

**State:** Virginia **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM  
**Product Name:** VA- 2021 Assurity Annual Rate Report  
**Project Name/Number:** /

## Filing at a Glance

Company: Assurity Life Insurance Company  
Product Name: VA- 2021 Assurity Annual Rate Report  
State: Virginia  
TOI: LTC Annual Rate Report  
Sub-TOI: LTCINLM  
Filing Type: LTC Annual Rate Report  
Date Submitted: 08/31/2021  
SERFF Tr Num: LFCR-132948454  
SERFF Status: Closed-Filed  
State Tr Num: LFCR-132948454  
State Status: Filed  
Co Tr Num: 2021 - LTCINLM AL2100-VA

Effective: On Approval  
Date Requested:  
Author(s): Scarlett Nazari, Anoush Chngidakyan, Darlene Smith, Dianne Bowdish  
Reviewer(s): Bill Dismore (primary)  
Disposition Date: 09/13/2021  
Disposition Status: Filed  
Effective Date:

**State:** Virginia  
**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM  
**Product Name:** VA- 2021 Assurity Annual Rate Report  
**Project Name/Number:** /

**Filing Company:** Assurity Life Insurance Company

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Deemer Date:  
Submitted By: Dianne Bowdish

Filing Description:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 09/13/2021  
State Status Changed: 09/13/2021  
Created By: Anoush Chngidakyan  
Corresponding Filing Tracking Number:  
State TOI: LTC Annual Rate Report 2021

**State:** Virginia  
**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM  
**Product Name:** VA- 2021 Assurity Annual Rate Report  
**Project Name/Number:** /

**Filing Company:** Assurity Life Insurance Company

August 17, 2021

Bureau of Insurance  
1300 East Main Street  
Richmond, Virginia 23219

To Whom It May Concern:

Annual Rate Reporting under 14 VAC 5-200-125

In accordance with the annual rate-reporting requirement under 14 VAC 5-200-125, