996	-	-	-	-	-	-	-	0%	9
2004	1997	253,222	235,186	235,186	519,842	-	-	519,842	205%	8
2004	1998	1,303,884	1,241,767	1,241,767	536,118	-	-	536,118	41%	7
2004	1999	1,947,325	1,844,175	1,844,175	280,611	-	-	280,611	14%	6
2004	2000	3,764,516	3,602,122	3,602,122	1,728,542	-	-	1,728,542	46%	5
2004	2001	5,833,148	5,600,314	5,600,314	228,697	-	-	228,697	4%	4
2004	2002	5,070,265	4,946,472	4,946,472	411,379	-	-	411,379	8%	3
2004	2003	529,551	529,551	529,551	574	-	-	574	0%	2
2004	2004	-	-	-	-	-	-	-	0%	1
2005	1994	-	-	-	-	-	-	-	0%	12
2005	1995	-	-	-	-	-	-	-	0%	11
2005	1996	-	-	-	-	-	-	-	0%	10
2005	1997	249,723	228,577	228,577	150,520	-	-	150,520	60%	9
2005	1998	1,292,245	1,225,065	1,225,065	1,630,685	409,233	-	2,039,918	158%	8
2005	1999	1,949,697	1,821,327	1,821,327	952,850	-	-	952,850	49%	7
2005	2000	3,703,810	3,507,684	3,507,684	599,581	-	-	599,581	16%	6
2005	2001	5,777,250	5,468,769	5,468,769	1,238,584	-	-	1,238,584	21%	5
2005	2002	4,966,430	4,773,895	4,773,895	925,004	-	-	925,004	19%	4
2005	2003	527,504	526,954	526,954	-	-	-	-	0%	3
2005	2004	-	-	-	-	-	-	-	0%	2
2005	2005	-	-	-	-	-	-	-	0%	1
2006	1994	-	-	-	-	-	-	-	0%	13
2006	1995	-	-	-	-	-	-	-	0%	12
2006	1996	-	-	-	-	-	-	-	0%	11
2006	1997	260,452	223,315	223,315	128,143	-	-	128,143	49%	10
2006	1998	1,277,715	1,177,229	1,177,229	507,067	-	-	507,067	40%	9
2006	1999	1,956,079	1,756,165	1,756,165	1,095,119	-	-	1,095,119	56%	8
2006	2000	3,697,131	3,374,643	3,374,643	221,223	-	-	221,223	6%	7
2006	2001	5,642,792	5,195,927	5,195,927	565,827	-	-	565,827	10%	6
2006	2002	4,962,579	4,716,863	4,716,863	856,790	-	-	856,790	17%	5
2006	2003	513,182	512,621	512,621	-	-	-	-	0%	4
2006	2004	-	-	-	-	-	-	-	0%	3
2006	2005	-	-	-	-	-	-	-	0%	2
2006	2006	-	-	-	-	-	-	-	0%	1
2007	1994	-	-	-	-	-	-	-	0%	14
2007	1995	-	-	-	-	-	-	-	0%	13
2007	1996	-	-	-	-	-	-	-	0%	12
2007	1997	238,386	192,570	192,570	281,910	-	-	281,910	118%	11
2007	1998	1,300,731	1,139,701	1,139,701	1,839,348	497,022	-	2,336,370	180%	10
2007	1999	2,003,098	1,699,149	1,699,149	684,688	9,260	-	693,948	35%	9
2007	2000	3,759,995	3,248,398	3,248,398	224,733	-	-	224,733	6%	8
2007	2001	5,698,272	4,987,107	4,987,107	1,267,687	-	-	1,267,687	22%	7
2007	2002	5,054,596	4,556,371	4,556,371	1,162,515	-	-	1,162,515	23%	6
2007	2003	496,810	490,939	490,939	-	-	-	-	0%	5
2007	2004	-	-	-	-	-	-	-	0%	4
2007	2005	-	-	-	-	-	-	-	0%	3
2007	2006	-	-	-	-	-	-	-	0%	2
2007	2007	-	-	-	-	-	-	-	0%	1
2008	1994	-	-	-	-	-	-	-	0%	15
2008	1995	-	-	-	-	-	-	-	0%	14
2008	1996	-	-	-	-	-	-	-	0%	13
2008	1997	227,158	179,415	179,415	351,583	-	-	351,583	155%	12
2008	1998	1,094,131	941,026	941,026	678,062	-	-	678,062	62%	11
2008	1999	2,027,219	1,702,078	1,702,078	1,419,184	-	-	1,419,184	70%	10
2008	2000	3,712,829	3,184,793	3,184,793	1,673,241	339,826	-	2,013,067	54%	9
2008	2001	5,720,807	4,955,539	4,955,539	1,405,174	-	-	1,405,174	25%	8
2008	2002	4,975,083	4,467,739	4,467,739	523,883	-	-	523,883	11%	7
2008	2003	496,411	489,756	489,756	-	-	-	-	0%	6
2008	2004	-	-	-	-	-	-	-	0%	5
2008	2005	-	-	-	-	-	-	-	0%	4
2008	2006	-	-	-	-	-	-	-	0%	3
2008	2007	-	-	-	-	-	-	-	0%	2
2008	2008	-	-	-	-	-	-	-	0%	1

Exhibit 2d
 Continental General Insurance Company
 Nationwide Historic Experience by Calendar and Issue Year
 Currently Active, Premium Paying Compound Inflation Policies Only
 Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Issue Year	Premium	Original Rate Level Premium	VA Rate Level Premium	Incurred Claims	Reserves	IBNR	Total Incurred Claims	Loss Ratio	Calendar Year Duration
1994	1994	-	-	-	-	-	-	-	0%	1
1995	1994	-	-	-	-	-	-	-	0%	2
1995	1995	-	-	-	-	-	-	-	0%	1
1996	1994	-	-	-	-	-	-	-	0%	3
1996	1995	-	-	-	-	-	-	-	0%	2
1996	1996	-	-	-	-	-	-	-	0%	1
1997	1994	-	-	-	-	-	-	-	0%	4
1997	1995	-	-	-	-	-	-	-	0%	3
1997	1996	-	-	-	-	-	-	-	0%	2
1997	1997	5,484	5,484	5,484	-	-	-	-	0%	1
1998	1994	-	-	-	-	-	-	-	0%	5
1998	1995	-	-	-	-	-	-	-	0%	4
1998	1996	-	-	-	-	-	-	-	0%	3
1998	1997	48,136	48,136	48,136	-	-	-	-	0%	2
1998	1998	210,814	210,814	210,814	-	-	-	-	0%	1
1999	1994	-	-	-	-	-	-	-	0%	6
1999	1995	-	-	-	-	-	-	-	0%	5
1999	1996	-	-	-	-	-	-	-	0%	4
1999	1997	47,423	47,423	47,423	3,253	-	-	3,253	7%	3
1999	1998	320,886	320,886	320,886	-	-	-	-	0%	2
1999	1999	319,405	319,405	319,405	-	-	-	-	0%	1
2000	1994	-	-	-	-	-	-	-	0%	7
2000	1995	-	-	-	-	-	-	-	0%	6
2000	1996	-	-	-	-	-	-	-	0%	5
2000	1997	48,224	48,224	48,224	-	-	-	-	0%	4
2000	1998	313,599	313,599	313,599	-	-	-	-	0%	3
2000	1999	495,784	495,784	495,784	502	-	-	502	0%	2
2000	2000	579,429	579,429	579,429	4,067	-	-	4,067	1%	1
2001	1994	-	-	-	-	-	-	-	0%	8
2001	1995	-	-	-	-	-	-	-	0%	7
2001	1996	-	-	-	-	-	-	-	0%	6
2001	1997	47,836	47,836	47,836	-	-	-	-	0%	5
2001	1998	314,771	314,771	314,771	-	-	-	-	0%	4
2001	1999	475,714	475,714	475,714	105	-	-	105	0%	3
2001	2000	883,377	883,377	883,377	907	-	-	907	0%	2
2001	2001	1,096,825	1,096,825	1,096,825	-	-	-	-	0%	1
2002	1994	-	-	-	-	-	-	-	0%	9
2002	1995	-	-	-	-	-	-	-	0%	8
2002	1996	-	-	-	-	-	-	-	0%	7
2002	1997	47,785	47,785	47,785	-	-	-	-	0%	6
2002	1998	314,784	314,784	314,784	-	-	-	-	0%	5
2002	1999	489,249	489,249	489,249	32,803	-	-	32,803	7%	4
2002	2000	864,406	864,406	864,406	22,074	-	-	22,074	3%	3
2002	2001	1,666,600	1,666,600	1,666,600	600	-	-	600	0%	2
2002	2002	1,417,634	1,417,634	1,417,634	13,788	-	-	13,788	1%	1
2003	1994	-	-	-	-	-	-	-	0%	10
2003	1995	-	-	-	-	-	-	-	0%	9
2003	1996	-	-	-	-	-	-	-	0%	8
2003	1997	48,116	46,875	46,875	-	-	-	-	0%	7
2003	1998	313,490	310,664	310,664	-	-	-	-	0%	6
2003	1999	482,691	477,118	477,118	-	-	-	-	0%	5
2003	2000	862,308	855,021	855,021	4,788	-	-	4,788	1%	4
2003	2001	1,608,055	1,597,391	1,597,391	8,861	-	-	8,861	0%	3
2003	2002	1,846,207	1,841,243	1,841,243	9,102	-	-	9,102	0%	2
2003	2003	299,652	299,652	299,652	-	-	-	-	0%	1
2004	1994	-	-	-	-	-	-	-	0%	11
2004	1995	-	-	-	-	-	-	-	0%	10
2004	1996	-	-	-	-	-	-	-	0%	9
2004	1997	55,746	51,840	51,840	2,928	-	-	2,928	5%	8
2004	1998	326,057	309,020	309,020	-	-	-	-	0%	7
2004	1999	502,145	473,877	473,877	-	-	-	-	0%	6
2004	2000	887,487	847,618	847,618	2,544	-	-	2,544	0%	5
2004	2001	1,650,273	1,588,977	1,588,977	6,975	-	-	6,975	0%	4
2004	2002	1,862,526	1,825,393	1,825,393	-	-	-	-	0%	3
2004	2003	311,122	311,122	311,122	574	-	-	574	0%	2
2004	2004	-	-	-	-	-	-	-	0%	1
2005	1994	-	-	-	-	-	-	-	0%	12
2005	1995	-	-	-	-	-	-	-	0%	11
2005	1996	-	-	-	-	-	-	-	0%	10
2005	1997	53,643	48,940	48,940	-	-	-	-	0%	9
2005	1998	331,304	312,096	312,096	-	-	-	-	0%	8
2005	1999	518,178	482,594	482,594	-	-	-	-	0%	7
2005	2000	913,966	861,142	861,142	19,856	-	-	19,856	2%	6
2005	2001	1,672,563	1,588,998	1,588,998	2,224	-	-	2,224	0%	5
2005	2002	1,865,147	1,809,463	1,809,463	26,098	-	-	26,098	1%	4
2005	2003	321,630	321,320	321,320	-	-	-	-	0%	3
2005	2004	-	-	-	-	-	-	-	0%	2
2005	2005	-	-	-	-	-	-	-	0%	1
2006	1994	-	-	-	-	-	-	-	0%	13
2006	1995	-	-	-	-	-	-	-	0%	12
2006	1996	-	-	-	-	-	-	-	0%	11
2006	1997	55,093	46,930	46,930	-	-	-	-	0%	10
2006	1998	338,373	310,388	310,388	-	-	-	-	0%	9
2006	1999	525,783	467,795	467,795	1,127	-	-	1,127	0%	8
2006	2000	934,927	855,016	855,016	13,405	-	-	13,405	1%	7
2006	2001	1,705,218	1,572,156	1,572,156	28,743	-	-	28,743	2%	6
2006	2002	1,903,553	1,815,790	1,815,790	5,120	-	-	5,120	0%	5
2006	2003	316,740	316,420	316,420	-	-	-	-	0%	4
2006	2004	-	-	-	-	-	-	-	0%	3
2006	2005	-	-	-	-	-	-	-	0%	2
2006	2006	-	-	-	-	-	-	-	0%	1
2007	1994	-	-	-	-	-	-	-	0%	14
2007	1995	-	-	-	-	-	-	-	0%	13
2007	1996	-	-	-	-	-	-	-	0%	12
2007	1997	59,901	47,636	47,636	-	-	-	-	0%	11
2007	1998	352,516	306,370	306,370	-	-	-	-	0%	10
2007	1999	565,585	473,674	473,674	-	-	-	-	0%	9
2007	2000	978,199	852,573	852,573	-	-	-	-	0%	8
2007	2001	1,801,755	1,581,704	1,581,704	2,900	-	-	2,900	0%	7
2007	2002	1,968,945	1,804,662	1,804,662	7,700	-	-	7,700	0%	6
2007	2003	312,553	308,110	308,110	-	-	-	-	0%	5
2007	2004	-	-	-	-	-	-	-	0%	4
2007	2005	-	-	-	-	-	-	-	0%	3
2007	2006	-	-	-	-	-	-	-	0%	2
2007	2007	-	-	-	-	-	-	-	0%	1
2008	1994	-	-	-	-	-	-	-	0%	15
2008	1995	-	-	-	-	-	-	-	0%	14
2008	1996	-	-	-	-	-	-	-	0%	13
2008	1997	60,727	48,172	48,172	-	-	-	-	0%	12
2008	1998	366,291	312,320	312,320	-	-	-	-	0%	11
2008	1999	572,370	474,039	474,039	26,574	-	-	26,574	5%	10
2008	2000	990,700	854,684	854,684	5,958	-	-	5,958	1%	9
2008	2001	1,828,286	1,586,369	1,586,369	36,690	-	-	36,690	2%	8
2008	2002	2,003,970	1,829,841	1,829,841	110,270	-	-	110,270	6%	7
2008	2003	321,626	316,895	316,895	-	-	-	-	0%	6
2008	2004	-	-	-	-	-	-	-	0%	5
2008	2005	-	-	-	-	-	-	-	0%	4
2008	2006	-	-	-	-	-	-	-	0%	3
2008	2007	-	-	-	-	-	-	-	0%	2
2008	2008	-	-	-	-	-	-	-	0%	1

Exhibit 4b
Continental General Insurance Company
Virginia Experience
Currently* Active, Premium Paying Non-Inflation Policies Only
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Without Proposed Rate Increase									With Proposed 75% Rate Increase		
	Premium			By Incurred Year						Incurred Loss Ratio		
	Actual	Original Rtlvl	VA Rate Level	Pd Clms	Clm Res	IBNR	Inc Clms	Actual	VA Rate Level	Premium VA Rate Level	Incurred Claims	Inc'd LR VA Rate Level
1997	-	-	-	-	-	-	-	0%	0%	-	-	0%
1998	-	-	-	-	-	-	-	0%	#DIV/0!	-	-	#DIV/0!
1999	2,184	2,184	2,184	-	-	-	-	0%	0%	2,184	-	0%
2000	18,780	18,780	18,780	-	-	-	-	0%	0%	18,780	-	0%
2001	78,572	78,572	78,572	567	-	-	567	1%	1%	78,572	567	1%
2002	173,123	173,123	173,123	-	-	-	-	0%	0%	173,123	-	0%
2003	196,362	196,362	196,362	-	-	-	-	0%	0%	196,362	-	0%
2004	198,139	198,139	198,139	-	-	-	-	0%	0%	198,139	-	0%
2005	192,741	192,741	192,741	-	-	-	-	0%	0%	192,741	-	0%
2006	198,178	198,178	198,178	-	-	-	-	0%	0%	198,178	-	0%
2007	198,174	198,174	198,174	-	-	-	-	0%	0%	198,174	-	0%
2008	198,853	198,853	198,853	-	-	-	-	0%	0%	198,853	-	0%
2009	197,778	197,778	197,778	-	-	-	-	0%	0%	197,778	-	0%
2010	226,230	190,563	226,230	2,619	-	-	2,619	1%	1%	226,230	2,619	1%
2011	294,193	183,871	294,193	-	-	-	-	0%	0%	294,193	-	0%
2012	298,597	186,623	298,597	-	-	-	-	0%	0%	298,597	-	0%
2013	296,383	185,239	296,383	-	-	-	-	0%	0%	296,383	-	0%
2014	292,740	182,963	292,740	-	-	-	-	0%	0%	292,740	-	0%
2015	290,764	181,727	290,764	3,732	-	-	3,732	1%	1%	290,764	3,732	1%
2016	288,861	180,538	288,861	-	-	-	-	0%	0%	288,861	-	0%
2017	294,521	180,816	294,521	194,539	-	-	194,539	66%	66%	294,521	194,539	66%
2018	322,121	167,771	322,121	-	-	-	-	0%	0%	322,121	-	0%
2019	331,975	172,904	331,975	3,158	-	0	3,158	1%	1%	331,975	3,158	1%
2020	331,971	172,902	331,971	520	-	3,953	4,473	1%	1%	331,971	4,473	1%
2021	327,108	170,369	327,108	6,250	434,660	27,718	468,628	143%	143%	327,108	468,628	143%
2022	322,304	167,867	322,304	-	-	-	1,120,113	347.5%	348%	322,304	1,120,113	347.5%
2023	297,514	154,955	297,514	-	-	-	1,112,198	373.8%	374%	297,514	1,110,025	370.3%
2024	271,760	141,542	271,760	-	-	-	1,077,844	396.6%	397%	271,760	988,686	362.7%
2025	245,594	127,913	245,594	-	-	-	1,027,097	418.2%	418%	245,594	902,121	367.8%
2026	219,427	114,285	219,427	-	-	-	964,973	439.8%	440%	219,427	850,711	388.4%
2027	193,875	100,976	193,875	-	-	-	891,872	460.0%	460%	193,875	788,664	407.4%
2028	169,609	88,338	169,609	-	-	-	818,471	482.6%	483%	169,609	725,571	428.1%
2029	147,052	76,589	147,052	-	-	-	737,353	501.4%	501%	147,052	655,304	445.7%
2030	126,499	65,885	126,499	-	-	-	659,977	521.7%	522%	126,499	588,431	465.4%
2031	108,027	56,264	108,027	-	-	-	583,712	540.3%	540%	108,027	522,980	483.7%
2032	91,548	47,681	91,548	-	-	-	514,462	562.0%	562%	91,548	463,217	505.8%
2033	77,010	40,109	77,010	-	-	-	451,943	586.9%	587%	77,010	407,639	529.3%
2034	64,283	33,481	64,283	-	-	-	394,399	613.5%	614%	64,283	355,923	553.7%
2035	53,293	27,757	53,293	-	-	-	342,874	643.4%	643%	53,293	309,357	580.8%
2036	43,902	22,866	43,902	-	-	-	293,994	669.7%	670%	43,902	265,176	603.8%
2037	35,936	18,717	35,936	-	-	-	251,038	698.6%	699%	35,936	226,369	630.0%
2038	29,200	15,208	29,200	-	-	-	211,800	725.4%	725%	29,200	191,065	654.3%
2039	23,546	12,263	23,546	-	-	-	176,293	748.7%	749%	23,546	159,183	676.5%
2040	18,837	9,811	18,837	-	-	-	144,210	765.6%	766%	18,837	130,407	713.6%
2041	14,933	7,778	14,933	-	-	-	115,301	772.1%	772%	14,933	104,506	751.0%
2042	11,736	6,112	11,736	-	-	-	90,263	769.1%	769%	11,736	82,064	740.0%
2043	9,140	4,760	9,140	-	-	-	68,393	748.3%	748%	9,140	62,465	711.5%
2044	7,054	3,674	7,054	-	-	-	50,297	713.1%	713%	7,054	46,219	685.7%
2045	5,386	2,805	5,386	-	-	-	35,478	658.8%	659%	5,386	32,888	641.9%
2046	4,068	2,118	4,068	-	-	-	24,508	602.5%	603%	4,068	22,958	618.1%
2047	3,041	1,584	3,041	-	-	-	16,823	553.2%	553%	3,041	15,939	598.3%
2048	2,248	1,171	2,248	-	-	-	11,293	502.4%	502%	2,248	10,849	571.7%
2049	1,643	856	1,643	-	-	-	7,531	458.4%	458%	1,643	7,343	540.9%
2050	1,187	618	1,187	-	-	-	4,905	413.3%	413%	1,187	4,870	593.4%
2051	847	441	847	-	-	-	3,164	373.6%	374%	847	3,203	580.0%
2052	597	311	597	-	-	-	2,037	340.9%	341%	597	2,103	537.5%
2053	416	217	416	-	-	-	1,339	321.7%	322%	416	1,398	504.3%
2054	287	149	287	-	-	-	888	309.6%	310%	287	928	532.4%
2055	195	101	195	-	-	-	597	306.3%	306%	195	626	523.6%
2056	131	68	131	-	-	-	425	324.3%	324%	131	443	536.6%
2057	87	45	87	-	-	-	310	355.1%	355%	87	319	580.5%
2058	57	30	57	-	-	-	234	407.6%	408%	57	236	570.0%
2059	37	19	37	-	-	-	161	433.4%	433%	37	162	543.5%
2060	24	12	24	-	-	-	112	467.4%	467%	24	111	540.9%
2061	15	8	15	-	-	-	71	467.8%	468%	15	70	514.3%
2062	9	5	9	-	-	-	46	487.2%	487%	9	45	500.0%
2063	6	3	6	-	-	-	17	302.6%	303%	6	19	526.3%
2064	3	2	3	-	-	-	8	237.1%	237%	3	9	500.0%
2065	2	1	2	-	-	-	1	38.6%	39%	2	2	500.0%
2066	1	1	1	-	-	-	(5)	-536.1%	-536%	1	-4	-264.0%
2067	0	0	0	-	-	-	0	52.3%	52%	0	0	70.9%
2068	0	0	0	-	-	-	2	683.3%	683%	0	2	431.1%
2069	0	0	0	-	-	-	1	1021.4%	1021%	0	1	629.6%
2070	0	0	0	-	-	-	1	2200.0%	2200%	0	1	1278.7%
2071	0	0	0	-	-	-	(0)	-2900.0%	-2900%	0	0	-1650.7%
2072	0	0	0	-	-	-	(0)	-1300.0%	-1300%	0	0	-742.9%
2073	-	0	0	-	-	-	(0)	0.0%	0%	0	0	0.0%
2074	-	0	0	-	-	-	(0)	0.0%	0%	0	0	0.0%
2075	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
2076	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
2077	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
2078	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
2079	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
2080	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%
Without Interest												
Past	5,248,349	3,809,169	5,248,349	211,386	434,660	31,671	677,717	12.9%	12.9%	5,248,349	677,717	12.9%
Future	2,602,364	1,355,398	2,602,364	-	-	-	12,208,823	469.1%	469.1%	3,550,473	11,160,717	314.3%
Lifetime	7,850,714	5,164,567	7,850,714	-	-	-	12,886,541	164.1%	164.1%	8,798,823	11,838,434	134.5%
With 4.5% Interest												
Past	8,080,161	6,251,904	8,080,161	258,337	444,332	32,558	735,227	9.1%	9.1%	8,080,161	735,227	9.1%
Future	2,040,246	1,062,628	2,040,246	-	-	-	9,167,616	449.3%	449.3%	2,724,690	8,420,852	309.1%
Lifetime	10,120,407	7,314,532	10,120,407	-	-	-	9,902,843	97.9%	97.9%	10,804,851	9,156,079	84.7%

*As of 12/31/2021

Exhibit 4d
Continental General Insurance Company
Virginia Experience
Currently* Active, Premium Paying Compound Inflation Policies Only
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Without Proposed Rate Increase									With Proposed 75% Rate Increase			
	Premium			By Incurral Year					Incurred Loss Ratio		Premium	Incurred	Incld LR VA
	Actual	Original RTLvl	VA Rate Level	Pd Clms	Clm Res	IBNR	Inc Clms	Actual	VA Rate Level	VA Rate Level	Claims	Rate Level	
1997	-	-	-	-	-	-	-	0%	0%	-	-	0%	
1998	-	-	-	-	-	-	-	0%	0%	-	-	#DIV/0!	
1999	1,659	1,659	1,659	-	-	-	-	0%	0%	1,659	-	0%	
2000	13,024	13,024	13,024	-	-	-	-	0%	0%	13,024	-	0%	
2001	124,501	124,501	124,501	-	-	-	-	0%	0%	124,501	-	0%	
2002	306,654	306,654	306,654	-	-	-	-	0%	0%	306,654	-	0%	
2003	386,019	386,019	386,019	1,008	-	-	1,008	0%	0%	386,019	1,008	0%	
2004	370,543	370,543	370,543	-	-	-	-	0%	0%	370,543	-	0%	
2005	379,501	379,501	379,501	-	-	-	-	0%	0%	379,501	-	0%	
2006	382,901	382,901	382,901	-	-	-	-	0%	0%	382,901	-	0%	
2007	381,032	381,032	381,032	-	-	-	-	0%	0%	381,032	-	0%	
2008	383,967	383,967	383,967	-	-	-	-	0%	0%	383,967	-	0%	
2009	371,639	371,639	371,639	-	-	-	-	0%	0%	371,639	-	0%	
2010	456,063	385,692	456,063	-	-	-	-	0%	0%	456,063	-	0%	
2011	577,727	361,079	577,727	267	-	-	267	0%	0%	577,727	267	0%	
2012	590,254	368,909	590,254	-	-	-	-	0%	0%	590,254	-	0%	
2013	594,821	371,763	594,821	-	-	-	-	0%	0%	594,821	-	0%	
2014	588,715	367,947	588,715	-	-	-	-	0%	0%	588,715	-	0%	
2015	583,555	364,722	583,555	26,803	-	-	26,803	5%	5%	583,555	26,803	5%	
2016	593,682	371,051	593,682	1,321	-	-	1,321	0%	0%	593,682	1,321	0%	
2017	603,285	375,098	603,285	13,532	-	-	13,532	2%	2%	603,285	13,532	2%	
2018	710,096	367,311	710,096	-	-	-	-	0%	0%	710,096	-	0%	
2019	825,007	362,601	825,007	-	-	0	-	0%	0%	825,007	-	0%	
2020	931,956	357,696	931,956	12,696	-	30,690	43,386	5%	5%	931,956	43,386	5%	
2021	951,113	365,049	951,113	-	466,209	215,190	681,399	72%	72%	951,113	681,399	72%	
2022	921,608	353,724	921,608	-	-	-	2,529,685	274.5%	274%	921,608	2,529,685	274.5%	
2023	881,769	338,434	881,769	-	-	-	2,903,944	329.3%	329%	888,344	2,898,119	326.2%	
2024	837,605	321,483	837,605	-	-	-	3,253,243	388.4%	388%	1,113,235	2,970,926	266.9%	
2025	789,987	303,207	789,987	-	-	-	3,578,641	453.0%	453%	1,185,474	3,111,992	262.5%	
2026	739,331	283,764	739,331	-	-	-	3,863,866	522.6%	523%	1,109,458	3,363,577	303.2%	
2027	686,523	263,496	686,523	-	-	-	4,107,329	598.3%	598%	1,030,213	3,577,483	347.3%	
2028	632,986	242,948	632,986	-	-	-	4,330,626	684.2%	684%	949,874	3,772,913	397.2%	
2029	579,815	222,540	579,815	-	-	-	4,511,911	778.2%	778%	870,084	3,931,732	451.9%	
2030	527,900	202,614	527,900	-	-	-	4,643,917	879.7%	880%	792,180	4,047,227	510.9%	
2031	477,826	183,395	477,826	-	-	-	4,715,605	986.9%	987%	717,037	4,112,368	573.5%	
2032	429,919	165,008	429,919	-	-	-	4,779,389	1111.7%	1112%	645,147	4,171,467	646.6%	
2033	384,239	147,476	384,239	-	-	-	4,771,960	1241.9%	1242%	576,599	4,167,055	722.7%	
2034	340,940	130,857	340,940	-	-	-	4,703,502	1379.6%	1380%	511,623	4,106,932	802.7%	
2035	300,378	115,289	300,378	-	-	-	4,595,153	1529.8%	1530%	450,754	4,011,977	890.1%	
2036	262,752	100,848	262,752	-	-	-	4,427,035	1684.9%	1685%	394,293	3,865,027	980.2%	
2037	228,082	87,541	228,082	-	-	-	4,205,241	1843.7%	1844%	342,265	3,671,221	1072.6%	
2038	196,492	75,416	196,492	-	-	-	3,929,437	1999.8%	2000%	294,861	3,430,973	1163.6%	
2039	167,872	64,431	167,872	-	-	-	3,624,906	2159.3%	2159%	251,912	3,166,033	1256.8%	
2040	142,269	54,605	142,269	-	-	-	3,318,523	2332.6%	2333%	213,493	2,899,165	1358.0%	
2041	119,563	45,890	119,563	-	-	-	2,994,667	2504.7%	2505%	179,420	2,617,075	1458.6%	
2042	99,638	38,242	99,638	-	-	-	2,665,363	2675.1%	2675%	149,519	2,330,152	1558.4%	
2043	82,269	31,576	82,269	-	-	-	2,335,760	2839.2%	2839%	123,455	2,042,971	1654.8%	
2044	67,308	25,834	67,308	-	-	-	2,019,135	2999.8%	3000%	101,004	1,766,983	1749.4%	
2045	54,549	20,937	54,549	-	-	-	1,730,545	3172.4%	3172%	81,858	1,515,165	1851.0%	
2046	43,824	16,820	43,824	-	-	-	1,472,120	3359.1%	3359%	65,764	1,289,439	1960.7%	
2047	34,882	13,388	34,882	-	-	-	1,227,732	3519.7%	3520%	52,344	1,076,041	2055.7%	
2048	27,497	10,554	27,497	-	-	-	1,010,181	3673.7%	3674%	41,263	885,981	2147.1%	
2049	21,461	8,237	21,461	-	-	-	818,542	3814.1%	3814%	32,205	718,502	2231.0%	
2050	16,561	6,356	16,561	-	-	-	652,963	3942.8%	3943%	24,852	573,731	2308.6%	
2051	12,644	4,853	12,644	-	-	-	513,747	4063.2%	4063%	18,974	451,903	2381.7%	
2052	9,553	3,667	9,553	-	-	-	392,903	4112.9%	4113%	14,335	346,153	2414.7%	
2053	7,140	2,740	7,140	-	-	-	292,030	4090.0%	4090%	10,715	257,811	2406.2%	
2054	5,277	2,025	5,277	-	-	-	210,802	3994.9%	3995%	7,918	186,549	2355.9%	
2055	3,855	1,479	3,855	-	-	-	148,493	3852.3%	3852%	5,784	131,603	2275.2%	
2056	2,783	1,068	2,783	-	-	-	103,621	3723.3%	3723%	4,176	92,136	2206.2%	
2057	1,986	762	1,986	-	-	-	70,380	3544.7%	3545%	2,980	62,843	2109.2%	
2058	1,399	537	1,399	-	-	-	47,172	3371.5%	3371%	2,100	42,320	2015.6%	
2059	975	374	975	-	-	-	31,208	3200.2%	3200%	1,463	28,147	1923.4%	
2060	672	258	672	-	-	-	20,653	3074.1%	3074%	1,008	18,725	1857.3%	
2061	458	176	458	-	-	-	13,487	2947.5%	2948%	687	12,299	1791.2%	
2062	308	118	308	-	-	-	8,751	2842.1%	2842%	462	8,028	1737.5%	
2063	204	78	204	-	-	-	5,625	2751.3%	2751%	307	5,192	1692.4%	
2064	134	51	134	-	-	-	3,787	2822.8%	2823%	201	3,504	1740.1%	
2065	87	33	87	-	-	-	2,434	2793.3%	2793%	131	2,262	1730.1%	
2066	56	21	56	-	-	-	1,669	2991.2%	2991%	84	1,549	1850.1%	
2067	36	14	36	-	-	-	1,218	3430.6%	3431%	53	1,123	2107.5%	
2068	22	9	22	-	-	-	833	3758.0%	3758%	33	765	2301.7%	
2069	14	5	14	-	-	-	573	4196.9%	4197%	20	524	2559.3%	
2070	8	3	8	-	-	-	356	4292.5%	4293%	12	326	2620.5%	
2071	5	2	5	-	-	-	217	4410.8%	4411%	7	199	2693.9%	
2072	3	1	3	-	-	-	0	6.9%	7%	4	8	183.8%	
2073	1	1	1	-	-	-	(75)	-5192.4%	-5192%	2	-60	-2784.5%	
2074	1	0	1	-	-	-	(76)	-11295.5%	-11296%	1	-63	-6268.5%	
2075	0	0	0	-	-	-	2	709.1%	709%	0	3	592.2%	
2076	0	0	0	-	-	-	29	15336.8%	15337%	0	26	8958.5%	
2077	0	0	0	-	-	-	35	38644.4%	38644%	0	30	22318.6%	
2078	0	0	0	-	-	-	21	68566.7%	68567%	0	18	39441.4%	
2079	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%	
2080	-	0	0	-	-	-	-	0.0%	0%	0	0	0.0%	
Without Interest													
Past	11,107,712	7,520,356	11,107,712	55,627	466,209	245,880	767,715	6.9%	6.9%	11,107,712	767,715	6.9%	
Future	10,143,463	3,893,186	10,143,463	-	-	-	95,590,814	942.4%	942.4%	14,181,599	84,275,837	594.3%	
Lifetime	21,251,175	11,413,542	21,251,175	-	-	-	96,358,530	453.4%	453.4%	25,289,310	85,043,552	336.3%	
With 4.5% Interest													
Past	16,583,675	12,173,609	16,583,675	70,122	476,583	252,763	799,468	4.8%	4.8%	16,583,675	799,468	4.8%	
Future	7,449,628	2,859,259	7,449,628	-	-	-	57,743,440	775.1%	775.1%	10,191,964	51,159,256	502.0%	
Lifetime	24,033,304	15,032,868	24,033,304	-	-	-	58,542,908	243.6%	243.6%	26,775,640	51,958,724	194.1%	

*As of 12/31/2021

Exhibit 4f
 Continental General Insurance Company
 Virginia Experience
 Currently* Active, Premium Paying Policies Only
 Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Without Proposed Rate Increase									With Proposed 75% Rate Increase			
	Premium			By Incurred Year				Incurred Loss Ratio		Premium	Incurred	Inc'd LR VA	
	Actual	Original RLTV	VA Rate Level	Pd Clms	Clm Res	IBNR	Inc Clms	Actual	VA Rate Level	VA Rate Level	Claims	Rate Level	
1997	-	-	-	-	-	-	-	0%	0%	-	-	0%	
1998	-	-	-	-	-	-	-	0%	0%	-	-	0%	
1999	3,842	3,842	3,842	-	-	-	-	0%	0%	3,842	-	0%	
2000	31,804	31,804	31,804	-	-	-	-	0%	0%	31,804	-	0%	
2001	203,073	203,073	203,073	567	-	-	567	0%	0%	203,073	567	0%	
2002	479,777	479,777	479,777	-	-	-	-	0%	0%	479,777	-	0%	
2003	582,381	582,381	582,381	1,008	-	-	1,008	0%	0%	582,381	1,008	0%	
2004	568,682	568,682	568,682	-	-	-	-	0%	0%	568,682	-	0%	
2005	572,242	572,242	572,242	-	-	-	-	0%	0%	572,242	-	0%	
2006	581,079	581,079	581,079	-	-	-	-	0%	0%	581,079	-	0%	
2007	579,205	579,205	579,205	-	-	-	-	0%	0%	579,205	-	0%	
2008	582,820	582,820	582,820	-	-	-	-	0%	0%	582,820	-	0%	
2009	569,418	569,418	569,418	-	-	-	-	0%	0%	569,418	-	0%	
2010	682,293	576,255	682,293	2,619	-	-	2,619	0%	0%	682,293	2,619	0%	
2011	871,920	544,950	871,920	267	-	-	267	0%	0%	871,920	267	0%	
2012	888,852	555,532	888,852	-	-	-	-	0%	0%	888,852	-	0%	
2013	891,204	557,003	891,204	-	-	-	-	0%	0%	891,204	-	0%	
2014	881,456	550,910	881,456	-	-	-	-	0%	0%	881,456	-	0%	
2015	874,319	546,449	874,319	30,535	-	-	30,535	3%	3%	874,319	30,535	3%	
2016	882,542	551,589	882,542	1,321	-	-	1,321	0%	0%	882,542	1,321	0%	
2017	897,807	555,913	897,807	208,071	-	-	208,071	23%	23%	897,807	208,071	23%	
2018	1,032,217	535,082	1,032,217	-	-	-	-	0%	0%	1,032,217	-	0%	
2019	1,156,982	535,504	1,156,982	3,158	-	-	3,158	0%	0%	1,156,982	3,158	0%	
2020	1,263,927	530,598	1,263,927	13,216	-	34,643	47,859	4%	4%	1,263,927	47,859	4%	
2021	1,278,220	535,417	1,278,220	6,250	900,868	242,909	1,150,027	90%	90%	1,278,220	1,150,027	90%	
2022	1,243,912	521,591	1,243,912	-	-	-	3,649,798	293.4%	293%	1,243,912	3,649,798	293.4%	
2023	1,179,282	493,389	1,179,282	-	-	-	4,016,143	340.6%	341%	1,179,282	4,016,143	340.6%	
2024	1,109,365	463,025	1,109,365	-	-	-	4,331,087	390.4%	390%	1,109,365	4,331,087	390.4%	
2025	1,035,581	431,120	1,035,581	-	-	-	4,605,738	444.7%	445%	1,035,581	4,605,738	444.7%	
2026	958,757	398,049	958,757	-	-	-	4,828,839	503.7%	504%	958,757	4,828,839	503.7%	
2027	880,397	364,472	880,397	-	-	-	4,999,201	567.8%	568%	880,397	4,999,201	567.8%	
2028	802,595	331,286	802,595	-	-	-	5,149,097	641.6%	642%	802,595	5,149,097	641.6%	
2029	726,866	299,129	726,866	-	-	-	5,249,265	722.2%	722%	726,866	5,249,265	722.2%	
2030	654,399	268,499	654,399	-	-	-	5,303,894	810.5%	810%	654,399	5,303,894	810.5%	
2031	585,853	239,660	585,853	-	-	-	5,299,316	904.5%	905%	585,853	5,299,316	904.5%	
2032	521,467	212,689	521,467	-	-	-	5,293,851	1015.2%	1015%	521,467	5,293,851	1015.2%	
2033	461,249	187,585	461,249	-	-	-	5,223,903	1132.6%	1133%	461,249	5,223,903	1132.6%	
2034	405,223	164,338	405,223	-	-	-	5,097,900	1258.0%	1258%	405,223	5,097,900	1258.0%	
2035	353,670	143,045	353,670	-	-	-	4,938,027	1396.2%	1396%	353,670	4,938,027	1396.2%	
2036	306,655	123,713	306,655	-	-	-	4,721,029	1539.5%	1540%	306,655	4,721,029	1539.5%	
2037	264,018	106,258	264,018	-	-	-	4,456,279	1687.9%	1688%	264,018	4,456,279	1687.9%	
2038	225,691	90,624	225,691	-	-	-	4,141,237	1834.9%	1835%	225,691	4,141,237	1834.9%	
2039	191,417	76,694	191,417	-	-	-	3,801,198	1985.8%	1986%	191,417	3,801,198	1985.8%	
2040	161,106	64,416	161,106	-	-	-	3,462,733	2149.3%	2149%	161,106	3,462,733	2149.3%	
2041	134,497	53,668	134,497	-	-	-	3,109,968	2312.3%	2312%	134,497	3,109,968	2312.3%	
2042	111,373	44,354	111,373	-	-	-	2,755,626	2474.2%	2474%	111,373	2,755,626	2474.2%	
2043	91,409	36,336	91,409	-	-	-	2,404,153	2630.1%	2630%	91,409	2,404,153	2630.1%	
2044	74,362	29,507	74,362	-	-	-	2,069,432	2782.9%	2783%	74,362	2,069,432	2782.9%	
2045	59,935	23,742	59,935	-	-	-	1,766,023	2946.6%	2947%	59,935	1,766,023	2946.6%	
2046	47,892	18,939	47,892	-	-	-	1,496,628	3125.0%	3125%	47,892	1,496,628	3125.0%	
2047	37,923	14,972	37,923	-	-	-	1,244,555	3281.8%	3282%	37,923	1,244,555	3281.8%	
2048	29,745	11,724	29,745	-	-	-	1,021,474	3434.1%	3434%	29,745	1,021,474	3434.1%	
2049	23,104	9,093	23,104	-	-	-	826,072	3575.5%	3575%	23,104	826,072	3575.5%	
2050	17,748	6,974	17,748	-	-	-	657,868	3706.8%	3707%	17,748	657,868	3706.8%	
2051	13,491	5,294	13,491	-	-	-	516,912	3831.5%	3832%	13,491	516,912	3831.5%	
2052	10,150	3,978	10,150	-	-	-	394,940	3890.9%	3891%	10,150	394,940	3890.9%	
2053	7,556	2,957	7,556	-	-	-	293,369	3882.4%	3882%	7,556	293,369	3882.4%	
2054	5,563	2,175	5,563	-	-	-	211,689	3805.0%	3805%	5,563	211,689	3805.0%	
2055	4,049	1,581	4,049	-	-	-	149,090	3681.8%	3682%	4,049	149,090	3681.8%	
2056	2,914	1,137	2,914	-	-	-	104,046	3570.3%	3570%	2,914	104,046	3570.3%	
2057	2,073	807	2,073	-	-	-	70,690	3410.5%	3410%	2,073	70,690	3410.5%	
2058	1,457	567	1,457	-	-	-	47,406	3254.8%	3255%	1,457	47,406	3254.8%	
2059	1,012	394	1,012	-	-	-	31,369	3098.4%	3098%	1,012	31,369	3098.4%	
2060	696	270	696	-	-	-	20,764	2984.7%	2985%	696	20,764	2984.7%	
2061	473	183	473	-	-	-	13,557	2868.3%	2868%	473	13,557	2868.3%	
2062	317	123	317	-	-	-	8,796	2772.6%	2773%	317	8,796	2772.6%	
2063	210	81	210	-	-	-	5,643	2684.6%	2685%	210	5,643	2684.6%	
2064	138	53	138	-	-	-	3,795	2760.0%	2760%	138	3,795	2760.0%	
2065	89	34	89	-	-	-	2,435	2736.4%	2736%	89	2,435	2736.4%	
2066	57	22	57	-	-	-	1,664	2930.9%	2931%	57	1,664	2930.9%	
2067	36	14	36	-	-	-	1,218	3389.2%	3389%	36	1,218	3389.2%	
2068	22	9	22	-	-	-	834	3725.0%	3725%	22	834	3725.0%	
2069	14	5	14	-	-	-	574	4164.7%	4165%	14	574	4164.7%	
2070	8	3	8	-	-	-	357	4280.0%	4280%	8	357	4280.0%	
2071	5	2	5	-	-	-	217	4396.0%	4396%	5	217	4396.0%	
2072	3	1	3	-	-	-	0	2.2%	2%	3	0	2.2%	
2073	1	1	1	-	-	-	(75)	-5197.2%	-5197%	1	(75)	-5197.2%	
2074	1	0	1	-	-	-	(76)	-11298.5%	-11299%	1	(76)	-11298.5%	
2075	0	0	0	-	-	-	2	709.1%	709%	0	2	709.1%	
2076	0	0	0	-	-	-	29	15336.8%	15337%	0	29	15336.8%	
2077	0	0	0	-	-	-	35	38644.4%	38644%	0	35	38644.4%	
2078	0	0	0	-	-	-	21	68566.7%	68567%	0	21	68566.7%	
2079	-	-	-	-	-	-	-	0.0%	0%	0	0	0.0%	
2080	-	-	-	-	-	-	-	0.0%	0%	0	0	0.0%	
Without Interest													
Past	16,356,061	11,329,525	16,356,061	267,013	900,868	277,551	1,445,433	8.8%	8.8%	16,356,061	1,445,433	8.8%	
Future	12,745,827	5,248,584	12,745,827	-	-	-	107,799,638	845.8%	845.8%	12,745,827	95,436,553	538.2%	
Lifetime	29,101,889	16,578,109	29,101,889	-	-	-	109,245,070	375.4%	375.4%	29,101,889	96,881,986	284.2%	
With 4.5% Interest													
Past	24,663,836	18,425,513	24,663,836	328,459	920,915	285,321	1,534,695	6.2%	6.2%	24,663,836	1,534,695	6.2%	
Future	9,489,875	3,921,888	9,489,875	-	-	-	66,911,056	705.1%	705.1%	9,489,875	12,916,654	59,580,108	461.3%
Lifetime	34,153,711	22,347,400	34,153,711	-	-	-	68,445,751	200.4%	200.4%	34,153,711	61,114,803	162.6%	

*As of 12/31/2021

Exhibit 5a
Continental General Insurance Company
Nationwide Experience
Currently* Active, Premium Paying Non-Inflation Policies Only
Projection on Original Rate Level
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Original Assumptions			Current Assumptions**		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
2022	3,748,768	8,770,406	234.0%	3,679,420	35,112,335	954.3%
2023	3,217,386	8,043,997	250.0%	3,393,526	33,533,072	988.1%
2024	2,742,194	7,247,823	264.3%	2,725,366	30,112,930	1104.9%
2025	2,320,386	6,476,763	279.1%	2,280,949	28,096,961	1231.8%
2026	1,947,886	5,773,818	296.4%	2,036,964	26,419,131	1297.0%
2027	1,622,192	5,163,529	318.3%	1,798,076	24,399,990	1356.7%
2028	1,339,081	4,560,016	340.5%	1,572,724	22,466,191	1428.5%
2029	1,097,901	3,939,377	358.8%	1,365,878	20,523,318	1502.6%
2030	891,395	3,357,226	376.6%	1,178,415	18,720,472	1588.6%
2031	716,731	2,857,711	398.7%	1,010,263	16,956,247	1678.4%
2032	568,653	2,452,578	431.3%	860,679	15,235,982	1770.2%
2033	448,556	2,113,259	471.1%	728,594	13,368,905	1834.9%
2034	351,066	1,768,730	503.8%	612,865	11,568,917	1887.7%
2035	270,962	1,427,072	526.7%	512,440	9,913,877	1934.6%
2036	205,978	1,127,616	547.4%	426,016	8,385,642	1968.4%
2037	154,484	915,680	592.7%	352,256	7,022,763	1993.7%
2038	115,459	776,593	672.6%	289,655	5,826,394	2011.5%
2039	86,395	662,605	766.9%	236,891	4,808,734	2029.9%
2040	63,045	544,117	863.1%	192,729	3,933,290	2040.8%
2041	44,787	431,425	963.3%	156,013	3,183,459	2040.5%
2042	30,783	328,608	1067.5%	125,675	2,551,218	2030.0%
2043	21,155	254,216	1201.7%	100,748	2,026,087	2011.0%
2044	15,075	207,494	1376.4%	80,358	1,600,722	1992.0%
2045	10,461	163,839	1566.2%	63,678	1,257,767	1975.2%
2046	6,933	122,004	1759.7%	50,201	987,334	1966.8%
2047	4,321	84,521	1956.2%	39,387	768,689	1951.6%
2048	2,525	54,635	2163.5%	30,739	595,651	1937.8%
2049	1,652	41,067	2485.5%	23,857	460,697	1931.1%
2050	1,017	28,826	2835.2%	18,415	353,417	1919.2%
2051	534	16,947	3176.4%	14,134	266,353	1884.5%
2052	153	5,170	3388.8%	10,784	197,109	1827.8%
2053	7	223	3424.0%	8,179	144,376	1765.2%
2054	-	-	0.0%	6,167	102,239	1657.9%
2055	-	-	0.0%	4,620	73,620	1593.4%
2056	-	-	0.0%	3,440	52,753	1533.5%
2057	-	-	0.0%	2,542	37,235	1464.5%
2058	-	-	0.0%	1,865	26,325	1411.6%
2059	-	-	0.0%	1,357	18,251	1344.7%
2060	-	-	0.0%	980	12,278	1252.5%
2061	-	-	0.0%	703	7,967	1134.1%
2062	-	-	0.0%	499	4,948	991.0%
2063	-	-	0.0%	351	3,020	859.7%
2064	-	-	0.0%	245	1,858	758.5%
2065	-	-	0.0%	169	1,116	659.3%
2066	-	-	0.0%	116	662	571.4%
2067	-	-	0.0%	78	402	512.0%
2068	-	-	0.0%	53	265	504.4%
2069	-	-	0.0%	35	209	598.4%
2070	-	-	0.0%	23	153	658.6%
2071	-	-	0.0%	15	97	635.5%
2072	-	-	0.0%	10	56	576.4%
2073	-	-	0.0%	6	41	660.6%
2074	-	-	0.0%	4	22	570.1%
2075	-	-	0.0%	2	11	441.4%
2076	-	-	0.0%	1	9	642.4%
2077	-	-	0.0%	1	8	972.9%
2078	-	-	0.0%	0	6	1364.9%
2079	-	-	0.0%	0	3	1313.8%
2080	-	-	0.0%	0	1	772.4%

Loss Ratio Summaries as of 12/31/2021 (Discounted at 4.5%)

Projected	18,221,666	54,662,556	300.0%	20,524,108	263,311,980	1282.9%
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Prospective PV Rate Increase Calculation

1. Δ PV(Future Incurred Claims)****	234,980,621
2. Δ PV(Future Earned Premium)	2,302,442
3. PVcurrent(Future Earned Premium)	20,524,108
4. Rate Increase %	1337.8%
$\frac{\Delta PV(\text{Future Incurred Claims}) - 68.8\% * \Delta PV(\text{Future Earned Premium})}{85\% * PV\text{current}(\text{Future Earned Premium})}$	
5. Virginia Cumulative Percent Rate Increase to Date	92.0%
6. Virginia Adjusted Rate Increase	648.0%

*As of 12/31/2021

**Includes Shock Lapse and applies Proposed RINC to Survivorship and WOP

***Includes MAE

Exhibit 5b
Continental General Insurance Company
Nationwide Experience
Currently* Active, Premium Paying Compound Inflation Policies Only
Projection on Original Rate Level
Policy Forms: 80650 1/97, 80880 1/98

Calendar Year	Original Assumptions			Current Assumptions**		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
2022	5,243,387	18,253,457	348.1%	5,207,300	56,312,299	1081.4%
2023	4,615,683	18,374,604	398.1%	4,954,312	61,612,906	1243.6%
2024	4,040,762	18,117,191	448.4%	4,117,958	61,295,071	1488.5%
2025	3,516,891	17,684,012	502.8%	3,581,879	62,991,892	1758.6%
2026	3,042,207	17,174,408	564.5%	3,338,839	66,579,279	1994.1%
2027	2,614,692	16,838,633	644.0%	3,086,145	69,051,887	2237.5%
2028	2,232,156	16,456,779	737.3%	2,832,632	71,089,861	2509.7%
2029	1,891,615	15,464,263	817.5%	2,583,068	72,405,582	2803.1%
2030	1,591,733	14,243,516	894.8%	2,340,378	73,241,287	3129.5%
2031	1,328,416	12,972,468	976.5%	2,107,280	73,687,130	3496.8%
2032	1,099,446	12,019,257	1093.2%	1,884,862	73,772,897	3914.0%
2033	903,091	11,431,046	1265.8%	1,673,851	72,183,148	4312.4%
2034	734,526	10,568,748	1438.9%	1,475,303	69,432,075	4706.3%
2035	592,025	9,469,802	1599.6%	1,290,789	66,014,920	5114.3%
2036	472,145	8,260,403	1749.5%	1,121,270	61,795,330	5511.2%
2037	371,583	7,406,857	1993.3%	967,047	57,023,848	5896.7%
2038	289,703	7,098,201	2450.2%	827,918	51,941,935	6273.8%
2039	224,405	6,890,813	3070.7%	703,540	46,870,355	6662.1%
2040	171,972	6,644,626	3863.8%	593,527	41,864,146	7053.5%
2041	129,202	6,230,248	4822.1%	497,117	36,927,991	7428.4%
2042	94,807	5,682,789	5994.0%	413,426	32,194,177	7787.2%
2043	68,390	5,133,442	7506.2%	341,517	27,750,059	8125.5%
2044	49,987	4,752,767	9508.1%	280,322	23,675,231	8445.7%
2045	36,041	4,319,861	11985.8%	228,593	20,057,190	8774.2%
2046	25,287	3,799,581	15025.8%	185,364	16,913,399	9124.4%
2047	16,663	3,068,856	18417.3%	149,572	14,166,913	9471.6%
2048	10,242	2,311,432	22568.9%	120,136	11,867,142	9878.1%
2049	6,849	1,958,892	28601.7%	96,086	9,968,403	10374.4%
2050	4,491	1,605,583	35751.2%	76,557	8,368,482	10931.0%
2051	2,737	1,206,698	44085.1%	60,802	7,025,224	11554.3%
2052	1,306	680,568	52116.9%	48,153	5,852,718	12154.4%
2053	192	105,730	55022.4%	38,030	4,877,176	12824.6%
2054	-	-	0.0%	29,977	4,072,557	13585.7%
2055	-	-	0.0%	23,590	3,389,186	14366.8%
2056	-	-	0.0%	18,542	2,845,095	15343.9%
2057	-	-	0.0%	14,557	2,379,359	16345.5%
2058	-	-	0.0%	11,413	2,008,279	17595.7%
2059	-	-	0.0%	8,936	1,681,729	18820.1%
2060	-	-	0.0%	6,988	1,417,690	20287.8%
2061	-	-	0.0%	5,454	1,195,334	21917.7%
2062	-	-	0.0%	4,247	1,012,744	23845.9%
2063	-	-	0.0%	3,298	850,436	25784.8%
2064	-	-	0.0%	2,552	695,537	27254.5%
2065	-	-	0.0%	1,962	565,705	28825.8%
2066	-	-	0.0%	1,498	455,509	30400.1%
2067	-	-	0.0%	1,136	359,515	31661.2%
2068	-	-	0.0%	853	273,175	32022.3%
2069	-	-	0.0%	635	198,419	31223.2%
2070	-	-	0.0%	469	139,558	29741.8%
2071	-	-	0.0%	343	97,213	28347.0%
2072	-	-	0.0%	248	65,625	26472.4%
2073	-	-	0.0%	177	42,268	23837.9%
2074	-	-	0.0%	125	26,536	21156.0%
2075	-	-	0.0%	88	16,557	18842.7%
2076	-	-	0.0%	61	10,909	17876.0%
2077	-	-	0.0%	42	7,107	16919.1%
2078	-	-	0.0%	29	4,477	15654.7%
2079	-	-	0.0%	19	3,136	16222.4%
2080	-	-	0.0%	13	2,307	17801.5%

Loss Ratio Summaries as of 12/31/2021 (Discounted at 4.5%)

Projected	28,555,997	193,851,052	678.8%	35,427,213	912,395,727	2575.4%
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Prospective PV Rate Increase Calculation

1. Δ PV(Future Incurred Claims)****	809,784,248
2. Δ PV(Future Earned Premium)	6,871,216
3. PVcurrent(Future Earned Premium)	35,427,213
4. Rate Increase %	2671.4%
$\frac{\Delta PV(\text{Future Incurred Claims}) - 77.6\% * \Delta PV(\text{Future Earned Premium})}{85\% * PV\text{current}(\text{Future Earned Premium})}$	
5. Virginia Cumulative Percent Rate Increase to Date	160.5%
6. Virginia Adjusted Rate Increase	963.0%

*As of 12/31/2021

**Includes Shock Lapse and applies Proposed RINC to Survivorship and WOP

***Includes MAE

Exhibit 6a
Continental General Insurance Company
Nationwide Experience
Currently* Active, Premium Paying Non-Inflation Policies Only
Policy Forms: 80650 1/97, 80880 1/98
If Knew/Makeup Blend Calculation
As of 12/31/2021

Experience Period	With 4.5% Interest												
	Without Current Increase				Premium at If Knew Level			Premium at Make-up Level			With Allowable Rate Increase		
	Original	VA Rate Level	Incurred Claims	Loss Ratio	VA Rate Level	Incurred Claims	Loss Ratio	VA Rate Level	Incurred Claims	Loss Ratio	VA Rate Level	Incurred Claims	Loss Ratio
Past	144,835,161	189,954,326	30,348,958	16%	367,613,354	30,348,958	8%	189,954,326	30,348,958	16%	189,954,326	30,348,958	16%
Future	23,533,731	45,184,764	261,244,348	578%	59,732,138	263,715,464	441%	326,656,193	326,285,970	100%	69,123,997	234,039,244	339%
Lifetime	168,368,892	235,139,090	291,593,306	124%	427,345,492	294,064,423	69%	516,610,519	356,634,928	69%	259,078,323	264,388,202	102%

Loss Ratio at Original Premium Level	173%			
Minimum Loss Ratio Applicable to the Form	68.8%	Layer Description	Layer	Policyholder Share
If-Knew Rate Increase	154%	0-15%	15.0%	100%
Make-up Rate Increase	1914%	15%-50%	35.0%	90%
Remaining Policyholders %	23.3%	50-100%	50.0%	75%
Blended Increase	564.2%	100-150%	50.0%	65%
Cost-sharing Increase	323.6%	>150%	414.2%	50%
Past Rate Increase	92.0%	Sum:	564.2%	323.6%
Max Allowable Rate Increase	120.6%			

Originally Issued Policyholders: 16,907
Active, Premium-Paying Policyholders: 3,943

Exhibit 6b
Continental General Insurance Company
Nationwide Experience
Currently* Active, Premium Paying Inflation Policies Only
Policy Forms: 80650 1/97, 80880 1/98
If Knew/Makeup Blend Calculation
As of 12/31/2021

Experience Period	With 4.5% Interest															
	Without Current Increase				Premium at If Knew Level				Premium at Make-up Level				With Allowable Rate Increase			
	Original	VA Rate Level	Incurred Claims	Loss Ratio	Original	VA Rate Level	Incurred Claims	Loss Ratio	Original	VA Rate Level	Incurred Claims	Loss Ratio	Original	VA Rate Level	Incurred Claims	Loss Ratio
Past	183,866,646	257,429,907	39,009,092	15%	1,091,132,853	39,009,092	4%	257,429,907	39,009,092	15%	257,429,907	39,009,092	15%	257,429,907	39,009,092	15%
Future	41,128,878	107,158,825	981,442,325	916%	244,074,007	996,470,813	408%	1,269,692,949	1,148,553,192	90%	261,098,801	850,528,048	326%	261,098,801	850,528,048	326%
Lifetime	224,995,524	364,588,732	1,020,451,417	280%	1,335,206,860	1,035,479,905	78%	1,527,122,856	1,187,562,284	78%	518,528,708	889,537,141	172%	518,528,708	889,537,141	172%

Loss Ratio at Original Premium Level	454%			
Minimum Loss Ratio Applicable to the Form	77.6%			
If-Knew Rate Increase	493%	Layer Description	Layer	Policyholder Share
Make-up Rate Increase	4094%	0-15%	15.0%	100%
Remaining Policyholders %	31.5%	15%-50%	35.0%	90%
Blended Increase	1626.9%	50-100%	50.0%	75%
Cost-sharing Increase	855.0%	100-150%	50.0%	65%
Past Rate Increase	160.5%	>150%	1476.9%	50%
Max Allowable Rate Increase	266.5%	Sum:	1626.9%	855.0%
Originally Issued Policyholders:	14,866			
Active, Premium-Paying Policyholders:	4,680			

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

Company Name and NAIC Number: Continental General Insurance Company, NAIC NO: 71404

SERFF Tracking Number: GLTC-133439084

Revised Rates

Average Annual Premium Per Member: 5,066

Average Requested Percentage Rate Change Per Member: 75%

Range of Requested Rate Changes: 75%-75%

Number of Virginia Policyholders Affected: 485

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
80650 1/97	LTC2 TQ	2/7/1998 - 12/4/2002	2009: 60% rate increase for all policies 2016: 10% rate increase for policies without inflation and 45.5% for policies with inflation	If the fully justified rate increase is approved, no further rate increases are expected unless the MAE is realized.
80880 1/98	LTC2 NTQ	4/12/1999 - 1/28/2003	2009: 60% rate increase for all policies 2016: 10% rate increase for policies without inflation and 45.5% for policies with inflation	If the fully justified rate increase is approved, no further rate increases are expected unless the MAE is realized.

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

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>. (Rev. 06/19)

Key Information Used to Develop the Rates Including the Main Drivers

Throughout the years, experience for this product form has continued to develop unfavorably and has not aligned with the original assumptions. One effect of the worsening experience is a need to request a rate increase on this product. The main component driving this need is a significantly higher than anticipated claims volumes.

This requested rate increase is designed to help offset some of the expected increased costs due to higher anticipated claims, and to increase the Company's capability to pay current and anticipated future claims. Please note this rate increase request is not based on a policyholder's claims history or any other personal factor.

Continental General Insurance Company has filed the rate increase request with the Virginia Bureau of Insurance and has included the necessary information requested by the State to support the increase.



KANAWHA

NAIC COMPANY CODE 65110
 FEDERAL TAX ID # 57-0380426
 NAIC GROUP CODE 757

RACHEL E. COYLE, HIA
 ASSISTANT VICE PRESIDENT
 COMPLIANCE

August 1, 1997

Ms. Althelia P. Battle
 Senior Insurance Market Examiner
 Policy and Other Form Filings
 Commonwealth of Virginia
 Bureau of Insurance
 State Corporation Commission
 Post Office Box 1157
 Richmond, Virginia 23218

APPROVED
 Commonwealth of Virginia
 State Corporation Commission
 Bureau of Insurance
 DATE 8/2/97
Arzue

RE: ✓ Form 80650 1/97 VA Long Term Care Contract intended to comply with Health Insurance Portability and Availability Act of 1996 as constituted on its date of issue
 ✓ Form 1069 1/97 VA Outline of Coverage
 ✓ Form 80660 1/97 Home Health Care Benefits Rider
 ✓ Form 80680 1/97 Compounded Inflation Protection Benefit Rider
 ✓ Form 80710 1/97 Paid Up Insurance Benefit on Death of Spouse Rider
 ✓ Form 90170 1/97 Guaranteed Future Benefits Increase Option Rider
 ✓ Form 90175 1/97 Return of Premium Benefit Rider
 ✓ Form 93000 1/97 Nonforfeiture Rider (Shortened Benefit Period)
 ✓ Form 1139 VA Application for Long Term Care
 ✓ Form 4104 1/97 Brochure for Long Term Care
 Submission No. 007 0000007502
 Your Letter of July 29, 1997

Dear Ms. Battle:

Please find enclosed our Application 1139 VA which has been revised to put Virginia's fraud statement on Page 7.

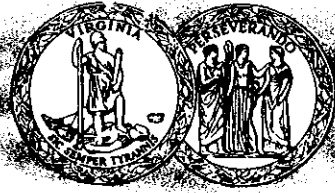
We are enclosing copies of our Form 8040-72-99 4/94 and Form 40-12F (2) VA which were approved by your state on June 19, 1995.

To respond to your question on our Form 80680 1/97 Compounded Inflation Rider, the rider is priced the same as policy form 80650 1/97. Term coverage for all rider aspects expire if premiums are discontinued. If inflated benefits were to continue after lapse, this would require

COMMONWEALTH OF VIRGINIA

SEP 02 1997

ALFRED W. GROSS
COMMISSIONER OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/scc>

Handwritten notes:
9-8-97
MEG
[Signature]

STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

August 27, 1997

RACHEL E. COYLE, HIA
ASSISTANT VICE PRESIDENT
COMPLIANCE
KANAWHA INSURANCE COMPANY
P O BOX 610
LANCASTER, SC 29721

Handwritten: Empl.

RE: YOUR RESUBMISSION DATED AUGUST 1, 1997
Submission No: 007 0000007502
Form No: 80650 1/97 VA ET AL.

Dear Ms. Coyle:

Thank you for your resubmission of the above captioned forms received August 6, 1997. The forms are "Approved" for use in the Commonwealth of Virginia.

We do not have written state guidelines that are specific to association sales. Long term care policies issued to association groups are subject to the requirements of Chapter 52 of Title 38.2 of the Insurance Code of Virginia and 14 VAC 5-200 et seq.

Please refer to the Submission Number noted above when corresponding with us, and verify that your company's NAIC number is displayed prominently on all correspondence. Thank you for your courtesy and consideration in this matter.

Sincerely,

Athelia P. Battle
Senior Insurance Market Examiner
Forms and Rate Section
Life and Health Division
Telephone No. (804) 371-9495

Handwritten:
804
371-9495

Mrs. Althelia Battle

August 1, 1997

Page 2

additional premiums for this rider.

If the Insured decides to purchase both mandatory offers of Inflation and Nonforfeiture Riders, then in the event of lapse, the inflated benefits, up to the point of lapse, will continue under nonforfeiture provisions.

In the actuarial memorandum for this filing we referenced sales through association endorsements (see page 10 or Actuarial Memorandum attached).

When selling our Long Term Care Policy, form 80650 1/97 ^{VA}~~IN~~ through endorsing associations, Kanawha plans to offer the 5% - 10% premium reduction to association members, their parents, spouses, spouse's parents, and association employees. Is this practice allowed in your state or do you prohibit sales to individuals other than the association member?

Please provide us with your written state guidelines on association sales. Thanks for your help.

Should additional information be needed for the completion of this filing, please let us know.

Yours truly,

Rachel E. Coyle

Rachel E. Coyle

Enclosures

Telephone: 800-635-4252 Ext. 5307

Facsimile Telephone Number 803-283-5313

KANAWHA

INSURANCE COMPANY

210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SOUTH CAROLINA 29721-0610

Telephone: 800-635-4252

Kanawha Insurance Company, a stock insurance company, herein called Kanawha, subject to the terms of this Policy, will pay the benefits provided in this Policy to You upon receipt of due Proofs of Loss while this Policy is in force. Kanawha will also provide the other rights and benefits set forth in this Policy.

Signed for Kanawha Insurance Company at its Home Office in Lancaster, South Carolina, as of the Date of Policy stated on the Policy Schedule.


Secretary


President

Insured:

30 DAY RIGHT TO EXAMINE POLICY — If You decide You do not want this Policy for any reason, You can return it to Kanawha, its agent or broker within 30 days after You receive it. When it is returned, it will be considered void as though it was never issued and any Premium paid will be refunded.

GUARANTEED RENEWABLE — This Policy is Guaranteed Renewable for life as long as You pay the Premiums when they are due. Kanawha can change Your Premium if the Premiums for all the Policies in the same Class are changed. You will be given at least 45 days notice before Your Premium is changed. Any increase or decrease in Premium will begin the next Premium due date after the 45-day notice is given.

NOTICE TO BUYER — This Policy may not cover all of the costs You incur associated with Qualified Long Term Care Services during the term of coverage. This Policy is not a Medicare Supplement Policy and therefore does not cover services or items covered by Title XVIII of the Social Security Act or Medicare deductibles and coinsurance amounts. The indemnity benefits of this Policy are payable regardless of what Medicare pays or does not pay. You are advised to review all Policy limitations.

CAUTION — This Policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your Application. A copy of Your Application is a part of this Policy. If Your answers are incorrect or untrue, Kanawha has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Kanawha Insurance Company at Post Office Box 610, Lancaster, South Carolina 29721-0610 or 1-800-635-4252.

•This is a Long Term Care Insurance Policy. This Policy is intended to qualify for favorable tax status under the Health Insurance Portability and Accountability Act of 1996.

•Premiums May be Changed

•Non-participating

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND KANAWHA



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IMPORTANT NOTICE

Please read the copy of the Application attached to this Policy. Carefully check the Application and write to Kanawha Insurance Company, Post Office Box 610, Lancaster, South Carolina 29721-0610 within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the Application. This Application is a part of the Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

In the event You need to contact someone about this Policy for any reason, You may contact Kanawha Insurance Company at the above address or by calling 1-800-635-4252 or 1-803-283-5300.

SPECIAL NOTICE

This long term care Policy is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor.

POLICY SCHEDULE

PLAN OF INSURANCE AND AGREEMENT(S) INCLUDED

DESCRIPTION	UNITS OF COVERAGE	PERIOD PREMIUM PAYABLE	INTERVAL PREMIUM AMOUNT(S)
LONG TERM CARE	8.0	10 YEARS	170.64
HOME HEALTH CARE	8.0		113.76
GUARANTEED FUTURE INCREASE			18.44
PAID UP INSURANCE ON DEATH OF SPOUSE			84.30

TOTAL FOR INTERVAL SELECTED 387.14

POLICY NUMBER: 1230987600

DATE OF POLICY: 03/01/97

INSURED: JAMES K POLKTON

AGE: 65

PRIMARY BENEFICIARY: THE INSURED
(SEE APPLICATION FOR OTHER BENEFICIARIES)

AMOUNT OF INSURANCE: SEE BELOW

PREMIUM SCHEDULE INTERVAL SELECTED- X

DIRECT BILLING METHOD:
:ANNUAL 387.14 X

:SEMI-ANNUAL*

:QUARTERLY*

:MONTHLY*

SPECIAL BILLING METHOD:

:MONTHLY*

PAYROLL ELECTRONIC TRANSFER:

MONTHLY*

MONTHLY, PAID

WEEKLY*

*Payment of the special premiums shown on the above schedule may be made only with approval of the Kanawha Insurance Company.

BENEFITS	DAILY BENEFIT	MAXIMUM DAYS	ELIMINATION PERIOD
NURSING HOME	\$80	1460	0 DAYS
HOSPICE	\$80	1460	0 DAYS
ADULT DAY CARE	\$80	1460	0 DAYS
ASSISTED LIVING CARE	\$80	1460	0 DAYS
HOME HEALTH CARE	\$80	730	0 DAYS
HOMEMAKER BENEFIT	\$20	104 per calendar year	0 DAYS
RESPIRE CARE	\$80	14 per calendar year	0 DAYS

THIS POLICY MAY HAVE BEEN ENDORSED AND SOME OF THE PROVISIONS CHANGED. YOUR ATTENTION IS CALLED TO ENDORSEMENTS THAT MAY HAVE BEEN ATTACHED TO THIS POLICY.

DEFINITIONS

Activities of Daily Living are Bathing, Contenance, Dressing, Eating, Toileting and Transferring. These terms are defined elsewhere in this Policy.

- **Bathing** means that You are able to wash Yourself in a bathtub or in a shower or by taking a sponge bath without the stand-by or actual assistance of another person. You are able to bathe Yourself if the only assistance required is adaptive equipment or devices.
- **Contenance** means that You are able to maintain a reasonable level of personal hygiene associated with bowel and bladder function without the standby or actual assistance of another person. You are Continent if You cannot control bowel or bladder function but are able to maintain a reasonable level of personal hygiene using ostomy supplies or other devices such as diapers, protective undergarments or catheters.
- **Dressing** means that You are able to put on or take off clothing and medically necessary trusses, braces and artificial limbs without the standby or actual assistance of another person. You are able to dress Yourself if the only assistance required is modified fasteners, zippers or snaps.
- **Eating** means that You are able to consume food that has already been prepared and made available without the standby or actual assistance of another person. You are able to eat if the only assistance required is adaptive utensils.
- **Toileting** means that You are able to get to and from the toilet, and on or off of the toilet and to maintain a reasonable

level of associated personal hygiene, without the standby or actual assistance of another person. You are able to toilet Yourself if You have an ostomy and You are able to empty the equipment Yourself. You are able to toilet Yourself if You use a commode, urinal or bedpan and You are able to empty and clean it Yourself.

- **Transferring** means that You are able to move from a bed to a wheelchair, other type of conveyance or furniture and to return to bed without standby or actual assistance from another person. You are able to transfer if You do so by use of equipment such as canes, quad canes, crutches, grab bars, other support devices, mechanical or motorized devices.

Adult Day Care Center is a facility which:

- is licensed or certified by the state as an Adult Day Care Facility; or
- if licensing as an Adult Day Care Center is not available in the state in which the facility is located, the facility must:
 - provide or be able to arrange for nursing care under the supervision of an R.N.;
 - provide planned therapeutic, social and educational activities;
 - maintain written records of services provided to each patient;
 - have a full-time administrator; and
 - provide or arrange to provide:
 - necessary assistance in Bathing, Contenance, Dressing, Eating, Toileting and Transferring;
 - physical and restorative therapy;
 - nutritional services and counseling; and

- constant supervision if a Physician has determined that a Severe Cognitive Impairment results in a need for such supervision.

Adult Day Care Center will not include a Nursing Home, hospital, boarding home, home for the aged or mentally ill, rest home, a place that provides domiciliary, residential, or retirement care, or a place which is operated primarily for the treatment of alcoholics or drug addicts.

Age means the Age of the Insured on the last birthday of the Insured on the Date of Policy.

Alternate Premium Payor means the person or persons named in the Application or in a later written notice to Kanawha who is (are) to receive a copy of any late Premium notice and the lapse notice.

Assisted Living Care Facility is a facility engaged primarily in providing ongoing care and related services to a minimum of five residents in one location and meets all of the following standards:

- provides care and services sufficient to support the needs of a Chronically Ill person and has a trained and ready-to-respond employee on duty at all times to provide such care;
- provides at least one meal per day and accommodates special dietary needs;
- is licensed by the appropriate licensing agency, if licensing is required, to provide such care;
- has made formal arrangements for the services of a Physician or nurse to provide medical care in case of emergency; and
- has appropriate methods and procedures in place for handling and administering drugs.

Assisted Living Care Facility includes but is not limited to adult congregate living facilities and Alzheimer's homes, if those facilities meet all of the standards set out immediately above.

Assisted Living Care Facility will not include a Nursing Home, hospital, boarding home, home for the aged or mentally ill, rest home, a place that provides domiciliary, residential, or retirement care, or a place which is operated primarily for the treatment of alcoholics or drug addicts.

Calendar Month means the period beginning on the Date of Policy and ending on the last day of the month in which the Date of Policy occurs. Thereafter, Calendar Month is each succeeding month.

Calendar Year means the period beginning on the Date of Policy and ending on December 31 of the same year. Thereafter, Calendar Year is the period beginning on January 1 and ending December 31 of the same year.

Chronically Ill means You have been certified within the last 12 months, by a Licensed Health Care Practitioner, as:

- being unable to perform (without substantial assistance from another individual) at least two Activities of Daily Living for a period of at least 90 days due to a Loss of Functional Capacity, or
- requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment.

We may allow the term Chronically Ill to include a level of disability, as determined under regulations prescribed by the

Secretary of The Treasury in consultation with the Secretary of Health and Human Services, and which are similar to the level of disability as described above.

Continuous Adult Day Care Services means that You receive, or would receive but for any applicable Elimination Period or Maximum Days, Covered Service for Adult Day Care on at least four days during each consecutive Calendar Month.

Covered Service means Qualified Long Term Care Services for which this Policy or a Rider attached to this Policy provides a Benefit or would provide a Benefit but for any applicable Elimination Period or Maximum Days limitation.

Daily Benefit Amount means the amount You selected and which is shown on the Policy Schedule as the amount of money payable for a particular Covered Service.

Elimination Period is the number of days You receive Covered Service for any combination of the following before Benefits are payable:

- Nursing Home Confinement
- Hospice Confinement
- Assisted Living Care Facility Confinement
- Adult Day Care Services.

The days during which You receive Covered Service for any of the above need not be consecutive. After the Elimination Period is satisfied, it will never be necessary to meet another Elimination Period while Your Policy is in force.

The Elimination Period is shown on the Policy Schedule.

Hospice is a place which provides a formal program of care which is:

- for terminally ill patients whose life

- expectancy is less than six months;
- provided on an inpatient basis; and
- directed by a Physician.

It must be licensed, certified or registered in accordance with state law.

Injury means a bodily Injury for which You receive Covered Services after the Date of Policy and while You are covered under this Policy.

Institutionalization means inpatient confinement to a Nursing Home, Assisted Living Care Facility, or Hospice during which Covered Service is received or would be received but for any applicable Elimination Period or Maximum Days limitation. Institutionalization does not include Adult Day Care, Respite Care, or other care or services for which this Policy or Riders attached to this Policy provides a benefit.

Institutionalization Without Interruption means continuous inpatient confinement to a Nursing Home, Assisted Living Care Facility, or Hospice from which You are not released for more than 21 consecutive days except for inpatient hospital confinement and during which You receive Covered Service or would receive Covered Service but for any applicable Elimination Period or Maximum Days.

Insured means the person named Insured on the Policy Schedule.

Licensed Health Care Practitioner means any Physician, professional registered nurse, licensed social worker, or other individual who meets the requirements prescribed by the United States Secretary of Health and Human Services from time to time.

Licensed Social Worker means a person who is licensed by the state as a Social Worker and is performing services within the scope of his or her license.

Loss of Functional Capacity means the inability to engage, without substantial assistance, in two or more Activities of Daily Living.

Maximum Days means the number of days for which a benefit is payable as shown on the Policy Schedule or stated in this Policy.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Mental or Nervous Illness means neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause. Mental Illness does not include Alzheimer's disease, Parkinson's disease or senile dementia.

Nursing Home is a place which:

- is licensed by the state as a skilled nursing facility, a convalescent nursing facility, a convalescent hospital, a convalescent unit of a hospital, an intermediate care facility, or custodial care facility;
- provides skilled, intermediate, or custodial nursing care under the supervision of a Physician or professional Registered Nurse;
- provides 24-hour nursing service by or under the supervision of a licensed nurse; and
- maintains a daily medical record of each patient which is available for review by Kanawha.

A Nursing Home does not mean a hospital or clinic, boarding home, home for the aged or mentally ill, rest home, community living center, a place that provides domiciliary, residential, or retirement care, a place which operates primarily for the treatment of alcoholics or drug addicts, or a Hospice.

Physician means a person other than You or a Relative who:

- is a Physician, professional Registered Nurse or Social Worker licensed by the state to practice a healing art; and
- performs services for You which are allowed by such license

Pre-existing Condition is a condition which would cause a person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by or received from a Physician within six months before the Date of Policy. A Pre-existing Condition will be covered as of the Date of Policy.

Professional Registered Nurse (RN) means a person who is performing services within the scope of his or her license, who has graduated from a formal program of nursing education (diploma school, associate degree, or baccalaureate program) and is licensed as such by the appropriate state authority. This definition includes a Licensed Practical Nurse (LPN) or a Licensed Vocational Nurse (LVN) who has graduated from an appropriate school of nursing and who has passed a state examination for licensure.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services

which are required because You are Chronically Ill, and provided pursuant to a plan of care prescribed by a Licensed Health Care Practitioner and requiring Covered Service.

Relative means a member of Your family who is not a Licensed Health Care Practitioner including: You, Your spouse, Your son or daughter or a descendant of either; Your stepson or stepdaughter; Your brother, sister, stepbrother or stepsister; Your father or mother, or an ancestor of either; Your stepfather or stepmother; the son or daughter of Your brother or sister; the brother or sister of Your father or mother; Your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law. The term Relative does not include a Licensed Health Care Practitioner.

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in:

- short or long-term memory;
- orientation to people, places or time; and
- deductive or abstract reasoning.

In addition, it is intended that such deterioration or loss place the individual in jeopardy of harming self or others and therefore requires constant supervision by another individual.

Your inability may be because of Alzheimer's disease, Parkinson's disease, senile dementia, other covered Sickness or covered Injury.

Sickness means an illness or disease for which You receive Covered Service after the Date of Policy and while You are covered under this Policy. Sickness includes Alzheimer's disease, Parkinson's disease and senile dementia.

Substance Abuse means a condition brought about when You use alcohol or other drug(s) in such a manner that Your health is impaired or ability to control actions is lost. Substance Abuse does not include a condition brought about by Your use of drugs prescribed by and taken in accordance with the directions of a Physician.

We, Our, Us when used in this Policy refer to Kanawha Insurance Company.

You and Your when used in this Policy, refer to the Insured named on the Policy Schedule.

BENEFITS

After You have been Chronically Ill and receiving Covered Service for the Elimination Period shown on the Policy Schedule, the Daily Benefit Amount shown on the Policy Schedule will be paid for the Covered Services listed below. Only one Daily Benefit Amount will be paid for each day these Covered Services are provided. Payment for each Covered

Service will not exceed the Maximum Days for it shown on the Policy Schedule.

- **Nursing Home Care Benefit** — For each day You are confined to a Nursing Home, not to exceed the Maximum Days for Nursing Home Care Benefit shown on the Policy Schedule.

- **Assisted Living Care Facility Benefit** — For each day You are confined to an Assisted Living Care Facility, not to exceed the Maximum Days for Nursing Home Care Benefit shown on the Policy Schedule. Your stay in an Assisted Living Care Facility will count toward the Maximum Days You selected for Nursing Home Care. The total number of days You are confined to a Nursing Home plus the total number of days You are confined to an Assisted Living Care Facility will count toward the Policy's Maximum Days for Nursing Home Care.

- **Hospice Benefit** — For each day You are confined to a Hospice, not to exceed the Maximum Days for Hospice Benefit shown on the Policy Schedule.

- **Adult Day Care Benefit** — For each day You receive Adult Day Care in an Adult Day Care Center, not to exceed the Maximum Days for Adult Day Care Benefit shown on the Policy Schedule.

- **Bed Reservation Guarantee** — For each day You are confined to a Hospital while receiving Nursing Home Care, Assisted Living Care, or Hospice Care and You are charged to reserve Your Nursing Home, Hospice or Assisted Living Care Facility Bed, We will provide a Nursing Home, Assisted Living, or Hospice Care Benefit as follows:

- if You have not satisfied the Elimination Period, We will credit the days hospitalized toward Your Elimination Period;
- after You have satisfied the Elimination Period, We will pay the

Nursing Home Care Benefit if You were confined to a Nursing Home or Assisted Living Facility immediately prior to hospitalization; or

- after You have satisfied the Elimination Period, We will pay the Hospice Benefit if You were confined to a Hospice immediately prior to Hospitalization.

Payment for Bed Reservation plus credit toward the Elimination Period will be provided for up to 60 days per Calendar Year. The 60 days need not be consecutive.

OTHER BENEFITS

- **Alternative Plan of Care**
You, Your Physician or Kanawha may propose an Alternative Plan of Care.

Upon agreement, the care must be for necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, or for maintenance or personal care services.

Acceptance is completely optional to You, Your Physician and/or Kanawha.

No Benefits will be paid for an Alternative Plan of Care unless it is agreed upon by You, Your Physician and Kanawha jointly in advance of its initiation.

The care must be a plan that You, Your Physician and Kanawha all agree upon in advance.

Upon agreement, the care:

- may not be for a Covered Service of this Policy, its Riders or

Endorsements;

- may be at a location or through a provider of service not described in this Policy;
- may provide a different level of care than those levels of care described in this Policy.

Kanawha will not require You to surrender this Policy in connection with payment of an Alternative Plan of Care Benefit.

• **Benefit Rebuilder**

After We have paid You benefits and You have used some or all of Your Maximum Days, You can rebuild Your Maximum Days.

If You have not been confined to a Nursing Home, Assisted Living Care Facility, or confined to a Hospice, received Adult Day Care Services or received any other Covered Services for which this Policy, its Riders, or Endorsements provides a benefit, for 180 consecutive days, Kanawha will restore full benefits. The 180 days required to restore full benefits will be extended by any period during which You are inpatient hospitalized. You do not need to meet another Elimination Period after rebuilding Your Maximum Days.

• **Premium Waiver Benefit**

Premium payments are not due or required beginning with the 91st consecutive day on which You incur Covered Service for Institutionalization Without Interruption and/or Continuous Adult Day Care services.

Premiums will be waived in accordance with the mode of Premium payment in effect when the 91-consecutive day period began.

When Institutionalization Without Interruption and/or continuous Adult Day Care services end, You must pay Premiums to keep this Policy in force. Kanawha will notify You of the amount and due date of any Premium You must pay.

When You no longer receive a Daily Benefit Amount during Institutionalization Without Interruption and/or Continuous Adult Day Care services, You must pay Premiums to keep this Policy in force. Kanawha will notify You of the amount and due date of any Premium You must pay.

After Kanawha waives Premiums for one year, We will not require You to furnish Proofs of Loss for this Benefit more frequently than once per Calendar Year.

When You do not furnish Proofs of Loss for this Benefit in accordance with a written request from Kanawha, Premium Waiver will end and You must pay Premiums to keep this Policy in force. The first Premium You must pay will be the one next following the date on which Kanawha mailed You a request for Proofs of Loss for this Benefit. Kanawha will notify You of the amount and due date of any Premium You must pay.

EXCLUSIONS ON ELIGIBILITY FOR BENEFITS

No benefits are provided for:

- services for care or treatment of Mental or Nervous Illness without demonstrable organic cause. (Mental Illness does not include Alzheimer's disease, Parkinson's disease and senile dementia.);
- services for care or treatment of Substance Abuse (this will not exclude services for care or treatment of a condition brought about by Your use of drugs prescribed by and taken in accordance with the directions of a Physician);
- conditions arising out of war or act of war (whether declared or undeclared);
- services for care or treatment arising out of active participation in a felony, riot or insurrection;
- services for care or treatment arising out of service in the armed forces or units auxiliary thereto;
- services for care or treatment arising out of suicide or attempted suicide

(while sane or insane) or intentionally self-inflicted Injury;

- services for care or treatment provided in a government facility (unless otherwise required by law);
- services for care or treatment covered by any state or federal Workers' Compensation, employer's liability or occupational disease law;
- services for care or treatment provided by a Relative;
- shopping, housekeeping, or transportation services except as may be provided by name in a Rider attached to this Policy;
- services or items covered by Title XVIII of the Social Security Act or Medicare deductibles and coinsurance amounts. The indemnity benefits of this Policy are payable regardless of what Medicare pays or does not pay; and
- services for which no charge is made or for which no charge is normally made in the absence of insurance.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Benefits are limited for:

- the Elimination Period selected and shown on the Policy Schedule; and
- services for care or treatment incurred outside the United States and its territories or Canada are limited to 90 days for all such services. Kanawha will pay benefits for Qualified Long Term Care Services You incurred while

outside the United States and Canada, provided such Qualified Long Term Care Services continue within 7 days (excluding any period of Hospitalization) upon and after Your return to the United States. Any payment will be made after You return to the United States.

GENERAL PROVISIONS

Alternate Premium Payor — You may designate an Alternate Premium Payor. If You have given Us notice of an Alternate Premium Payor, We will send the Alternate Premium Payor a copy of any late Premium notice and a copy of any lapse notice. You may change the Alternate Premium Payor by giving Us written notice.

This designation shall not constitute acceptance of the liability by the Alternate Premium Payor for any services that may have been provided to the Insured.

Cancellation — Upon Your cancellation of this Policy, coverage will continue during the Grace Period of the Premium due immediately preceding the date of cancellation. Upon Your cancellation of this Policy, there is no Grace Period for any Premium falling due on or after the cancellation date.

Consideration and Date of Policy — This Policy is issued in Consideration of the statements in the Application and payment of the first Premium. The Date of Policy is shown on the Policy Schedule. All periods of insurance begin and end at 12:01 a.m. at the place where the Insured resides.

Conformity With State Statutes — Any provision of this Policy that is in conflict with any statutes of the state You lived in when this Policy was issued is considered amended to conform to that statute.

Health Insurance Portability and Accountability Act of 1996 — This Policy is intended to comply with the Health Insurance Portability and Accountability

Act of 1996 as constituted on its date of enactment.

The Health Insurance Portability and Accountability Act of 1996 limits tax deductibility of Long Term Care Policy Premiums from income and limits the extent to which benefit payments under Long Term Care policies are excludible from income.

It is Your responsibility to consult with Your personal tax advisor regarding these limitations.

Entire Contract; Changes — This Policy, its Riders and Endorsements, together with the Application You submitted, is a legal contract between Kanawha and You. The Application is attached to and made a part of this Policy.

No change in this Policy will be effective until it is approved in writing by one of Kanawha's executive officers. This approval must be noted on or attached to this Policy. No agent or representative of Kanawha, other than an executive officer, may change this Policy or waive any of its provisions. No verbal statement by an executive officer of Kanawha or other employee is binding upon Kanawha.

No sales agent or broker of Kanawha is an executive officer of Kanawha. Kanawha's executive officers include its President, Vice Presidents, and Secretary.

Continuation of Benefits Upon Lapse or Your Cancellation of This Policy — Termination of Long Term Care Insurance is without prejudice to any benefits payable for Institutionalization if such Institutionalization began while the

Long Term Care Insurance was in force and Institutionalization Without Interruption continues after termination. Such extension of benefits beyond the period the Long Term Care Insurance was in force is limited to the duration of the benefit period, if any, or to payment of the maximum benefits and will be subject to any Policy Elimination Period and all other applicable provisions of this Policy.

Free Choice of a Physician — You have freedom to choose Your Physician.

Incontestability — Prior to six months after the Date of Policy, material misstatements made by You in the Application can be used to void this Policy and to deny an otherwise valid claim.

After six months from the Date of Policy, but less than two years from the Date of Policy, misstatements made by You in the Application can be used to void this Policy and to deny an otherwise valid claim if:

- the misstatements are material to Kanawha's acceptance of coverage; and
- the misstatements pertain to the condition for which benefits are sought.

After two years from the Date of Policy, no misstatements, except fraudulent misstatements made by You in the Application, can be used to void this Policy and to deny an otherwise valid claim.

If this Policy is voided due to misstatements in the Application, Kanawha will refund Premiums paid and will not attempt to recover benefit payments issued prior to voidance of this Policy.

Legal Actions — No action can be brought against Kanawha in any court until 60 days

after Kanawha receives Your claim on which the action is based.

No action can be brought at all unless it is commenced within three years after the date Proofs of Loss are required.

Notice of Lapse of Policy — Should the Premium not be paid within the Grace Period, Kanawha will lapse this Policy. Kanawha will send Notice of Lapse of this Policy to You and the Alternate Premium Payor, if applicable.

Other Long Term Care Insurance — The Application for this Policy lists all other Long Term Care Policies in force or applied for on the date of Application for this Policy. Any Long Term Care Policy fully admitted on the Application may stay in force after this Policy is issued unless You agreed in the Application to terminate or replace it.

Physical Examination — At Our expense, We have the right to have You examined as often as reasonably necessary while a claim is pending.

Premiums, Change of Premiums — Premiums are payable for the period shown on the Policy Schedule. Kanawha will bill You for Premiums due in accordance with its usual practices for the mode of Premium payment in effect on the due date.

Payments are not due or required under the Policy if waived in accordance with the Premium Waiver Benefit.

Premiums paid to Kanawha but not due or required will be returned to You.

Kanawha will send the Alternate Premium Payor, if applicable, a copy of any late Premium notice and the lapse notice.

Kanawha can change Your Premium if the Premiums for all the Policies in the same Class are changed. You will be given at least 45 days notice before Your Premium

is changed. Any increase or decrease will begin the next Premium due date after the notice is given.

TERMINATION OF COVERAGE

Grace Period — This Policy has a 31-day Grace Period, which means that if any Premium, except the first one, is not paid when it is due, it may be paid during the next 31 days. During the Grace Period, this Policy will stay in force.

If no Alternate Premium Payor is named and Your Premium is not paid at the end of the 31-day Grace Period, this Policy will lapse and You will no longer be entitled to benefits.

If You have named an Alternate Premium Payor and a Premium is not paid within 31 days of the due date, Kanawha will notify the Alternate Premium Payor of the unpaid Premium. Notice of the unpaid Premium will be mailed to the Alternate Premium Payor's address as shown in Kanawha's records. If the Premium remains unpaid 35 days after notice is mailed to the Alternate Premium Payor, this Policy will lapse at the beginning of the 36th day after mailing of the notice to the Alternate Premium Payor.

Reinstatement — If the renewal Premium is not paid before the end of the Grace Period, this Policy will lapse. Later acceptance of the Premium by Kanawha (or by one of its agents or brokers) without requiring an Application for Reinstatement will reinstate this Policy.

If Kanawha, its agent or broker requires an Application for Reinstatement, You will be given a conditional receipt for the

Premium paid. If the Application is approved, this Policy will be reinstated on the date of such approval. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the receipt unless Kanawha has previously written You of its disapproval.

The reinstated Policy will cover loss from Institutionalization which begins after the date of Reinstatement. The reinstated Policy will cover other losses, for which the Policy provides benefits, occurring after the date of Reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions imposed by us.

Any Premium We accept for a Reinstatement will be applied to a period for which Premiums have not been paid. No Premium will be applied to any period more than 60 days before the Reinstatement date.

Reinstatement Due to Severe Cognitive Impairment — If this Policy lapses and We receive proof of Severe Cognitive Impairment within five months after lapse, this Policy will be reinstated without evidence of insurability, upon collection of past due Premium, where appropriate.

Termination for Nonpayment of Premium — Subject to the Continuation of Coverage Provision, Your coverage will end if the required Premium is not paid when due or within the Grace Period.

MAKING A CLAIM UNDER YOUR POLICY

Claim Forms — When Kanawha receives Your Notice of Claim, Kanawha will send You Claim Forms to complete. If these Claim Forms are not sent to You within 15 days You will be deemed to have met the requirements for Proofs of Loss if You notify Kanawha in writing about the expenses for which You are making a claim for benefits within 180 days after the expenses were incurred.

Notice of Claim — Written Notice of Claim must be given within 180 days after a Covered Service starts or as soon as reasonably possible. The notice may be given to Kanawha at Post Office Box 2000, Lancaster, South Carolina 29721-2000 or to its agent. The notice should include Your name and this Policy's Number.

Payment of Claims — All benefits will be paid to You, Your estate or a person acting legally in Your behalf. Any benefit unpaid at Your death may be paid, at Kanawha's option, either to Your beneficiary or to Your estate.

If benefits are payable to Your estate or to a beneficiary who cannot execute a valid release, Kanawha can pay up to \$1,000 to someone related to You or Your Beneficiary, by blood or marriage, whom Kanawha finds is justly entitled to payment. Such a payment made in good faith will discharge Kanawha to the extent of the amount paid.

Proofs of Loss — Written Proofs of Loss must be given within 180 days after the Covered Service begins.

If You are not able to give Proofs of Loss within 180 days, it will not have a bearing on Your claim if Proofs of Loss are given to Kanawha as soon as reasonably possible. In any event, Proofs of Loss must be given not later than one year from the time stated unless You are legally unable to do so.

Time of Payment of Claim — After receiving written Proofs of Loss, Kanawha will pay monthly all benefits then due for Covered Services.

Who is Entitled to Benefits — You are the only person entitled to benefits under this Policy. You may assign the benefits of this Policy. Kanawha will not be responsible for the validity or sufficiency of any assignment. Kanawha will not be responsible for distribution of any payments made to You. Kanawha will not be responsible for payments made to You prior to Kanawha's receipt of an assignment affecting benefits. Policy benefits may not be borrowed. Policy benefits may not be paid, assigned, or pledged as collateral for a loan. The Virginia Department of Medical Assistance Services will be the payor of last resorts under this Policy.

Counter Signature of Licensed Resident Agent (if required)

•This is a Long Term Care Insurance Policy. This Policy is intended to qualify for favorable tax status under the Health Insurance Portability and Accountability Act of 1996.

•Premiums May be Changed

•Non-participating



KANAWHA

RACHEL E. COYLE, HIA
DIRECTOR OF COMPLIANCE

September 1, 1998

APPROVED

Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE 10/7/98
BY me

Mrs. Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Policy and Other Form Filings
Commonwealth of Virginia
Bureau of Insurance
State Corporation Commission
Post Office Box 1157
Richmond, Virginia 23218

- RE:**
- Form 80880 NTQ 1/98 VA Long Term Care Policy**
 - Form 1335 NTQ 1/98 VA Outline of Coverage**
 - Form 80900 NTQ 1/98 Home Health Care Benefits Rider**
 - Form 93072 NTQ 1/98 Compounded Inflation Protection Benefit Rider**
 - Form 80710 1/97 Paid Up Insurance on Death of Spouse Rider]**
 - Form 93087 NTQ 1/98 Guaranteed Future Benefits Increase Option Rider**
 - Form 93102 NTQ 1/98 Return of Premium Benefit Rider**
 - Form 93000 1/97 Nonforfeiture Benefit Rider**
 - Form 1331 NTQ 1/98 VA Application for Long Term Care**
 - Form 1332 1/98 VA Exchange of Policy Rider**
 - Virginia DOI Submission No. 007 0000009733**
 - Your Letter of August 26, 1998**

Dear Mrs. Mason:

In response to your letter of August 26, 1998, we have revised the above forms as follows:

Page 7 - added the following as the first part of Pre-existing Conditions:

Pre-existing condition means the existence of symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within six months preceding the effective date of coverage. A pre-existing Condition will be covered.....

Checked and revised the index page numbering.

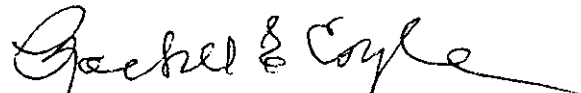
Form 1332 1/98 added the following to page 2

Mrs. Mary Ann Mason
September 1, 1998
Page 2

PREMIUMS. There is no premium charged for this Rider.

Should additional information be needed for the completion of this filing, please let us know.

Yours truly,


Rachel E. Coyle

Enclosures
Telephone: 800-635-4252 Ext. 5307
Facsimile Telephone Number 803-283-5313

KANAWHA

INSURANCE COMPANY

210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SOUTH CAROLINA 29721-0610

Telephone: 800-635-4252

ACT 17/48

REGISTRATION OF ANNUAL PREMIUMS
RECEIVED
10/17/48

Kanawha Insurance Company, a stock insurance company, herein called Kanawha, subject to the terms of this Policy, will pay the benefits provided in this Policy to You upon receipt of due Proofs of Loss while this Policy is in force. Kanawha will also provide the other rights and benefits set forth in this Policy.

Signed for Kanawha Insurance Company at its Home Office in Lancaster, South Carolina, as of the Date of Policy stated on the Policy Schedule.

Thomas W. Thomas
Secretary

Stanley D. Johnson
President

30 DAY RIGHT TO EXAMINE POLICY — If You decide You do not want this Policy for any reason, You can return it to Kanawha, its agent or broker within 30 days after You receive it. When it is returned, it will be considered void as though it was never issued and any Premium paid will be refunded.

GUARANTEED RENEWABLE — This Policy is Guaranteed Renewable for life as long as You pay the Premiums when they are due. Kanawha can change Your Premium if the Premiums for all Policies in the same Class are changed. You will be given at least 45 days notice before Your Premium is changed. Any increase or decrease in Premium will begin the next Premium due date after the 45-day notice is given.

NOTICE TO BUYER — This Policy may not cover all of the costs You incur associated with Long Term Care services during the term of coverage. This Policy is not a Medicare Supplement Policy and therefore does not cover services or items covered by Title XVIII of the Social Security Act or Medicare deductibles and coinsurance amounts. The indemnity benefits of this Policy are payable regardless of what Medicare pays or does not pay. You are advised to review all Policy limitations.

CAUTION — This Policy may not apply when You have a claim! The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application is a part of this Policy. If Your answers are incorrect or untrue, Kanawha has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Kanawha Insurance Company at Post Office Box 610, Lancaster, South Carolina 29721-0610 or 1-800-635-4252.

. This Policy is NOT intended to qualify for favorable tax status under the Health Insurance Portability and Accountability Act of 1996.

•Premiums May Be Changed

•Non-participating

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND KANAWHA



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IMPORTANT NOTICE

Please read the copy of the Application attached to this Policy. Carefully check the Application and write to Kanawha Insurance Company, Post Office Box 610, Lancaster, South Carolina 29721-0610 within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the Application. This Application is a part of the Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

In the event You need to contact someone about this Policy for any reason, You may contact Kanawha Insurance Company at the above address or by calling 1-800-635-4252 or 1-803-283-5300.

SPECIAL NOTICE

This long term care Policy is **not** intended to qualify for favorable tax treatment.

POLICY SCHEDULE

PLAN OF INSURANCE AND AGREEMENT(S) INCLUDED

DESCRIPTION	UNITS OF COVERAGE	PERIOD PREMIUM PAYABLE	INTERVAL PREMIUM AMOUNT(S)
LONG TERM CARE	20.00	N/A	7,205.80
HOME HEALTH CARE	20.00		2,890.40

10,096.20

TOTAL FOR SINGLE PREMIUM

POLICY NUMBER: 1970014300

DATE OF POLICY: 03/01/98

INSURED: A C LTC

AGE: 40

PRIMARY BENEFICIARY: BENEFITS PAID TO POLICYOWNER
(SEE APPLICATION FOR OTHER BENEFICIARIES:

AMOUNT OF INSURANCE: SEE BELOW

PREMIUM SCHEDULE INTERVAL SELECTED- X

DIRECT BILLING METHOD:
:ANNUAL

:SEMI-ANNUAL*

:QUARTERLY*

:MONTHLY*

SPECIAL BILLING METHOD:
:MONTHLY*

PAYROLL ELECTRONIC TRANSFER:
:MONTHLY*

MONTHLY, PAID
WEEKLY*

*Payment of the special premiums shown in the above schedule may be made only with approval of the Kanawha Insurance Company.

AGCY AGENT APP
0040 OA02 071702

BENEFITS	DAILY BENEFIT	MAXIMUM DAYS
NURSING HOME AND ASSISTED LIVING CARE	\$200	1460
HOSPICE	\$200	1460
ADULT DAY CARE	\$200	1460
HOME HEALTH CARE	\$200	1095
HOMEMAKER BENEFIT	\$50	104 (PER YEAR)
RESPIRE CARE	\$200	14 (PER YEAR)

ELIMINATION PERIOD 30 DAYS

THIS POLICY MAY HAVE BEEN ENDORSED AND SOME OF THE PROVISIONS CHANGED. YOUR ATTENTION IS CALLED TO ENDORSEMENTS THAT MAY HAVE BEEN ATTACHED TO THIS POLICY.

DEFINITIONS

Activities of Daily Living are Bathing, Contenance, Dressing, Eating, Toileting and Transferring. These terms are defined below.

- **Bathing** means that You are able to wash Yourself in a bathtub or in a shower or by taking a sponge bath without the stand-by or actual assistance of another person. You are able to bathe Yourself if the only assistance required is adaptive equipment or devices.
- **Contenance** means that You are able to maintain a reasonable level of personal hygiene associated with bowel and bladder function without the standby or actual assistance of another person. You are Continent if You cannot control bowel or bladder function but are able to maintain a reasonable level of personal hygiene using ostomy supplies or other devices such as diapers, protective undergarments or catheters.
- **Dressing** means that You are able to put on or take off clothing and medically necessary trusses, braces and artificial limbs without the standby or actual assistance of another person. You are able to dress Yourself if the only assistance required is modified fasteners, zippers or snaps.
- **Eating** means that You are able to consume food that has already been prepared and made available without the standby or actual assistance of another person. You are able to eat if the only assistance required is adaptive utensils.
- **Toileting** means that You are able to get to and from the toilet, and on or off of the toilet and to maintain a

reasonable level of associated personal hygiene, without the standby or actual assistance of another person. You are able to toilet Yourself if You have an ostomy and You are able to empty the equipment Yourself. You are able to toilet Yourself if You use a commode, urinal or bedpan and You are able to empty and clean it Yourself.

- **Transferring** means that You are able to move from a bed to a wheelchair, other type of conveyance or furniture and to return to bed without standby or actual assistance from another person. You are able to transfer if You do so by use of equipment such as canes, quad canes, crutches, grab bars, or other support devices.

Adult Day Care Center is a facility which:

- is licensed or certified by the state as an Adult Day Care Facility; or
- if licensing as an Adult Day Care Center is not available in the state in which the facility is located, the facility must:
 - provide or be able to arrange for nursing care under the supervision of an RN;
 - provide planned therapeutic, social and educational activities;
 - maintain written records of services provided to each patient;
 - have a full-time administrator; and
 - provide or arrange to provide:
 - necessary assistance in Bathing, Contenance, Dressing, Eating, Toileting and Transferring;
 - physical and restorative therapy;
 - nutritional services and

- counseling; and
- constant supervision if a Physician has determined that a Cognitive Impairment results in a need for such supervision.

Adult Day Care Center will not include a Nursing Home, hospital, boarding home, home for the aged or mentally ill, rest home, a place that provides domiciliary, residential, or retirement care, or a place which is operated primarily for the treatment of alcoholics or drug addicts.

Age means the Age of the Insured on the last birthday of the Insured on the Date of Policy.

Alternate Premium Payor means the person or persons named in the Application or in a later written notice to Kanawha who is (are) to receive a copy of any late Premium notice and the lapse notice.

Assisted Living Care Facility is a facility engaged primarily in providing ongoing care and related services to a minimum of five residents in one location and meets all of the following standards:

- provides care and services sufficient to support the Medically Necessary needs of an Insured and has a trained and ready-to-respond employee on duty at all times to provide such care;
- provides at least one meal per day and accommodates special dietary needs;
- is licensed by the appropriate licensing agency, if licensing is required, to provide such care;
- has made formal arrangements for the services of a Physician or nurse to provide medical care in case of emergency; and
- has appropriate methods and

procedures in place for handling and administering drugs.

Assisted Living Care Facility includes but is not limited to adult congregate living facilities and Alzheimer's homes, if those facilities meet all of the standards set out immediately above.

Assisted Living Care Facility will not include a Nursing Home, hospital, boarding home, home for the aged or mentally ill, rest home, a place that provides domiciliary, residential, or retirement care, or a place which is operated primarily for the treatment of alcoholics or drug addicts.

Calendar Month means the period beginning on the Date of Policy and ending on the last day of the month in which the Date of Policy occurs. Thereafter, Calendar Month is each succeeding month.

Calendar Year means the period beginning on the Date of Policy and ending on December 31 of the same year. Thereafter, Calendar Year is the period beginning on January 1 and ending December 31 of the same year.

Cognitive Impairment means a deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in:

- short or long-term memory;
- orientation to people, places or time; and
- deductive or abstract reasoning.

Your inability may be because of Alzheimer's disease, Parkinson's disease, senile dementia, other covered Sickness or covered Injury.

Continuous Adult Day Care Services means that You receive, or would receive but for any applicable Elimination Period or Maximum Days, Covered Service for Adult Day Care on at least four days during each consecutive Calendar Month.

Covered Service means services for which this Policy or a Rider attached to this Policy provides a Benefit or would provide a Benefit but for any applicable Elimination Period or Maximum Days limitation.

Daily Benefit Amount means the amount You selected and which is shown on the Policy Schedule as the amount of money payable for a particular Covered Service.

Elimination Period is the number of days You receive Covered Service for any combination of the following before Benefits are payable:

- Nursing Home Confinement
- Hospice Confinement
- Assisted Living Care Facility Confinement
- Adult Day Care Services.

The days during which You receive Covered Service for any of the above need not be consecutive. After the Elimination Period is satisfied, it will never be necessary to meet another Elimination Period while Your Policy is in force.

The Elimination Period is shown on the Policy Schedule.

Family means You, Your spouse, Your mother, Your father, Your brothers, Your sisters, Your step-brothers, Your step-sisters, Your children, Your step-children and Your grandchildren.

Hospice is a place which provides a formal program of care which is:

- for terminally ill patients whose life expectancy is less than six months;
- provided on an inpatient basis; and
- directed by a Physician.

It must be licensed, certified or registered in accordance with state law.

Injury means a bodily Injury for which You receive Covered Services after the Date of Policy and while You are covered under this Policy.

Institutionalization means inpatient confinement to a Nursing Home, Assisted Living Care Facility, or Hospice during which Covered Service is received or would be received but for any applicable Elimination Period or Maximum Days limitation. Institutionalization does not include Adult Day Care, Respite Care, or other care or services for which this Policy or Riders attached to this Policy provides a Benefit.

Institutionalization Without Interruption means continuous inpatient confinement to a Nursing Home, Assisted Living Care Facility, or Hospice from which You are not released for more than 21 consecutive days except for inpatient hospital confinement and during which You receive Covered Service or would receive Covered Service but for any applicable Elimination Period or Maximum Days.

Insured means the person named Insured on the Policy Schedule.

Licensed Health Care Practitioner means any Physician, professional registered nurse, licensed social worker, or other individual who meets the requirements prescribed by the United States Secretary

of Health and Human Services from time to time.

Licensed Social Worker means a person who is licensed by the state as a Social Worker and is performing services within the scope of his or her license.

Loss of Functional Capacity means the inability to engage, without substantial assistance, in two or more Activities of Daily Living.

Maximum Days means the number of days for which a Benefit is payable as shown on the Policy Schedule or stated in this Policy.

Medically Necessary means care that is appropriate to the diagnosis, widely accepted by the practicing peer group based upon scientific criteria, and not experimental, investigative or randomized.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Mental or Nervous Illness means neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause. Mental Illness does not include Alzheimer's disease, Parkinson's disease or senile dementia.

Nursing Home is a place which:

- is licensed by the state as a skilled nursing facility, a convalescent nursing facility, a convalescent hospital, a convalescent unit of a hospital, an intermediate care facility, or custodial care facility;
- provides skilled, intermediate, or custodial nursing care under the supervision of a Physician or

professional RN;

- provides 24-hour nursing service by or under the supervision of a licensed nurse; and
- maintains a daily medical record of each patient which is available for review by Kanawha.

A Nursing Home does not mean a hospital or clinic, boarding home, home for the aged or mentally ill, rest home, community living center, a place that provides domiciliary, residential, or retirement care, a place which operates primarily for the treatment of alcoholics or drug addicts, or a Hospice.

Physician means a person other than Yourself or a member of your family who:

- is a Physician, professional RN or Social Worker licensed by the state to practice a healing art; and
- performs services for You which are allowed by such license

Pre-existing Condition means the existence of symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within six months preceding the effective date of coverage. A Pre-existing Condition will be covered on the date of Policy.

Professional Registered Nurse (RN) means a person who is performing services within the scope of his or her license, who has graduated from a formal program of nursing education (diploma school, associate degree, or baccalaureate program) and is licensed as such by the appropriate state authority. This

definition includes a Licensed Practical Nurse (LPN) or a Licensed Vocational Nurse (LVN) who has graduated from an appropriate school of nursing and who has passed a state examination for licensure.

Sickness means an illness or disease for which You receive Covered Service after the Date of Policy and while You are covered under this Policy. Sickness includes Alzheimer's disease, Parkinson's disease and senile dementia.

Substance Abuse means a condition brought about when You use alcohol or

other drug(s) in such a manner that Your health is impaired or ability to control actions is lost. Substance Abuse does not include a condition brought about by Your use of drugs prescribed by and taken in accordance with the directions of a Physician.

We, Our, Us when used in this Policy refer to Kanawha Insurance Company.

You, Your and Yourself when used in this Policy refer to the Insured named on the Policy Schedule.

BENEFITS

The Daily Benefit Amounts shown on the Policy Schedule will be paid for the Covered Services listed below after You have satisfied the Elimination Period shown on the Policy Schedule. Only one Daily Benefit Amount will be paid for each day these Covered Services are provided. Payment for each Covered Service will not exceed the Maximum Days for it shown on the Policy Schedule.

- **Nursing Home Care Benefit** — For each day You are confined to a Nursing Home, We will pay You the Daily Benefit Amount shown on the Policy Schedule.

Your Nursing Home confinement must be:

- Medically Necessary; or
- because You are unable to perform two or more of the following activities: Bathing, Contenance, Dressing, Eating, Toileting, or

Transferring; or

- because a Physician has determined that You have a Cognitive Impairment which requires confinement to a Nursing Home.

- **Assisted Living Care Facility Benefit** — For each day You are confined to an Assisted Living Care Facility, We will pay You the Daily Benefit Amount shown on the Policy Schedule. Your stay in an Assisted Living Care Facility will count toward the Maximum Days You selected for Nursing Home Care. The total number of days You are confined to a Nursing Home plus the total number of days You are confined to an Assisted Living Care Facility will count toward the Policy's Maximum Days for Nursing Home Care.

Your Assisted Living Care confinement must be:

- Medically Necessary; or

- because You are unable to perform two or more of the following activities: Bathing, Contenance, Dressing, Eating, Toileting, or Transferring; or
- **Hospice Benefit** — We will pay You a Daily Benefit Amount as shown on the Policy Schedule for each day You are confined to a Hospice.

Your Hospice confinement must be:

- Medically Necessary; or
- because You are unable to perform two or more of the following activities: Bathing, Contenance, Dressing, Eating, Toileting, or Transferring; or
- because a Physician has determined that You have a Cognitive Impairment which requires confinement to a Hospice.

- **Adult Day Care Benefit** — We will pay You the Daily Benefit Amount shown on the Policy Schedule for any of the following services in an Adult Day Care Center:
 - nursing care; or
 - therapeutic, social, and educational activities; or
 - assistance with Bathing, Contenance, Dressing, Eating, Toileting, or Transferring; or
 - physical and restorative services; or
 - nutritional services and counseling; or
 - constant supervision because a Physician has determined You have a Cognitive Impairment which results in such a need.

Services of an Adult Day Care Center must be:

- Medically Necessary; or

- because a Physician has determined that You have a Cognitive Impairment which requires confinement to a Nursing Home.
- because You are unable to perform two or more of the following activities: Bathing, Contenance, Dressing, Eating, Toileting, or Transferring; or
- because a Physician has determined that You have a Cognitive Impairment which requires confinement to an Adult Day Care Center.

We will not pay for services provided by Your family or for care as a resident bedpatient or for 24-hour care.

- **Bed Reservation Guarantee** —

- For each day You are confined to a Hospital while receiving Nursing Home Care, Assisted Living Care or Hospice Care and You are charged to reserved Your Nursing Home, Hospice or Assisted Living Care Facility Bed, We will provide a Nursing Home, Assisted Living or Hospice Care Benefit as follows:
 - if You have not satisfied the Elimination Period, We will credit the days hospitalized toward Your Elimination Period;
 - after You have satisfied the Elimination Period, We will pay the Nursing Home Care Benefit if You were confined to a Nursing Home or Assisted Living Care Facility immediately prior to hospitalization; or
 - after You have satisfied the Elimination Period, We will pay the

Hospice Benefit if You were confined to a Hospice immediately prior to Hospitalization.

Payment for Bed Reservation plus credit toward the Elimination Period will be provided for up to 60 days per Calendar Year. The 60 days need not be consecutive.

OTHER BENEFITS

• **Alternative Plan of Care**

You, Your Physician and Kanawha may agree on an Alternative Plan of Care. The care must be a medically acceptable plan that You, Your Physician and Kanawha all agree upon in advance. The agreed upon care:

- may not be for a Covered Service of this Policy, its Riders or Endorsements; or
- may be at a location or through a provider of service not described in this Policy; or
- may provide a different level of care than those levels of care described in this Policy.

You, Your Physician or Kanawha may propose an Alternative Plan of Care. Acceptance of an Alternative Plan of Care is completely optional to You, Your Physician and/or Kanawha. No Benefits will be paid for an Alternative Plan of Care unless it is agreed upon by You, Your Physician and Kanawha jointly in advance of its initiation.

Kanawha will not require You to surrender this Policy in connection with payment of an Alternative Plan of Care Benefit.

• **Benefit Rebuilder**

After We have paid You Benefits and You have used some or all of Your Maximum Days, You can rebuild Your Maximum Days.

If You have not been confined to a Nursing Home, Assisted Living Care Facility, or confined to a Hospice, received Adult Day Care Services or received any other Covered Services for which this Policy, its Riders, or Endorsements provide a Benefit, for 180 consecutive days, Kanawha will restore full Benefits. The 180 days required to restore full Benefits will be extended by any period during which You are inpatient hospitalized. You do not need to meet another Elimination Period after rebuilding Your Maximum Days.

• **Premium Waiver Benefit**

Premium payments are not due or required beginning with the 91st consecutive day on which You incur Covered Service for Institutionalization Without Interruption and/or Continuous Adult Day Care Services.

Premiums will be waived in accordance with the mode of Premium payment in effect when the 91-consecutive day period began.

When Institutionalization Without Interruption and/or Continuous Adult Day Care Services end, You must pay Premiums to keep this Policy in force. Kanawha will notify You of the amount and due date of any Premium You must pay.

When You no longer receive a Daily Benefit Amount during Institutional-

ization Without Interruption and/or Continuous Adult Day Care Services, You must pay Premiums to keep this Policy in force. Kanawha will notify You of the amount and due date of any Premium You must pay.

After Kanawha waives Premiums for one year, We will not require You to furnish Proofs of Loss for this Benefit more frequently than once per Calendar Year.

When You do not furnish Proofs of Loss for this Benefit in accordance with a written request from Kanawha, premium waiver will end and You must pay Premiums to keep this Policy in force. The first Premium You must pay will be the one next following the date on which Kanawha mailed You a request for Proofs of Loss for this Benefit. Kanawha will notify You of the amount and due date of any Premium You must pay.

EXCLUSIONS ON ELIGIBILITY FOR BENEFITS

No Benefits are provided for:

- the Elimination Period selected and shown on the Policy Schedule;
- services for care or treatment of Mental or Nervous Illness without demonstrable organic cause. (Mental Illness does not include Alzheimer's disease, Parkinson's disease or senile dementia.);
- services for care or treatment of Substance Abuse (this will not exclude services for care or treatment of a condition brought about by Your use of drugs prescribed by and taken in accordance with the directions of a Physician);
- conditions arising out of war or act of war (whether declared or undeclared);
- services for care or treatment arising out of active participation in a felony, riot or insurrection;
- services for care or treatment arising out of service in the armed forces or units auxiliary thereto;
- services for care or treatment arising out of suicide or attempted suicide (while sane or insane) or intentionally self-inflicted Injury;
- services for care or treatment provided in a government facility (unless otherwise required by law);
- services for care or treatment covered by any state or federal Worker's Compensation, employer's liability or occupational disease law;
- services for care or treatment provided by a member of Your Family;
- shopping, housekeeping, or transportation services except as may be provided by name in a Rider attached to this Policy;
- services or items covered by Title XVIII of the Social Security Act or Medicare deductibles and coinsurance amounts. The indemnity Benefits of this Policy are payable regardless of what Medicare pays or does not pay; and
- services for which no charge is made or for which no charge is normally made in the absence of insurance.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Benefits are limited for:

- services for care or treatment incurred outside the United States and its territories or Canada are limited to 90 days for all such services. Kanawha will pay Benefits for Long Term Care Services You incurred while outside the United States and Canada,

provided such Long Term Care Services continue within seven days (excluding any period of Hospitalization) upon and after Your return to the United States. Any payment will be made after You return to the United States.

GENERAL PROVISIONS

Alternate Premium Payor — You may designate an Alternate Premium Payor. If You have given Us notice of an Alternate Premium Payor, We will send You and the Alternate Premium Payor a copy of any late Premium notice and a copy of any lapse notice. You may change the Alternate Premium Payor by giving Us written notice.

and end at 12:01 a.m. at the place where You reside.

Conformity With State Statutes — Any provision of this Policy that is in conflict with any statutes of the state You lived in when this Policy was issued is considered amended to conform to that statute.

This designation shall not constitute acceptance of the liability by the Alternate Premium Payor for any services that may have been provided to the Insured.

Entire Contract; Changes — This Policy, including the Endorsements and the attached papers, if any, constitutes the Entire Contract of insurance.

Cancellation — Upon Your cancellation of this Policy, coverage will continue during the Grace Period of the Premium due immediately preceding the date of cancellation. Upon Your cancellation of this Policy, there is no Grace Period for any Premium falling due on or after the cancellation date.

No change in this Policy will be effective until it is approved in writing by one of Kanawha's executive officers. This approval must be noted on or attached to this Policy. No agent or representative of Kanawha, other than an executive officer, may change this Policy or waive any of its provisions. No verbal statement by an executive officer of Kanawha or other employee of Kanawha or agent or broker is binding upon Kanawha.

Consideration and Date of Policy — This Policy is issued in Consideration of the statements in the Application and payment of the first Premium. The Date of Policy is shown on the Policy Schedule. All periods of insurance begin

No sales agent or broker of Kanawha is an executive officer of Kanawha. Kanawha's executive officers include its President, Vice Presidents, and Secretary.

Continuation of Benefits Upon Lapse or Your Cancellation of This Policy —

Termination of Long Term Care Insurance is without prejudice to any Benefits payable for Institutionalization if such Institutionalization began while the Long Term Care Insurance was in force and Institutionalization Without Interruption continues after termination. Such extension of Benefits beyond the period the Long Term Care Insurance was in force is limited to the duration of the Benefit period, if any, or to payment of the maximum Benefits and will be subject to any Policy Elimination Period and all other applicable provisions of this Policy.

Free Choice of a Physician — You have freedom to choose Your Physician.

Incontestability — Prior to six months after the Date of Policy, material misstatements made by You in the Application can be used to void this Policy and to deny an otherwise valid claim.

After six months from the Date of Policy, but less than two years from the Date of Policy, misstatements made by You in the Application can be used to void this Policy and to deny an otherwise valid claim if:

- the misstatements are material to Kanawha's acceptance of coverage; and
- the misstatements pertain to the condition for which Benefits are sought.

After two years from the Date of Policy, no misstatements, except fraudulent misstatements made by You in the Application, can be used to void this

Policy and to deny an otherwise valid claim.

If this Policy is voided due to misstatements in the Application, Kanawha will refund Premiums paid and will not attempt to recover Benefit payments issued prior to voidance of this Policy.

Legal Actions — No action can be brought against Kanawha in any court until 60 days after Kanawha receives Your claim on which the action is based.

No action at all can be brought unless it is commenced within three years after the date Proofs of Loss are required.

Notice of Lapse of Policy — Should the Premium not be paid within the Grace Period, Kanawha will lapse this Policy. Kanawha will send Notice of Lapse of this Policy to You and the Alternate Premium Payor, if applicable.

Other Long Term Care Insurance — The Application for this Policy lists all other Long Term Care Policies in force or applied for on the date of Application for this Policy. Any Long Term Care Policy fully admitted on the Application may stay in force after this Policy is issued unless You agreed in the Application to terminate or replace it.

Physical Examination — At Our expense, We have the right to have You examined as often as reasonably necessary while a claim is pending.

Premiums, Change of Premiums — Premiums are payable for the period shown on the Policy Schedule. Kanawha will bill You for Premiums due in accordance with its usual practices for the mode of Premium payment in effect on the due date.

Payments are not due or required under the Policy if waived in accordance with the Premium Waiver Benefit.

Premiums paid to Kanawha but not due or required will be returned to You.

Kanawha will send the Alternate Premium Payor, if applicable, a copy of any late Premium notice and the lapse notice.

Kanawha can change Your Premium if the Premiums for all Policies in the same Class are changed. You will be given at least 45 days notice before Your Premium is changed. Any increase or decrease will begin the next Premium due date after the notice is given.

PRE-EXISTING CONDITIONS

A Pre-existing Condition will be covered on the Date of Policy.

TERMINATION OF COVERAGE

Grace Period — This Policy has a 31-day Grace Period, which means that if any Premium, except the first one, is not paid when it is due, it may be paid during the next 31 days. During the Grace Period, this Policy will stay in force.

If no Alternate Premium Payor is named and Your Premium is not paid at the end of the 31-day Grace Period, this Policy will lapse and You will no longer be entitled to Benefits except as may be required by the Continuation of Benefits Upon Lapse or Your Cancellation of This Policy provision.

If You have named an Alternate Premium Payor and a Premium is not paid within 31 days of the due date, Kanawha will notify the Alternate Premium Payor of the unpaid Premium. Notice of the unpaid Premium will be mailed to the Alternate Premium Payor's address as shown in Kanawha's records. If the Premium remains unpaid 35 days after notice is mailed to the Alternate Premium Payor, this Policy will lapse at the beginning of

the 36th day after mailing of the notice to the Alternate Premium Payor.

Reinstatement — If the renewal Premium is not paid before the end of the Grace Period, this Policy will lapse. Later acceptance of the Premium by Kanawha (or by one of its agents or brokers) without requiring an Application for Reinstatement will reinstate this Policy.

If Kanawha, its agent or broker requires an Application for Reinstatement, You will be given a conditional receipt for the Premium paid. If the Application is approved, this Policy will be reinstated on the date of such approval. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the receipt unless Kanawha has previously written You of its disapproval.

The reinstated Policy will cover loss from Institutionalization which begins after the date of Reinstatement. The reinstated Policy will cover other losses, for which the Policy provides Benefits, occurring after the date of Reinstatement. In all other respects, Your rights and Our rights

will remain the same, subject to any provisions imposed by Us.

Any Premium We accept for a Reinstatement will be applied to a period for which Premiums have not been paid. No Premium will be applied to any period more than 60 days before the Reinstatement date.

Reinstatement Due to Cognitive Impairment — If this Policy lapses and We

receive proof of Cognitive Impairment within five months after lapse, this Policy will be reinstated without evidence of insurability, upon collection of past due Premium, where appropriate.

Termination for Nonpayment of Premium — Subject to the Continuation of Benefits Upon Lapse or Your Cancellation of This Policy Your coverage will end if the required Premium is not paid when due or within the Grace Period.

MAKING A CLAIM UNDER YOUR POLICY

Claim Forms — When Kanawha receives Your Notice of Claim, Kanawha will send You forms for filing Proofs of Loss. If these forms are not given to You within 15 days after the giving of such notice, You will be deemed to have met the requirements for giving Kanawha a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss section.

Notice of Claim — Written Notice of Claim must be given within 180 days after a Covered Service starts or as soon as reasonably possible. The notice may be given to Kanawha at Post Office Box 2000, Lancaster, South Carolina 29721-2000 or to its agent. The notice should include Your name and the number of this Policy.

Payment of Claims — All Benefits will be paid to You, Your estate or a person acting legally in Your behalf. Any Benefit unpaid at Your death may be paid, at Kanawha's option, either to Your beneficiary or to Your estate.

If Benefits are payable to Your estate or to a beneficiary who cannot execute a

valid release, Kanawha can pay up to \$1,000 to someone related to You or Your Beneficiary, by blood or marriage, whom Kanawha finds is justly entitled to payment. Such a payment made in good faith will discharge Kanawha to the extent of the amount paid.

Proofs of Loss — Written Proofs of Loss must be given within 180 days after a Covered Service begins. Proofs of Loss include signed completed Claim Forms and billings or other proof that You have incurred a Covered Service.

If You are not able to give Proofs of Loss within 180 days, it will not have a bearing on Your claim if Proofs of Loss are given to Kanawha as soon as reasonably possible. In any event, Proofs of Loss must be given not later than one year from the time stated unless You are legally unable to do so.

Time of Payment of Claim — After receiving written Proofs of Loss, Kanawha will pay monthly, all Benefits then due for Covered Services.

Who is Entitled to Benefits — You are the only person entitled to Benefits under

this Policy. You may assign the Benefits of this Policy. Kanawha will not be responsible for the validity or sufficiency of any assignment. Kanawha will not be responsible for distribution of any payments made to You. Kanawha will not be responsible for payments made to You prior to Kanawha's receipt of an

assignment affecting Benefits. Policy Benefits may not be borrowed. Policy Benefits may not be paid, assigned, or pledged as collateral for a loan. The Virginia Department of Medical Assistance Services will be the payor of last resorts under this Policy.

Counter Signature of Licensed Resident Agent (if required)

•This is a Long Term Care Insurance Policy. This Policy is NOT intended to qualify for favorable tax status under the Health Insurance Portability and Accountability Act of 1996.

•Premiums May Be Changed

•Non-participating

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	44.83	22.43	56.04	28.03	68.48	34.25	16-39
40-54	67.91	33.96	84.89	42.46	103.75	51.90	40-54
55-59	92.09	46.06	115.10	57.56	140.68	70.34	55-59
60	105.64	53.02	132.06	66.28	161.40	81.00	60
61	119.30	59.90	149.12	74.88	182.27	91.52	61
62	132.96	66.79	166.21	83.50	203.14	102.05	62
63	147.59	73.76	184.49	92.20	225.48	112.70	63
64	161.83	80.99	202.30	101.22	247.24	123.72	64
65	176.28	88.10	220.36	110.14	269.32	134.62	65
66	190.52	95.50	238.14	119.39	291.07	145.90	66
67	205.13	102.62	256.42	128.29	313.40	156.80	67
68	230.36	115.26	287.94	144.07	351.94	176.09	68
69	255.74	127.90	319.68	159.86	390.72	195.38	69
70	281.15	140.51	351.42	175.62	429.53	214.66	70
71	306.53	153.14	383.16	191.42	468.31	233.95	71
72	331.97	165.95	414.97	207.42	507.19	253.51	72
73	392.81	191.21	491.00	239.02	600.12	292.15	73
74	453.64	215.11	567.05	268.92	693.06	328.67	74
75	514.49	237.24	643.10	296.54	786.01	362.44	75
76	575.50	257.74	719.36	322.18	879.23	393.77	76
77	636.32	276.70	795.42	345.86	972.17	422.72	77
78	732.06	318.40	915.07	397.99	1,118.42	486.46	78
79	833.95	362.69	1,042.44	453.35	1,274.09	554.11	79
80	933.82	405.85	1,167.26	507.30	1,426.66	620.03	80
81	1,038.18	451.33	1,297.73	564.17	1,586.09	689.54	81
82	1,147.74	498.82	1,434.68	623.52	1,753.50	762.08	82
83	1,261.99	548.77	1,577.50	685.98	1,928.04	838.40	83
84	1,381.21	600.73	1,726.50	750.89	2,110.18	917.76	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	29.24	12.74	36.55	15.94	44.68	19.46	16-39
40-54	44.29	19.32	55.37	24.13	67.66	29.51	40-54
55-59	60.06	26.18	75.07	32.74	91.74	40.00	55-59
60	72.32	31.52	90.41	39.42	110.50	48.17	60
61	84.60	36.71	105.76	45.89	129.25	56.09	61
62	96.89	42.05	121.09	52.57	148.01	64.25	62
63	111.48	48.36	139.36	60.46	170.30	73.90	63
64	125.92	54.85	157.38	68.57	192.36	83.81	64
65	140.51	61.15	175.64	76.45	214.66	93.43	65
66	155.10	67.46	193.88	84.35	236.96	103.08	66
67	169.70	73.79	212.12	92.22	259.27	112.73	67
68	194.75	84.67	243.43	105.85	297.54	129.37	68
69	219.80	95.56	274.75	119.46	335.81	145.99	69
70	244.86	106.46	306.07	133.08	374.08	162.65	70
71	270.07	117.35	337.57	146.69	412.61	179.29	71
72	295.13	128.26	368.89	160.32	450.88	195.96	72
73	349.19	151.75	436.49	189.70	533.50	231.86	73
74	403.27	175.45	504.10	219.30	616.10	268.03	74
75	457.34	198.95	571.70	248.70	698.72	303.96	75
76	511.61	222.46	639.49	278.08	781.61	339.86	76
77	565.67	245.98	707.10	307.46	864.23	375.78	77
78	650.78	283.04	813.47	353.82	994.25	432.44	78
79	741.35	322.43	926.69	403.03	1,132.63	492.58	79
80	830.14	360.79	1,037.66	450.97	1,268.26	551.20	80
81	922.91	401.22	1,153.63	501.54	1,409.99	612.98	81
82	1,020.31	443.42	1,275.38	554.28	1,558.81	677.47	82
83	1,121.88	487.85	1,402.34	609.82	1,713.96	745.32	83
84	1,227.84	534.02	1,534.81	667.52	1,875.88	815.87	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	26.90	11.74	33.62	14.65	41.09	17.92	16-39
40-54	40.74	17.76	50.94	22.21	62.24	27.14	40-54
55-59	55.24	24.10	69.06	30.11	84.41	36.80	55-59
60	66.55	29.02	83.17	36.26	101.66	44.32	60
61	77.83	33.77	97.28	42.20	118.91	51.59	61
62	89.12	38.69	111.42	48.36	136.16	59.11	62
63	102.56	44.51	128.20	55.62	156.70	67.99	63
64	115.84	50.46	144.79	63.10	176.96	77.11	64
65	129.28	56.26	161.59	70.33	197.50	85.96	65
66	142.69	62.08	178.37	77.59	218.02	94.85	66
67	156.13	67.87	195.17	84.84	238.52	103.70	67
68	179.17	77.89	223.97	97.38	273.73	119.02	68
69	202.21	87.91	252.77	109.90	308.95	134.33	69
70	225.25	97.94	281.59	122.42	344.16	149.63	70
71	248.47	107.96	310.58	134.95	379.58	164.95	71
72	271.51	118.01	339.38	147.49	414.79	180.26	72
73	321.25	139.62	401.57	174.53	490.81	213.31	73
74	371.02	161.41	463.75	201.76	566.82	246.59	74
75	420.77	183.04	525.96	228.80	642.84	279.65	75
76	470.66	204.65	588.35	255.82	719.08	312.67	76
77	520.42	226.30	650.53	282.88	795.10	345.73	77
78	598.72	260.41	748.39	325.50	914.71	397.85	78
79	682.04	296.62	852.55	370.78	1,042.02	453.18	79
80	763.72	331.91	954.65	414.89	1,166.81	507.10	80
81	849.06	369.12	1,061.34	461.41	1,297.19	563.94	81
82	938.69	407.96	1,173.35	509.95	1,434.11	623.27	82
83	1,032.12	448.82	1,290.17	561.02	1,576.86	685.69	83
84	1,129.61	491.30	1,412.03	614.14	1,725.82	750.60	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	22.98	10.02	28.73	12.52	35.11	15.30	16-39
40-54	34.81	15.19	43.52	18.97	53.18	23.20	40-54
55-59	47.20	20.58	59.00	25.73	72.12	31.45	55-59
60	56.86	24.79	71.06	30.98	86.86	37.86	60
61	66.49	28.86	83.11	36.06	101.59	44.09	61
62	76.15	33.06	95.17	41.32	116.33	50.50	62
63	87.62	38.02	109.51	47.52	133.86	58.08	63
64	98.95	43.13	123.71	53.89	151.20	65.88	64
65	110.44	48.07	138.05	60.10	168.73	73.44	65
66	121.92	53.03	152.39	66.30	186.26	81.02	66
67	133.38	57.98	166.73	72.48	203.78	88.58	67
68	153.08	66.55	191.35	83.20	233.86	101.69	68
69	172.76	75.11	215.96	93.89	263.94	114.76	69
70	192.46	83.68	240.55	104.60	294.02	127.84	70
71	212.28	92.23	265.34	115.30	324.31	140.93	71
72	231.96	100.82	289.96	126.01	354.37	154.02	72
73	274.46	119.29	343.08	149.11	419.33	182.24	73
74	316.97	137.89	396.22	172.38	484.26	210.68	74
75	359.48	156.38	449.35	195.48	549.19	238.91	75
76	402.12	174.85	502.63	218.56	614.34	267.13	76
77	444.61	193.32	555.78	241.67	679.27	295.37	77
78	511.51	222.47	639.40	278.09	781.48	339.90	78
79	582.70	253.42	728.38	316.78	890.24	387.17	79
80	652.49	283.56	815.62	354.47	996.86	433.22	80
81	725.41	315.36	906.78	394.21	1,108.28	481.80	81
82	801.96	348.54	1,002.47	435.68	1,225.22	532.49	82
83	881.80	383.45	1,102.25	479.30	1,347.20	585.83	83
84	965.09	419.74	1,206.37	524.68	1,474.44	641.26	84

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	77.32	38.69	96.65	48.36	118.14	59.10	16-39
40-54	117.18	58.60	146.46	73.25	179.02	89.53	40-54
55-59	163.10	81.58	203.88	101.98	249.19	124.63	55-59
60	206.88	103.81	258.60	129.77	316.07	158.62	60
61	216.71	108.79	270.88	136.00	331.07	166.21	61
62	227.08	114.07	283.84	142.60	346.92	174.28	62
63	242.21	121.06	302.75	151.32	370.04	184.93	63
64	257.41	128.81	321.77	161.03	393.29	196.80	64
65	273.25	136.58	341.57	170.72	417.47	208.67	65
66	289.18	144.94	361.46	181.19	441.79	221.45	66
67	305.74	152.96	382.18	191.20	467.10	233.69	67
68	332.35	166.30	415.43	207.86	507.77	254.05	68
69	359.71	179.88	449.63	224.86	549.56	274.82	69
70	387.20	193.50	484.00	241.88	591.55	295.64	70
71	414.79	207.23	518.50	259.04	633.73	316.61	71
72	442.62	217.80	553.27	272.26	676.22	332.76	72
73	505.00	247.91	631.26	309.89	771.53	378.76	73
74	567.20	275.69	709.02	344.62	866.57	421.19	74
75	629.41	301.73	786.76	377.16	961.60	460.99	75
76	691.62	327.72	864.52	409.67	1,056.64	500.70	76
77	754.02	351.49	942.53	439.37	1,151.98	537.00	77
78	859.93	374.02	1,074.91	467.50	1,313.78	571.39	78
79	966.02	420.13	1,207.52	525.16	1,475.87	641.88	79
80	1,081.27	469.92	1,351.58	587.40	1,651.93	717.95	80
81	1,202.82	522.91	1,503.53	653.64	1,837.66	798.91	81
82	1,329.48	577.80	1,661.86	722.27	2,031.14	882.78	82
83	1,461.62	635.58	1,827.01	794.47	2,233.03	971.04	83
84	1,599.72	695.75	1,999.66	869.69	2,444.03	1,062.95	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	50.44	22.01	63.04	27.49	77.05	33.60	16-39
40-54	76.42	33.31	95.52	41.64	116.76	50.90	40-54
55-59	106.37	46.39	132.98	57.98	162.53	70.87	55-59
60	141.64	61.75	177.05	77.18	216.41	94.34	60
61	153.67	66.66	192.07	83.33	234.78	101.83	61
62	165.44	71.81	206.81	89.78	252.77	109.73	62
63	182.94	79.37	228.67	99.23	279.48	121.27	63
64	200.28	87.26	250.34	109.08	305.99	133.31	64
65	217.80	94.81	272.26	118.50	332.76	144.84	65
66	235.43	102.41	294.28	128.00	359.68	156.46	66
67	252.92	109.96	316.15	137.45	386.42	167.98	67
68	280.99	122.17	351.23	152.70	429.29	186.65	68
69	309.16	134.42	386.46	168.04	472.32	205.37	69
70	337.22	146.62	421.54	183.26	515.20	224.00	70
71	365.47	158.81	456.83	198.50	558.36	242.63	71
72	393.47	168.35	491.84	210.43	601.13	257.21	72
73	448.93	196.76	561.18	245.95	685.88	300.60	73
74	504.23	224.83	630.30	281.05	770.36	343.49	74
75	559.52	253.06	699.42	316.32	854.84	386.62	75
76	614.82	282.88	768.54	353.59	939.32	432.16	76
77	670.30	312.46	837.86	390.59	1,024.07	477.37	77
78	764.45	332.48	955.56	415.61	1,167.91	507.96	78
79	858.76	373.48	1,073.45	466.85	1,312.00	570.60	79
80	961.21	417.76	1,201.51	522.18	1,468.51	638.23	80
81	1,069.27	464.86	1,336.58	581.06	1,633.61	710.21	81
82	1,181.88	513.66	1,477.34	642.07	1,805.63	784.76	82
83	1,299.34	565.02	1,624.16	706.27	1,985.09	863.21	83
84	1,422.11	618.50	1,777.63	773.12	2,172.65	944.93	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	46.39	20.23	58.01	25.28	70.88	30.91	16-39
40-54	70.31	30.65	87.88	38.30	107.40	46.82	40-54
55-59	97.86	42.66	122.33	53.34	149.51	65.18	55-59
60	130.31	56.81	162.89	71.02	199.08	86.81	60
61	141.37	61.32	176.71	76.67	215.98	93.70	61
62	152.22	66.07	190.27	82.58	232.55	100.93	62
63	168.31	73.03	210.37	91.27	257.12	111.58	63
64	184.26	80.28	230.33	100.34	281.51	122.65	64
65	200.38	87.23	250.46	109.02	306.12	133.25	65
66	216.60	94.21	270.74	117.77	330.89	143.94	66
67	232.68	101.16	290.86	126.46	355.51	154.54	67
68	258.50	112.39	323.14	140.48	394.94	171.71	68
69	284.42	123.67	355.52	154.58	434.53	188.95	69
70	310.25	134.88	387.80	168.61	473.99	206.08	70
71	336.23	146.11	420.29	182.63	513.67	223.22	71
72	361.99	154.88	452.48	193.60	553.06	236.62	72
73	413.02	181.02	516.26	226.27	631.01	276.55	73
74	463.90	206.84	579.86	258.56	708.73	316.01	74
75	514.78	232.80	643.45	291.01	786.46	355.68	75
76	565.63	260.23	707.04	325.31	864.17	397.60	76
77	616.67	287.46	770.84	359.33	942.14	439.18	77
78	703.30	305.88	879.13	382.34	1,074.49	467.33	78
79	790.06	343.61	987.58	429.50	1,207.03	524.95	79
80	884.32	384.32	1,105.38	480.41	1,351.03	587.17	80
81	983.74	427.68	1,229.66	534.59	1,502.92	653.40	81
82	1,087.32	472.57	1,359.14	590.71	1,661.18	721.98	82
83	1,195.39	519.82	1,494.24	649.76	1,826.28	794.15	83
84	1,308.32	569.02	1,635.42	711.29	1,998.84	869.34	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	39.62	17.28	49.56	21.60	60.55	26.42	16-39
40-54	60.06	26.18	75.10	32.74	91.78	40.01	40-54
55-59	83.62	36.46	104.51	45.56	127.74	55.70	55-59
60	111.32	48.54	139.16	60.67	170.09	74.15	60
61	120.79	52.39	150.97	65.50	184.54	80.04	61
62	130.04	56.45	162.55	70.56	198.68	86.24	62
63	143.78	62.40	179.74	77.99	219.67	95.33	63
64	157.42	68.58	196.78	85.73	240.50	104.77	64
65	171.19	74.52	213.98	93.14	261.54	113.83	65
66	185.05	80.48	231.30	100.61	282.70	122.98	66
67	198.79	86.42	248.51	108.04	303.72	132.04	67
68	220.86	96.02	276.07	120.02	337.42	146.69	68
69	243.00	105.66	303.74	132.07	371.26	161.41	69
70	265.06	115.24	331.32	144.06	404.95	176.06	70
71	287.26	124.82	359.08	156.04	438.85	190.72	71
72	309.28	132.32	386.59	165.41	472.49	202.15	72
73	352.86	154.66	441.08	193.31	539.10	236.28	73
74	396.32	176.71	495.40	220.90	605.50	269.99	74
75	439.80	198.89	549.73	248.62	671.90	303.88	75
76	483.24	222.34	604.07	277.92	738.30	339.67	76
77	526.85	245.59	658.56	306.98	804.92	375.23	77
78	600.86	261.34	751.08	326.66	917.99	399.24	78
79	675.00	293.54	843.72	366.95	1,031.23	448.49	79
80	755.50	328.34	944.39	410.44	1,154.24	501.64	80
81	840.44	365.38	1,050.55	456.71	1,284.02	558.20	81
82	928.96	403.74	1,161.18	504.67	1,419.23	616.82	82
83	1,021.27	444.10	1,276.58	555.13	1,560.29	678.49	83
84	1,117.76	486.14	1,397.21	607.66	1,707.71	742.72	84

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	62.59	31.30	78.24	39.11	95.64	47.81	16-39
40-54	94.82	47.45	118.54	59.29	144.89	72.48	40-54
55	163.10	81.58	203.88	101.98	249.19	124.63	55
56	189.31	94.68	236.64	118.34	289.21	144.65	56
57-59	215.69	107.88	269.63	134.86	329.53	164.83	57-59
60	367.52	184.45	459.40	230.57	561.48	281.80	60
61	407.56	204.61	509.44	255.77	622.66	312.61	61
62	422.84	212.04	528.55	265.06	646.01	323.96	62
63	460.07	230.44	575.08	288.06	702.88	352.07	63
64	493.03	246.72	616.30	308.39	753.25	376.93	64
65	517.96	258.89	647.45	323.62	791.30	395.52	65
66	542.82	272.10	678.53	340.15	829.31	415.72	66
67	569.40	284.89	711.74	356.10	869.92	435.24	67
68	610.72	305.54	763.39	381.95	933.02	466.81	68
69	653.41	326.75	816.77	408.44	998.28	499.20	69
70	696.67	348.19	870.84	435.23	1,064.35	531.96	70
71	740.20	369.77	925.25	462.22	1,130.86	564.94	71
72	784.51	386.36	980.64	482.95	1,198.56	590.28	72
73	898.10	433.76	1,122.62	542.21	1,372.09	662.71	73
74	1,004.32	476.00	1,255.37	595.01	1,534.34	727.22	74
75	1,105.03	514.27	1,381.31	642.85	1,688.26	785.70	75
76	1,206.47	551.62	1,508.09	689.53	1,843.20	842.76	76
77	1,300.39	584.47	1,625.50	730.58	1,986.70	892.93	77
78	1,390.30	614.56	1,737.86	768.17	2,124.06	938.88	78
79	1,478.02	642.89	1,847.54	803.62	2,258.09	982.20	79
80	1,655.39	720.04	2,069.24	900.06	2,529.08	1,100.06	80
81	1,840.13	800.39	2,300.18	1,000.49	2,811.32	1,222.81	81
82	2,033.76	884.62	2,542.20	1,105.76	3,107.14	1,351.49	82
83	2,236.28	972.67	2,795.35	1,215.84	3,416.52	1,486.04	83
84	2,447.59	1,064.60	3,059.50	1,330.78	3,739.39	1,626.49	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	40.82	17.80	51.04	22.24	62.36	27.19	16-39
40-54	61.85	26.98	77.32	33.72	94.49	41.21	40-54
55	106.37	46.39	132.98	57.98	162.53	70.87	55
56	123.46	53.83	154.33	67.30	188.62	82.24	56
57-59	140.68	61.34	175.84	76.67	214.92	93.72	57-59
60	251.62	109.70	314.53	137.12	384.42	167.62	60
61	289.00	125.38	361.25	156.71	441.54	191.54	61
62	308.09	133.50	385.09	166.87	470.69	203.96	62
63	347.48	151.10	434.34	188.89	530.88	230.86	63
64	383.59	167.11	479.50	208.90	586.06	255.32	64
65	412.84	179.69	516.06	224.62	630.72	274.54	65
66	441.92	192.25	552.41	240.31	675.17	293.72	66
67	471.04	204.79	588.80	256.00	719.64	312.86	67
68	516.32	224.47	645.41	280.58	788.83	342.95	68
69	561.60	244.16	702.01	305.22	858.01	373.03	69
70	606.76	263.81	758.44	329.78	926.98	403.04	70
71	652.16	283.37	815.20	354.22	996.36	432.94	71
72	697.40	298.62	871.75	373.28	1,065.48	456.23	72
73	798.37	344.26	997.98	430.33	1,219.74	525.95	73
74	892.80	388.19	1,116.00	485.24	1,363.99	593.06	74
75	982.34	431.29	1,227.94	539.11	1,500.80	658.92	75
76	1,072.51	476.12	1,340.64	595.14	1,638.55	727.39	76
77	1,156.01	519.58	1,445.02	649.48	1,766.11	793.80	77
78	1,235.93	546.31	1,544.90	682.88	1,888.20	834.65	78
79	1,313.92	571.51	1,642.39	714.40	2,007.38	873.14	79
80	1,471.58	640.09	1,839.49	800.12	2,248.26	977.92	80
81	1,635.82	711.52	2,044.78	889.40	2,499.17	1,087.04	81
82	1,807.94	786.40	2,259.94	982.98	2,762.14	1,201.44	82
83	1,987.97	864.67	2,484.96	1,080.84	3,037.19	1,321.03	83
84	2,175.84	946.40	2,719.80	1,183.01	3,324.22	1,445.89	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	37.56	16.38	46.94	20.47	57.37	25.00	16-39
40-54	56.90	24.80	71.11	31.01	86.94	37.90	40-54
55	97.86	42.66	122.33	53.34	149.51	65.18	55
56	113.59	49.51	141.98	61.90	173.53	75.67	56
57-59	129.43	56.42	161.78	70.54	197.72	86.21	57-59
60	231.49	100.93	289.37	126.17	353.66	154.20	60
61	265.88	115.33	332.35	144.17	406.21	176.22	61
62	283.43	122.82	354.30	153.53	433.02	187.64	62
63	319.68	139.03	399.61	173.78	488.41	212.39	63
64	352.92	153.76	441.14	192.19	539.17	234.89	64
65	379.81	165.34	474.76	206.65	580.26	252.58	65
66	406.58	176.87	508.22	221.09	621.16	270.22	66
67	433.37	188.41	541.69	235.51	662.08	287.84	67
68	475.03	206.52	593.78	258.14	725.72	315.52	68
69	516.67	224.64	645.85	280.80	789.37	343.20	69
70	558.20	242.71	697.76	303.40	852.83	370.81	70
71	599.98	260.71	749.99	325.88	916.64	398.30	71
72	641.60	274.73	802.02	343.42	980.23	419.74	72
73	734.52	316.73	918.12	395.90	1,122.17	483.88	73
74	821.38	357.14	1,026.72	446.42	1,254.88	545.63	74
75	903.77	396.79	1,129.70	496.00	1,380.74	606.20	75
76	986.71	438.02	1,233.38	547.52	1,507.46	669.19	76
77	1,063.52	478.01	1,329.41	597.50	1,624.82	730.30	77
78	1,137.05	502.60	1,421.32	628.26	1,737.16	767.87	78
79	1,208.80	525.79	1,511.00	657.24	1,846.79	803.29	79
80	1,353.86	588.89	1,692.32	736.10	2,068.39	899.69	80
81	1,504.96	654.60	1,881.19	818.24	2,299.24	1,000.09	81
82	1,663.32	723.48	2,079.13	904.36	2,541.16	1,105.32	82
83	1,828.93	795.49	2,286.17	994.39	2,794.21	1,215.36	83
84	2,001.77	870.70	2,502.22	1,088.38	3,058.27	1,330.24	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80650 1/97 for NH Premiums; Rider Form 80660 1/97 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	32.09	13.98	40.10	17.47	49.02	21.37	16-39
40-54	48.61	21.19	60.77	26.50	74.27	32.39	40-54
55	83.62	36.46	104.51	45.56	127.74	55.70	55
56	97.03	42.31	121.31	52.90	148.26	64.64	56
57-59	110.57	48.22	138.22	60.26	168.92	73.66	57-59
60	197.78	86.23	247.22	107.78	302.15	131.74	60
61	227.16	98.53	283.94	123.17	347.04	150.55	61
62	242.15	104.93	302.69	131.16	369.95	160.30	62
63	273.12	118.78	341.40	148.48	417.28	181.46	63
64	301.51	131.35	376.90	164.20	460.64	200.68	64
65	324.50	141.24	405.62	176.54	495.74	215.78	65
66	347.35	151.10	434.18	188.89	530.69	230.86	66
67	370.24	160.97	462.79	201.19	565.63	245.92	67
68	405.83	176.42	507.29	220.55	620.03	269.54	68
69	441.43	191.93	551.77	239.90	674.38	293.21	69
70	476.90	207.36	596.12	259.20	728.60	316.80	70
71	512.60	222.74	640.74	278.42	783.13	340.28	71
72	548.16	234.72	685.21	293.40	837.47	358.60	72
73	627.53	270.59	784.39	338.23	958.72	413.40	73
74	701.74	305.12	877.18	381.38	1,072.09	466.15	74
75	772.13	339.00	965.16	423.74	1,179.62	517.92	75
76	843.00	374.23	1,053.73	467.78	1,287.90	571.74	76
77	908.62	408.38	1,135.78	510.49	1,388.16	623.93	77
78	971.45	429.41	1,214.28	536.76	1,484.14	656.03	78
79	1,032.73	449.21	1,290.94	561.50	1,577.80	686.28	79
80	1,156.67	503.11	1,445.83	628.90	1,767.13	768.64	80
81	1,285.75	559.26	1,607.20	699.07	1,964.35	854.44	81
82	1,421.03	618.11	1,776.31	772.64	2,171.04	944.33	82
83	1,562.53	679.64	1,953.18	849.56	2,387.21	1,038.34	83
84	1,710.20	743.88	2,137.76	929.86	2,612.81	1,136.48	84

Continental General Insurance Company
Form 80650 1/97 and Riders
Current Factor Tables

Elimination Period:		Discount Factors:		Mode Factors:	
0 Day	1.000	Marital	0.90	Annual	1.000
30 Day	0.871	Association(5%)	0.95	Semi Annual	0.510
60 Day(Georgia Only)	0.826	Association/Employer(10%)	0.90	Quarterly	0.260
90 Day	0.780			Monthly Bank Draft (PAC)	0.086
				List Bill	0.086
				Monthly Direct	0.092

80710 - Survivorship Rider Factors: (By Age)

Issue Age	Factor	Issue Age	Factor
16-39	0.663	71	0.209
40-54	0.453	72	0.208
55-59	0.346	73	0.191
60	0.313	74	0.179
61	0.286	75	0.169
62	0.265	76	0.162
63	0.249	77	0.156
64	0.237	78	0.151
65	0.228	79	0.146
66	0.220	80	0.143
67	0.214	81	0.140
68	0.212	82	0.137
69	0.211	83	0.135
70	0.210	84	0.133

80680 or 93072 - Inflation Rider Factors: (By Age)

Issue Age Factor

16-54	1.254
55-59	1.260
60	1.255
61	1.248
62	1.246
63	1.201
64	1.170
65	1.141
66	1.121
67	1.103
68	1.060
69	1.027
70	1.002
71	0.980
72	0.962
73	0.900
74	0.855
75	0.822
76	0.793
77	0.771
78	0.754
79	0.739
80	0.725
81	0.714
82	0.704
83	0.695
84	0.688

93000 - Nonforfeiture Factors (By Age)

Issue Age	Lifetime	Ten Year	Five Year or to Age 65
16-55	0.220	0.220	0.220
56-59	0.220	0.220	0.146
60-64	0.191	0.191	0.067
65-69	0.164	0.145	0.043
70-74	0.150	0.129	0.031
75-84	0.107	0.099	0.020

90170 or 93087 - Guaranteed Purchase Option Rider (GPO) 0.050

90175 or 93102 - Return of Premium Rider 0.327

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	44.83	22.43	56.04	28.03	68.48	34.25	16-39
40-54	67.91	33.96	84.89	42.46	103.75	51.90	40-54
55-59	92.09	46.06	115.10	57.56	140.68	70.34	55-59
60	105.64	53.02	132.06	66.28	161.40	81.00	60
61	119.30	59.90	149.12	74.88	182.27	91.52	61
62	132.96	66.79	166.21	83.50	203.14	102.05	62
63	147.59	73.76	184.49	92.20	225.48	112.70	63
64	161.83	80.99	202.30	101.22	247.24	123.72	64
65	176.28	88.10	220.36	110.14	269.32	134.62	65
66	190.52	95.50	238.14	119.39	291.07	145.90	66
67	205.13	102.62	256.42	128.29	313.40	156.80	67
68	230.36	115.26	287.94	144.07	351.94	176.09	68
69	255.74	127.90	319.68	159.86	390.72	195.38	69
70	281.15	140.51	351.42	175.62	429.53	214.66	70
71	306.53	153.14	383.16	191.42	468.31	233.95	71
72	331.97	165.95	414.97	207.42	507.19	253.51	72
73	392.81	191.21	491.00	239.02	600.12	292.15	73
74	453.64	215.11	567.05	268.92	693.06	328.67	74
75	514.49	237.24	643.10	296.54	786.01	362.44	75
76	575.50	257.74	719.36	322.18	879.23	393.77	76
77	636.32	276.70	795.42	345.86	972.17	422.72	77
78	732.06	318.40	915.07	397.99	1,118.42	486.46	78
79	833.95	362.69	1,042.44	453.35	1,274.09	554.11	79
80	933.82	405.85	1,167.26	507.30	1,426.66	620.03	80
81	1,038.18	451.33	1,297.73	564.17	1,586.09	689.54	81
82	1,147.74	498.82	1,434.68	623.52	1,753.50	762.08	82
83	1,261.99	548.77	1,577.50	685.98	1,928.04	838.40	83
84	1,381.21	600.73	1,726.50	750.89	2,110.18	917.76	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	29.24	12.74	36.55	15.94	44.68	19.46	16-39
40-54	44.29	19.32	55.37	24.13	67.66	29.51	40-54
55-59	60.06	26.18	75.07	32.74	91.74	40.00	55-59
60	72.32	31.52	90.41	39.42	110.50	48.17	60
61	84.60	36.71	105.76	45.89	129.25	56.09	61
62	96.89	42.05	121.09	52.57	148.01	64.25	62
63	111.48	48.36	139.36	60.46	170.30	73.90	63
64	125.92	54.85	157.38	68.57	192.36	83.81	64
65	140.51	61.15	175.64	76.45	214.66	93.43	65
66	155.10	67.46	193.88	84.35	236.96	103.08	66
67	169.70	73.79	212.12	92.22	259.27	112.73	67
68	194.75	84.67	243.43	105.85	297.54	129.37	68
69	219.80	95.56	274.75	119.46	335.81	145.99	69
70	244.86	106.46	306.07	133.08	374.08	162.65	70
71	270.07	117.35	337.57	146.69	412.61	179.29	71
72	295.13	128.26	368.89	160.32	450.88	195.96	72
73	349.19	151.75	436.49	189.70	533.50	231.86	73
74	403.27	175.45	504.10	219.30	616.10	268.03	74
75	457.34	198.95	571.70	248.70	698.72	303.96	75
76	511.61	222.46	639.49	278.08	781.61	339.86	76
77	565.67	245.98	707.10	307.46	864.23	375.78	77
78	650.78	283.04	813.47	353.82	994.25	432.44	78
79	741.35	322.43	926.69	403.03	1,132.63	492.58	79
80	830.14	360.79	1,037.66	450.97	1,268.26	551.20	80
81	922.91	401.22	1,153.63	501.54	1,409.99	612.98	81
82	1,020.31	443.42	1,275.38	554.28	1,558.81	677.47	82
83	1,121.88	487.85	1,402.34	609.82	1,713.96	745.32	83
84	1,227.84	534.02	1,534.81	667.52	1,875.88	815.87	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	26.90	11.74	33.62	14.65	41.09	17.92	16-39
40-54	40.74	17.76	50.94	22.21	62.24	27.14	40-54
55-59	55.24	24.10	69.06	30.11	84.41	36.80	55-59
60	66.55	29.02	83.17	36.26	101.66	44.32	60
61	77.83	33.77	97.28	42.20	118.91	51.59	61
62	89.12	38.69	111.42	48.36	136.16	59.11	62
63	102.56	44.51	128.20	55.62	156.70	67.99	63
64	115.84	50.46	144.79	63.10	176.96	77.11	64
65	129.28	56.26	161.59	70.33	197.50	85.96	65
66	142.69	62.08	178.37	77.59	218.02	94.85	66
67	156.13	67.87	195.17	84.84	238.52	103.70	67
68	179.17	77.89	223.97	97.38	273.73	119.02	68
69	202.21	87.91	252.77	109.90	308.95	134.33	69
70	225.25	97.94	281.59	122.42	344.16	149.63	70
71	248.47	107.96	310.58	134.95	379.58	164.95	71
72	271.51	118.01	339.38	147.49	414.79	180.26	72
73	321.25	139.62	401.57	174.53	490.81	213.31	73
74	371.02	161.41	463.75	201.76	566.82	246.59	74
75	420.77	183.04	525.96	228.80	642.84	279.65	75
76	470.66	204.65	588.35	255.82	719.08	312.67	76
77	520.42	226.30	650.53	282.88	795.10	345.73	77
78	598.72	260.41	748.39	325.50	914.71	397.85	78
79	682.04	296.62	852.55	370.78	1,042.02	453.18	79
80	763.72	331.91	954.65	414.89	1,166.81	507.10	80
81	849.06	369.12	1,061.34	461.41	1,297.19	563.94	81
82	938.69	407.96	1,173.35	509.95	1,434.11	623.27	82
83	1,032.12	448.82	1,290.17	561.02	1,576.86	685.69	83
84	1,129.61	491.30	1,412.03	614.14	1,725.82	750.60	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Lifetime Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	22.98	10.02	28.73	12.52	35.11	15.30	16-39
40-54	34.81	15.19	43.52	18.97	53.18	23.20	40-54
55-59	47.20	20.58	59.00	25.73	72.12	31.45	55-59
60	56.86	24.79	71.06	30.98	86.86	37.86	60
61	66.49	28.86	83.11	36.06	101.59	44.09	61
62	76.15	33.06	95.17	41.32	116.33	50.50	62
63	87.62	38.02	109.51	47.52	133.86	58.08	63
64	98.95	43.13	123.71	53.89	151.20	65.88	64
65	110.44	48.07	138.05	60.10	168.73	73.44	65
66	121.92	53.03	152.39	66.30	186.26	81.02	66
67	133.38	57.98	166.73	72.48	203.78	88.58	67
68	153.08	66.55	191.35	83.20	233.86	101.69	68
69	172.76	75.11	215.96	93.89	263.94	114.76	69
70	192.46	83.68	240.55	104.60	294.02	127.84	70
71	212.28	92.23	265.34	115.30	324.31	140.93	71
72	231.96	100.82	289.96	126.01	354.37	154.02	72
73	274.46	119.29	343.08	149.11	419.33	182.24	73
74	316.97	137.89	396.22	172.38	484.26	210.68	74
75	359.48	156.38	449.35	195.48	549.19	238.91	75
76	402.12	174.85	502.63	218.56	614.34	267.13	76
77	444.61	193.32	555.78	241.67	679.27	295.37	77
78	511.51	222.47	639.40	278.09	781.48	339.90	78
79	582.70	253.42	728.38	316.78	890.24	387.17	79
80	652.49	283.56	815.62	354.47	996.86	433.22	80
81	725.41	315.36	906.78	394.21	1,108.28	481.80	81
82	801.96	348.54	1,002.47	435.68	1,225.22	532.49	82
83	881.80	383.45	1,102.25	479.30	1,347.20	585.83	83
84	965.09	419.74	1,206.37	524.68	1,474.44	641.26	84

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	77.32	38.69	96.65	48.36	118.14	59.10	16-39
40-54	117.18	58.60	146.46	73.25	179.02	89.53	40-54
55-59	163.10	81.58	203.88	101.98	249.19	124.63	55-59
60	206.88	103.81	258.60	129.77	316.07	158.62	60
61	216.71	108.79	270.88	136.00	331.07	166.21	61
62	227.08	114.07	283.84	142.60	346.92	174.28	62
63	242.21	121.06	302.75	151.32	370.04	184.93	63
64	257.41	128.81	321.77	161.03	393.29	196.80	64
65	273.25	136.58	341.57	170.72	417.47	208.67	65
66	289.18	144.94	361.46	181.19	441.79	221.45	66
67	305.74	152.96	382.18	191.20	467.10	233.69	67
68	332.35	166.30	415.43	207.86	507.77	254.05	68
69	359.71	179.88	449.63	224.86	549.56	274.82	69
70	387.20	193.50	484.00	241.88	591.55	295.64	70
71	414.79	207.23	518.50	259.04	633.73	316.61	71
72	442.62	217.80	553.27	272.26	676.22	332.76	72
73	505.00	247.91	631.26	309.89	771.53	378.76	73
74	567.20	275.69	709.02	344.62	866.57	421.19	74
75	629.41	301.73	786.76	377.16	961.60	460.99	75
76	691.62	327.72	864.52	409.67	1,056.64	500.70	76
77	754.02	351.49	942.53	439.37	1,151.98	537.00	77
78	859.93	374.02	1,074.91	467.50	1,313.78	571.39	78
79	966.02	420.13	1,207.52	525.16	1,475.87	641.88	79
80	1,081.27	469.92	1,351.58	587.40	1,651.93	717.95	80
81	1,202.82	522.91	1,503.53	653.64	1,837.66	798.91	81
82	1,329.48	577.80	1,661.86	722.27	2,031.14	882.78	82
83	1,461.62	635.58	1,827.01	794.47	2,233.03	971.04	83
84	1,599.72	695.75	1,999.66	869.69	2,444.03	1,062.95	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	50.44	22.01	63.04	27.49	77.05	33.60	16-39
40-54	76.42	33.31	95.52	41.64	116.76	50.90	40-54
55-59	106.37	46.39	132.98	57.98	162.53	70.87	55-59
60	141.64	61.75	177.05	77.18	216.41	94.34	60
61	153.67	66.66	192.07	83.33	234.78	101.83	61
62	165.44	71.81	206.81	89.78	252.77	109.73	62
63	182.94	79.37	228.67	99.23	279.48	121.27	63
64	200.28	87.26	250.34	109.08	305.99	133.31	64
65	217.80	94.81	272.26	118.50	332.76	144.84	65
66	235.43	102.41	294.28	128.00	359.68	156.46	66
67	252.92	109.96	316.15	137.45	386.42	167.98	67
68	280.99	122.17	351.23	152.70	429.29	186.65	68
69	309.16	134.42	386.46	168.04	472.32	205.37	69
70	337.22	146.62	421.54	183.26	515.20	224.00	70
71	365.47	158.81	456.83	198.50	558.36	242.63	71
72	393.47	168.35	491.84	210.43	601.13	257.21	72
73	448.93	196.76	561.18	245.95	685.88	300.60	73
74	504.23	224.83	630.30	281.05	770.36	343.49	74
75	559.52	253.06	699.42	316.32	854.84	386.62	75
76	614.82	282.88	768.54	353.59	939.32	432.16	76
77	670.30	312.46	837.86	390.59	1,024.07	477.37	77
78	764.45	332.48	955.56	415.61	1,167.91	507.96	78
79	858.76	373.48	1,073.45	466.85	1,312.00	570.60	79
80	961.21	417.76	1,201.51	522.18	1,468.51	638.23	80
81	1,069.27	464.86	1,336.58	581.06	1,633.61	710.21	81
82	1,181.88	513.66	1,477.34	642.07	1,805.63	784.76	82
83	1,299.34	565.02	1,624.16	706.27	1,985.09	863.21	83
84	1,422.11	618.50	1,777.63	773.12	2,172.65	944.93	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	46.39	20.23	58.01	25.28	70.88	30.91	16-39
40-54	70.31	30.65	87.88	38.30	107.40	46.82	40-54
55-59	97.86	42.66	122.33	53.34	149.51	65.18	55-59
60	130.31	56.81	162.89	71.02	199.08	86.81	60
61	141.37	61.32	176.71	76.67	215.98	93.70	61
62	152.22	66.07	190.27	82.58	232.55	100.93	62
63	168.31	73.03	210.37	91.27	257.12	111.58	63
64	184.26	80.28	230.33	100.34	281.51	122.65	64
65	200.38	87.23	250.46	109.02	306.12	133.25	65
66	216.60	94.21	270.74	117.77	330.89	143.94	66
67	232.68	101.16	290.86	126.46	355.51	154.54	67
68	258.50	112.39	323.14	140.48	394.94	171.71	68
69	284.42	123.67	355.52	154.58	434.53	188.95	69
70	310.25	134.88	387.80	168.61	473.99	206.08	70
71	336.23	146.11	420.29	182.63	513.67	223.22	71
72	361.99	154.88	452.48	193.60	553.06	236.62	72
73	413.02	181.02	516.26	226.27	631.01	276.55	73
74	463.90	206.84	579.86	258.56	708.73	316.01	74
75	514.78	232.80	643.45	291.01	786.46	355.68	75
76	565.63	260.23	707.04	325.31	864.17	397.60	76
77	616.67	287.46	770.84	359.33	942.14	439.18	77
78	703.30	305.88	879.13	382.34	1,074.49	467.33	78
79	790.06	343.61	987.58	429.50	1,207.03	524.95	79
80	884.32	384.32	1,105.38	480.41	1,351.03	587.17	80
81	983.74	427.68	1,229.66	534.59	1,502.92	653.40	81
82	1,087.32	472.57	1,359.14	590.71	1,661.18	721.98	82
83	1,195.39	519.82	1,494.24	649.76	1,826.28	794.15	83
84	1,308.32	569.02	1,635.42	711.29	1,998.84	869.34	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Ten-Year Pay
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	39.62	17.28	49.56	21.60	60.55	26.42	16-39
40-54	60.06	26.18	75.10	32.74	91.78	40.01	40-54
55-59	83.62	36.46	104.51	45.56	127.74	55.70	55-59
60	111.32	48.54	139.16	60.67	170.09	74.15	60
61	120.79	52.39	150.97	65.50	184.54	80.04	61
62	130.04	56.45	162.55	70.56	198.68	86.24	62
63	143.78	62.40	179.74	77.99	219.67	95.33	63
64	157.42	68.58	196.78	85.73	240.50	104.77	64
65	171.19	74.52	213.98	93.14	261.54	113.83	65
66	185.05	80.48	231.30	100.61	282.70	122.98	66
67	198.79	86.42	248.51	108.04	303.72	132.04	67
68	220.86	96.02	276.07	120.02	337.42	146.69	68
69	243.00	105.66	303.74	132.07	371.26	161.41	69
70	265.06	115.24	331.32	144.06	404.95	176.06	70
71	287.26	124.82	359.08	156.04	438.85	190.72	71
72	309.28	132.32	386.59	165.41	472.49	202.15	72
73	352.86	154.66	441.08	193.31	539.10	236.28	73
74	396.32	176.71	495.40	220.90	605.50	269.99	74
75	439.80	198.89	549.73	248.62	671.90	303.88	75
76	483.24	222.34	604.07	277.92	738.30	339.67	76
77	526.85	245.59	658.56	306.98	804.92	375.23	77
78	600.86	261.34	751.08	326.66	917.99	399.24	78
79	675.00	293.54	843.72	366.95	1,031.23	448.49	79
80	755.50	328.34	944.39	410.44	1,154.24	501.64	80
81	840.44	365.38	1,050.55	456.71	1,284.02	558.20	81
82	928.96	403.74	1,161.18	504.67	1,419.23	616.82	82
83	1,021.27	444.10	1,276.58	555.13	1,560.29	678.49	83
84	1,117.76	486.14	1,397.21	607.66	1,707.71	742.72	84

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

Lifetime Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	62.59	31.30	78.24	39.11	95.64	47.81	16-39
40-54	94.82	47.45	118.54	59.29	144.89	72.48	40-54
55	163.10	81.58	203.88	101.98	249.19	124.63	55
56	189.31	94.68	236.64	118.34	289.21	144.65	56
57-59	215.69	107.88	269.63	134.86	329.53	164.83	57-59
60	367.52	184.45	459.40	230.57	561.48	281.80	60
61	407.56	204.61	509.44	255.77	622.66	312.61	61
62	422.84	212.04	528.55	265.06	646.01	323.96	62
63	460.07	230.44	575.08	288.06	702.88	352.07	63
64	493.03	246.72	616.30	308.39	753.25	376.93	64
65	517.96	258.89	647.45	323.62	791.30	395.52	65
66	542.82	272.10	678.53	340.15	829.31	415.72	66
67	569.40	284.89	711.74	356.10	869.92	435.24	67
68	610.72	305.54	763.39	381.95	933.02	466.81	68
69	653.41	326.75	816.77	408.44	998.28	499.20	69
70	696.67	348.19	870.84	435.23	1,064.35	531.96	70
71	740.20	369.77	925.25	462.22	1,130.86	564.94	71
72	784.51	386.36	980.64	482.95	1,198.56	590.28	72
73	898.10	433.76	1,122.62	542.21	1,372.09	662.71	73
74	1,004.32	476.00	1,255.37	595.01	1,534.34	727.22	74
75	1,105.03	514.27	1,381.31	642.85	1,688.26	785.70	75
76	1,206.47	551.62	1,508.09	689.53	1,843.20	842.76	76
77	1,300.39	584.47	1,625.50	730.58	1,986.70	892.93	77
78	1,390.30	614.56	1,737.86	768.17	2,124.06	938.88	78
79	1,478.02	642.89	1,847.54	803.62	2,258.09	982.20	79
80	1,655.39	720.04	2,069.24	900.06	2,529.08	1,100.06	80
81	1,840.13	800.39	2,300.18	1,000.49	2,811.32	1,222.81	81
82	2,033.76	884.62	2,542.20	1,105.76	3,107.14	1,351.49	82
83	2,236.28	972.67	2,795.35	1,215.84	3,416.52	1,486.04	83
84	2,447.59	1,064.60	3,059.50	1,330.78	3,739.39	1,626.49	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

4 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	40.82	17.80	51.04	22.24	62.36	27.19	16-39
40-54	61.85	26.98	77.32	33.72	94.49	41.21	40-54
55	106.37	46.39	132.98	57.98	162.53	70.87	55
56	123.46	53.83	154.33	67.30	188.62	82.24	56
57-59	140.68	61.34	175.84	76.67	214.92	93.72	57-59
60	251.62	109.70	314.53	137.12	384.42	167.62	60
61	289.00	125.38	361.25	156.71	441.54	191.54	61
62	308.09	133.50	385.09	166.87	470.69	203.96	62
63	347.48	151.10	434.34	188.89	530.88	230.86	63
64	383.59	167.11	479.50	208.90	586.06	255.32	64
65	412.84	179.69	516.06	224.62	630.72	274.54	65
66	441.92	192.25	552.41	240.31	675.17	293.72	66
67	471.04	204.79	588.80	256.00	719.64	312.86	67
68	516.32	224.47	645.41	280.58	788.83	342.95	68
69	561.60	244.16	702.01	305.22	858.01	373.03	69
70	606.76	263.81	758.44	329.78	926.98	403.04	70
71	652.16	283.37	815.20	354.22	996.36	432.94	71
72	697.40	298.62	871.75	373.28	1,065.48	456.23	72
73	798.37	344.26	997.98	430.33	1,219.74	525.95	73
74	892.80	388.19	1,116.00	485.24	1,363.99	593.06	74
75	982.34	431.29	1,227.94	539.11	1,500.80	658.92	75
76	1,072.51	476.12	1,340.64	595.14	1,638.55	727.39	76
77	1,156.01	519.58	1,445.02	649.48	1,766.11	793.80	77
78	1,235.93	546.31	1,544.90	682.88	1,888.20	834.65	78
79	1,313.92	571.51	1,642.39	714.40	2,007.38	873.14	79
80	1,471.58	640.09	1,839.49	800.12	2,248.26	977.92	80
81	1,635.82	711.52	2,044.78	889.40	2,499.17	1,087.04	81
82	1,807.94	786.40	2,259.94	982.98	2,762.14	1,201.44	82
83	1,987.97	864.67	2,484.96	1,080.84	3,037.19	1,321.03	83
84	2,175.84	946.40	2,719.80	1,183.01	3,324.22	1,445.89	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

3 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	37.56	16.38	46.94	20.47	57.37	25.00	16-39
40-54	56.90	24.80	71.11	31.01	86.94	37.90	40-54
55	97.86	42.66	122.33	53.34	149.51	65.18	55
56	113.59	49.51	141.98	61.90	173.53	75.67	56
57-59	129.43	56.42	161.78	70.54	197.72	86.21	57-59
60	231.49	100.93	289.37	126.17	353.66	154.20	60
61	265.88	115.33	332.35	144.17	406.21	176.22	61
62	283.43	122.82	354.30	153.53	433.02	187.64	62
63	319.68	139.03	399.61	173.78	488.41	212.39	63
64	352.92	153.76	441.14	192.19	539.17	234.89	64
65	379.81	165.34	474.76	206.65	580.26	252.58	65
66	406.58	176.87	508.22	221.09	621.16	270.22	66
67	433.37	188.41	541.69	235.51	662.08	287.84	67
68	475.03	206.52	593.78	258.14	725.72	315.52	68
69	516.67	224.64	645.85	280.80	789.37	343.20	69
70	558.20	242.71	697.76	303.40	852.83	370.81	70
71	599.98	260.71	749.99	325.88	916.64	398.30	71
72	641.60	274.73	802.02	343.42	980.23	419.74	72
73	734.52	316.73	918.12	395.90	1,122.17	483.88	73
74	821.38	357.14	1,026.72	446.42	1,254.88	545.63	74
75	903.77	396.79	1,129.70	496.00	1,380.74	606.20	75
76	986.71	438.02	1,233.38	547.52	1,507.46	669.19	76
77	1,063.52	478.01	1,329.41	597.50	1,624.82	730.30	77
78	1,137.05	502.60	1,421.32	628.26	1,737.16	767.87	78
79	1,208.80	525.79	1,511.00	657.24	1,846.79	803.29	79
80	1,353.86	588.89	1,692.32	736.10	2,068.39	899.69	80
81	1,504.96	654.60	1,881.19	818.24	2,299.24	1,000.09	81
82	1,663.32	723.48	2,079.13	904.36	2,541.16	1,105.32	82
83	1,828.93	795.49	2,286.17	994.39	2,794.21	1,215.36	83
84	2,001.77	870.70	2,502.22	1,088.38	3,058.27	1,330.24	84

NOTE: Rates for ages 80-84 are available for insureds with Guaranteed Purchase Option rider. This benefit period was issued through age 79 only.

Continental General Insurance Company
 Base Form 80880 1/98 for NH Premiums; Rider Form 80900 1/98 for HHC Premiums
 Long Term Nursing Home Care, Five-Year Pay or To Age 65(whichever is longer)
 Annual Premiums for \$10.00 per day

VA Current Premium Rates

2 Year Benefit Period

0 DAY ELIMINATION

AGE	PREFERRED		STANDARD		SELECT		AGE
	NH	HHC	NH	HHC	NH	HHC	
16-39	32.09	13.98	40.10	17.47	49.02	21.37	16-39
40-54	48.61	21.19	60.77	26.50	74.27	32.39	40-54
55	83.62	36.46	104.51	45.56	127.74	55.70	55
56	97.03	42.31	121.31	52.90	148.26	64.64	56
57-59	110.57	48.22	138.22	60.26	168.92	73.66	57-59
60	197.78	86.23	247.22	107.78	302.15	131.74	60
61	227.16	98.53	283.94	123.17	347.04	150.55	61
62	242.15	104.93	302.69	131.16	369.95	160.30	62
63	273.12	118.78	341.40	148.48	417.28	181.46	63
64	301.51	131.35	376.90	164.20	460.64	200.68	64
65	324.50	141.24	405.62	176.54	495.74	215.78	65
66	347.35	151.10	434.18	188.89	530.69	230.86	66
67	370.24	160.97	462.79	201.19	565.63	245.92	67
68	405.83	176.42	507.29	220.55	620.03	269.54	68
69	441.43	191.93	551.77	239.90	674.38	293.21	69
70	476.90	207.36	596.12	259.20	728.60	316.80	70
71	512.60	222.74	640.74	278.42	783.13	340.28	71
72	548.16	234.72	685.21	293.40	837.47	358.60	72
73	627.53	270.59	784.39	338.23	958.72	413.40	73
74	701.74	305.12	877.18	381.38	1,072.09	466.15	74
75	772.13	339.00	965.16	423.74	1,179.62	517.92	75
76	843.00	374.23	1,053.73	467.78	1,287.90	571.74	76
77	908.62	408.38	1,135.78	510.49	1,388.16	623.93	77
78	971.45	429.41	1,214.28	536.76	1,484.14	656.03	78
79	1,032.73	449.21	1,290.94	561.50	1,577.80	686.28	79
80	1,156.67	503.11	1,445.83	628.90	1,767.13	768.64	80
81	1,285.75	559.26	1,607.20	699.07	1,964.35	854.44	81
82	1,421.03	618.11	1,776.31	772.64	2,171.04	944.33	82
83	1,562.53	679.64	1,953.18	849.56	2,387.21	1,038.34	83
84	1,710.20	743.88	2,137.76	929.86	2,612.81	1,136.48	84

**Continental General Insurance Company
Form 80880 1/98 and Riders
Current Factor Tables**

Elimination Period:		Discount Factors:		Mode Factors:	
0 Day	1.000	Marital	0.90	Annual	1.000
30 Day	0.871	Association(5%)	0.95	Semi Annual	0.510
60 Day(Georgia Only)	0.826	Association/Employer(10%)	0.90	Quarterly	0.260
90 Day	0.780			Monthly Bank Draft (PAC)	0.086
				List Bill	0.086
				Monthly Direct	0.092

80710 - Survivorship Rider Factors: (By Age)

Issue Age	Factor	Issue Age	Factor
16-39	0.663	71	0.209
40-54	0.453	72	0.208
55-59	0.346	73	0.191
60	0.313	74	0.179
61	0.286	75	0.169
62	0.265	76	0.162
63	0.249	77	0.156
64	0.237	78	0.151
65	0.228	79	0.146
66	0.220	80	0.143
67	0.214	81	0.140
68	0.212	82	0.137
69	0.211	83	0.135
70	0.210	84	0.133

80680 or 93072 - Inflation Rider Factors: (By Age)

Issue Age Factor

16-54	1.254
55-59	1.260
60	1.255
61	1.248
62	1.246
63	1.201
64	1.170
65	1.141
66	1.121
67	1.103
68	1.060
69	1.027
70	1.002
71	0.980
72	0.962
73	0.900
74	0.855
75	0.822
76	0.793
77	0.771
78	0.754
79	0.739
80	0.725
81	0.714
82	0.704
83	0.695
84	0.688

93000 - Nonforfeiture Factors (By Age)

Issue Age	Lifetime	Ten Year	Five Year or to Age 65
16-55	0.220	0.220	0.220
56-59	0.220	0.220	0.146
60-64	0.191	0.191	0.067
65-69	0.164	0.145	0.043
70-74	0.150	0.129	0.031
75-84	0.107	0.099	0.020

90170 or 93087 - Guaranteed Purchase Option Rider (GPO) 0.050

90175 or 93102 - Return of Premium Rider 0.327

May 19, 2023

Bureau of Insurance
 State Corporation Commission
 PO Box 1157
 Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 10/25/2022 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *Please provide the policyholder notification letter and accompanying forms under the Form Schedule tab. If the company is using previously approved forms, please provide the SERFF Tr. Num that contains the approved forms. If the company is using previously approved forms, place a copy of each approved form and a "John Doe" sample of each under the Supporting Documentation tab.*

The Company has been coordinating with the Bureau of Insurance on the policyholder notifications under the Company's other rate filing, SERFF #: GLTC-133410195. To keep the workload down for both parties and notifications consistent between both product forms, the Company would like to contain the communication over policyholder notifications to only one of the rate filings until approved.

2. *Applies to:*
 - *L&H Actuarial Memorandum (Supporting Document)*

For each subset of business in the requested projections, please provide the active life reserve balance as 12/31/2021 on a nationwide basis.

Please see the table below for a breakout of the nationwide active life reserve balance as of 12/31/2021 for these policy forms.

Active Life Reserve			
Inflation Option	Premium Paying	Paid Up	Total
Non-Inflation	54,456,502	60,513,679	114,970,181
Compound	380,387,611	738,015,401	1,118,403,011
Total	434,844,112	798,529,080	1,233,373,192

3. *Applies to:*

- *Long Term Care Insurance Rate Request Summary (Supporting Document)*
- *Comments: The narrative explanation for the rate increase is missing from this form. Please provide this narrative consistent with the actuarial memorandum and in consumer-friendly language.*

Please either attach Appendix A, since it is referenced in the summary, or provide the Issue Dates and Prior Rate Increases. This is a public document available to policyholders and the BOI prefers not to refer a policyholder to an Appendix as it may be difficult for them to find the correct document.

Please see the revised rate request summary **VA KIC LTC2 Rate Request Summary Supplement - 11.8.2022**, which now provides the issues dates and prior rate increases for the product forms and a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

4. *Applies to:*

- *L&H Actuarial Memorandum (Supporting Document)*
- *Comments: Rate/Rule Schedule*

1) Appendix C appears to indicate 693 policies issued in VA as of 12/31/2021. However, under the Rate/Rule Schedule tab, the number of Policy Holders affected is listed as 485. Please clarify if these 485 policyholders represent Active, Premium Paying (460) and Disabled Non-Paid Up (20) only.

The 693 policies noted in Appendix C are made up of 485 premium paying policies; of those 460 are active and 20 are disabled. The Company states 485 in the Rate/Rule Schedule tab to reflect how many policyholders will be affected by the rate increase (the 20 disabled policies will receive the rate increase once active again).

2) Explain why the count of 485 is not consistent with the Exhibit 1 and Appendix A VA count of 460.

Appendix A and Exhibit 1 are both on an active, premium paying policies basis, since the rate increase is determined using active, premium paying experience only. The 485 includes the 20 disabled non-paid up.

5. *Applies to:*

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

In Appendix C, Attained Age count, for 70 and older please provide the breakout of the 622 policyholders by age bands (70-74; 75-79 and >80) that are (i) Active, Premium Paying and (ii) Disabled, Non-Paid Up.

Of the 622 policyholders with an attained age of 70 and older, there are 445 that fall under the categories of Active, Premium Paying and Disabled, Non-Paid Up. Please see the follow table with the breakout of the attained age bands by status.

Attained Age/Status	Count	% of Count	Premium	% of Premium
70 - 74				
Active, Premium Paying	89	100.0%	199,176	100.0%
Disabled, Non-Paid up	0	0.0%	-	0.0%
75 - 79				
Active, Premium Paying	130	95.6%	366,792	96.5%
Disabled, Non-Paid up	6	4.4%	13,419	3.5%
>80				
Active, Premium Paying	201	91.4%	656,731	89.7%
Disabled, Non-Paid up	19	8.6%	75,124	10.3%
Total	445		1,311,243	

6. *Applies to:*

- *L&H Actuarial Memorandum (Supporting Document)*
- *Comments: Exhibit 1*

- 1) *Please provide the most recent cumulative approved rate increases for each state in Excel.*
- 2) *Please provide the nationwide average cumulative approved rate increases.*
- 3) *Please add a column to the Exhibit listing pending rate increases filed in each state.*

Please see the excel file **VA KIC LTC2 Exhibit 1.xlsx** and the revised pdf **VA KIC LTC2 Exhibits – revised 11.8.2022.pdf** in the Supporting Documentation section with the above requested information.

7. *Applies to:*

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

Please provide an explanation and support to illustrate how the pilot wellness program will mitigate the need for rate increases.

Currently the support for this is limited. However, the Company is rolling out a pilot program to determine if the claim incidence and length of stay can be significantly reduced before incorporating such assumptions into the Company's projections of future claims used in the rate increase analysis.

For the pilot program, Continental General Insurance Company has contracted with Assured Allies to implement their wellness program that is intended to provide participants with equipment, home modifications, services, and informal caregiver support in an effort to empower the participants to age in place, maintain their independence, and avoid unnecessary assistance with their activities of daily living. The pilot program is expected to reduce the incidence of LTC claims for engaged participants and possibly shorten the length of claims. If the pilot program is able to demonstrate a statistically significant reduction in claim incidence and length of stay for the participants, this cost containment program will allow the Company to incorporate the reduced incidence rates and shorter lengths of stay into the projection of future benefits which will reduce the amount of rate increases that may be actuarially justified.

8. *Applies to:*

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

You provided the average issue age. Please provide the average attained age for the Virginia block.

The average attained age for this Virginia block is 77.8.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

[P.O. Box 203098
Austin, TX 78720-3098]

[Name]
[Address Line 1]
[Address Line 2]
[Address Line 3]
[City, State, Zip Code]

[Today's Date]

Re: Your Long Term Care Insurance Policy Premium is Rate Increasing
Policy Number: [POLICY NUMBER]

Dear Policyholder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

<u>Current [Modal] Premium</u>	<u>New [Modal] Premium</u>	<u>Rate Increase Percentage</u>	<u>Rate Increase Effective Date</u>
[\$X,XXX.XX]	[\$X,XXX.XX]	[XX]%	[MM/DD/YYYY]
[[\$X,XXX.XX]	[XX]%	[MM/DD/YYYY]
[[\$X,XXX.XX]	[XX]%	[MM/DD/YYYY]

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. The Company reserves the right to request a future rate increase as per the policy. All future rate increases are subject to review by the Commission. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at [<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>]. You have the right to request a revised premium rate or rate schedule. In the event of a future rate increase, similar options to those listed in this letter may be available.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all policies on this long-term care policy form.

What options you have:

We understand that budgeting for a premium rate increase can be challenging. That is why we are offering our policyholders options to keep their premium at or close to its current level. You may elect to maintain your coverage at its current benefit level by paying the increased premium amount. You may also seek to moderate the impact of the premium rate increase by considering one or more of the options set forth below:

	<u>Option</u>	<u>Description</u>	<u>New [Modal] Premium</u>
1.	Pay the higher premium. Your coverage will stay the same.	Your premium change will automatically occur as described above with no changes to your coverage. No action is needed from you.	[\$X,XXX.XX]
2.	Stop Paying Premiums.	The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Please see the Contingent Nonforfeiture Limit Calculation and Limitation section of this letter for a description of this option.	\$0
3.	Lower your premium by choosing to lower your coverage limits.	You may be able to lower your coverage limits to lower your premium. Examples of available options may include reducing the Daily Benefit Amounts or Maximum Days Benefit Period, increasing the Elimination Period, or removing optional policy benefits, such as Inflation or other riders.	Please call [866-830-0607] for a customized quote of premium reduction options.

Please note that all benefit reduction options may not be of equal value.

Please call our Client Services Department at [866-830-0607] for more information on any of the options described above. Our office hours are [Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST].

You may change your coverage at any time. You may elect one of the options described above anytime within 120 days of the Rate Increase Effective Date. If you do not elect any of the options offered above and the Policy lapses within 120 days after the Premium Increase, we will convert the Policy to a reduced paid-up status in accordance with option 2. If at time of application you purchased a non-forfeiture benefit option, you may instead elect to exercise that option. Please consult your Policy to determine whether you hold a non-forfeiture benefit option. Please contact our Client Services Department if you would like to discuss this or any other option.

Option 2: Contingent Nonforfeiture Limit Calculation and Limitations

The dollar maximum limit of Benefits available under Option 2 above is the greater of:

- 30 times the Daily Nursing Home Benefit in effect on the due date of the unpaid premium; or
- 100% of the sum of all Premiums paid for the Policy and all attached Riders, including the premiums paid prior to any changes in Benefits.

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. The Benefit Rebuilder provision of the Policy will not rebuild benefits available under Option 2.

The maximum benefit amount provided by this Contingent Nonforfeiture Benefit shall not exceed the remaining unused Maximum Lifetime Benefit of your current policy/certificate at the time of conversion. This is not a cash value option.

Electronic Payment Methods

If you have authorized premium payments via electronic funds transfer, we will deduct the new premium from your bank account starting on the Rate Increase Effective Date on page 1. If your premium payment is made via a third-party account or online banking, you must contact your representative or bank prior to the next billing date in order to update the payment amount.

Policyholders with waived premiums

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

Sincerely,

[Fabiola Amaro Best FALU, FLMI, ACS, AIAA]

[Senior Vice President and Chief Operating Officer]

November 17, 2022

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 11/09/2022 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *The VA BOI requires that a copy of the policyholder notification letter and forms that are to be used with this rate request be placed under the Supporting Documentation tab. We understand that the review and communications regarding these forms will occur under GLTC-133410195. Please comply with our request stated in our objection letter of 10/25/2022.*

Please see the proposed policyholder notification letter, [VA RINC Letter - KIC 2022-05.pdf](#), attached under the Supporting Documentation tab.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

November 21, 2022

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 11/18/2022 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *Please advise if the company will consider spreading the proposed increase of 75% increase over two or three years.*

Yes, the Company is willing to spread the rate increase as an actuarially equivalent series over two or three years. Actuarial equivalence is determined based on the projected lifetime loss ratio for active, premium-paying policies.

A one-time rate increase of 75% produces a projected lifetime loss ratio of 108.1% for active, premium-paying non-inflation policies and 225.7% for active, premium-paying compound inflation policies (as shown in exhibits 3b and 3d, respectively).

To achieve the same projected lifetime loss ratios, the Company proposes either a two-year series of 33.6% per year (78.5% cumulative) or a three-year series of 22.1% per year (82.0% cumulative). These produce slightly higher but approximately equivalent (within 0.2%) projected lifetime loss ratios.

The Company would prefer the above proposed two-year series increases, as the cumulative impact is lower, but can accommodate either.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

February 21, 2023

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 2/08/2023 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *Please provide the policyholder letter form CGIC (KIC)-RINC-VA in a John Doe format using the proposed rate increase of 75% spread over two years.*

Please see the John Doe letter, **VA RINC Letter - KIC_2022-06 - John Doe.pdf**, attached with this response letter.

The John Doe letter reflects a rate increase of 75% spread over two years, implemented as two phases of 32.3% each.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Continental General Insurance Company

[P.O. Box 203098
Austin, TX 78720-3098]

KICRIVAMF11

John Doe
123 Insurance Street
Apt 1234
Anytown, VA 12345

January 31, 2099

Re: Your Long Term Care Insurance Policy Premium is Rate Increasing
Policy Number: K999999999

Dear Policyholder:

The premium for your long-term care policy is going to increase. This letter explains:

- When and how much your premium is increasing
- Why your premium is increasing
- What options you have

When and how much your premium is increasing:

<u>Current Monthly Premium</u>	<u>New Monthly Premium</u>	<u>Rate Increase Percentage</u>	<u>Rate Increase Effective Date</u>
\$9,999.99	\$9,999.99	32.3%	05/01/2099
\$9,999.99	\$9,999.99	32.3%	05/01/2100

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. The Company reserves the right to request a future rate increase as per the policy. All future rate increases are subject to review by the Commission. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission’s webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. You have the right to request a revised premium rate or rate schedule. In the event of a future rate increase, similar options to those listed in this letter may be available.

Why your premium is increasing:

People are living longer, and the cost of long-term care has risen. As a result, more people are filing claims, and their claims are more expensive than when the Company set a price for your policy. It has become necessary for the Company to increase the premiums for your long-term care policy. If these claim trends continue, the Company may need to increase your premiums again.

These trends are not related to your own claim experience, but the experience of all policies on this long-term care policy form.

What options you have:

We understand that budgeting for a premium rate increase can be challenging. That is why we are offering our policyholders options to keep their premium at or close to its current level. You may elect to maintain your coverage at its current benefit level by paying the increased premium amount. You may also seek to moderate the impact of the premium rate increase by considering one or more of the options set forth below:

<u>Option</u>	<u>Description</u>	<u>New Monthly Premium</u>
1. Pay the higher premium. Your coverage will stay the same.	Your premium change will automatically occur as described above with no changes to your coverage. No action is needed from you.	\$9,999.99
2. Stop Paying Premiums.	The Contingent Nonforfeiture benefit allows you to stop paying premium completely in exchange for reducing how long your long-term care policy provides coverage. Your maximum lifetime benefits are shortened. Please see the Contingent Nonforfeiture Limit Calculation and Limitation section of this letter for a description of this option.	\$0
3. Lower your premium by choosing to lower your coverage limits.	You may be able to lower your coverage limits to lower your premium. Examples of available options may include reducing the Daily Benefit Amounts or Maximum Days Benefit Period, increasing the Elimination Period, or removing optional policy benefits, such as Inflation or other riders.	Please call 866-830-0607 for a customized quote of premium reduction options.

Please note that all benefit reduction options may not be of equal value.

Please call our Client Services Department at 866-830-0607 for more information on any of the options described above. Our office hours are Monday through Thursday, 9 a.m. to 6 p.m. EST, and Friday, 9:00 a.m. to 3:00 p.m. EST.

You may change your coverage at any time. You may elect one of the options described above anytime within 120 days of the Rate Increase Effective Date. If you do not elect any of the options offered above and the Policy lapses within 120 days after the Premium Increase, we will convert the Policy to a reduced paid-up status in accordance with Option 2. If at time of application you purchased a non-forfeiture benefit option, you may instead elect to exercise that option. Please consult your Policy to determine whether you hold a non-forfeiture benefit option. Please contact our Client Services Department if you would like to discuss this or any other option.

Option 2: Contingent Nonforfeiture Limit Calculation and Limitations

The dollar maximum limit of Benefits available under Option 2 above is the greater of:

- 30 times the Daily Nursing Home Benefit in effect on the due date of the unpaid premium; or
- 100% of the sum of all Premiums paid for the Policy and all attached Riders, including the premiums paid prior to any changes in Benefits.

The Contingent Nonforfeiture benefit shortens how long your policy provides coverage. Your maximum daily benefits and elimination periods will remain at the levels in effect at the time you chose this benefit. If you have an inflation protection rider on your policy, your daily benefits will be frozen and will not continue to increase. The Benefit Rebuilder provision of the Policy will not rebuild benefits available under Option 2.

The maximum benefit amount provided by this Contingent Nonforfeiture Benefit shall not exceed the remaining unused Maximum Lifetime Benefit of your current policy/certificate at the time of conversion. This is not a cash value option.

Electronic Payment Methods

If you have authorized premium payments via electronic funds transfer, we will deduct the new premium from your bank account starting on the Rate Increase Effective Date on page 1. If your premium payment is made via a third-party account or online banking, you must contact your representative or bank prior to the next billing date in order to update the payment amount.

Policyholders with waived premiums

If your premiums are currently being waived, the new premium will also be waived until you are no longer eligible for waiver of premium, as stated in your policy. You will begin to pay the adjusted premium when you return to a premium paying status.

Sincerely,
Fabiola Amaro Best FALU, FLMI, ACS, AIAA
Senior Vice President and Chief Operating Officer

May 19, 2023

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Dismore,

Thank you for your correspondence via SERFF on 3/31/2023 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *After review of the Company's rate increase request, the VA BOI recommends the following rate increase. 75% for policies with no inflation and 0% for policies with inflation.*

The recommendation is based on the VA Regulatory requirements stated under 14VAC5-200 and the Present Value of Future Loss Test where the BOI actuary compared the present value of expected future loss under three scenarios: (1) original assumptions; (2) current assumptions and current premiums; and (3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is less than that expected with no increase for policies with compound inflation. The opposite results were found for those policies with no inflation leading to the recommendation of allowing the 75% requested rate increase.

Should the Company accept this recommendation, please revise the Company Rate Information under the Rate/Rule Schedule and the proposed rate sheets for the Affected Form Number 80650 1/97 (VA) and 80880 (NTQ) 1/98 (VA).

In addition, please revise the Rate Request Summary, Actuarial Memorandum and supporting exhibits

The Company requests that the BOI reconsider their counteroffer to include a 75% rate increase for policies with compound inflation protection as well.

This request comes in light of a correction that the Company made to the ALR amounts stated in Question 2 of the "Response to Objection Dated 10/25/2022". The amounts previously provided included the ALR for paid-up policies. Given that the proposed rate increase is not applicable to paid-up policies, the Company believes that the BOI should only consider the ALR for premium-paying policies.

Please see the revised Objection 1 response [VA KIC LTC2 Objection 1 - Response - Revised 05.19.2023.pdf](#) for the updated ALR amounts.



P.O. Box 203098
Austin, TX 78720-3098
Toll Free: (866) 830-0607
Fax: (888) 769-0737

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,

A handwritten signature in black ink, appearing to read 'Madison P. Nahrup', is written over a horizontal line.

Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
11001 Lakeline Blvd, Suite 120
Austin, Texas 78717

Long-Term Care administrator for:
Great American Life Insurance Company®
Loyal American Life Insurance Company®

August 23, 2023

Bureau of Insurance
State Corporation Commission
PO Box 1157
Richmond, VA 23218

RE: Continental General Insurance Company
NAIC No: 71404
Rate Revision Filing on Individual Long-Term Care Insurance
Policy Forms: 80650 1/97, 80880 1/98
SERFF Tracking Number: GLTC-133439084

Dear Mr. Smith,

Thank you for your correspondence via SERFF on 8/23/2023 regarding the rate revision filing for the above referenced policy form. The information requested in support of this rate filing is below.

1. *The Bureau is agreeable to approving the company's request of a 75% increase and accepts the company's offer to spread the increase over three years without adjusting for time value of money. In other words, the final premium after three years will be the same as if the adjustment was made at one time.*

Please confirm acceptance by response to this objection.

The Company confirms acceptance and plans to implement the rate increase over three years as two phases of 28%, followed by one phase of 7% (75% cumulative). Please note, this implementation schedule is the same as the approved compound inflation rate increase schedule under the Company's prior approved rate filing #GLTC-133410195.

Thank you for reviewing the information provided herein. If you have any additional questions, please feel free to contact the Company.

Sincerely,



Madison P. Nahrup, ASA, MAAA
Associate Actuary
Continental General Insurance Company
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Austin, Texas 78717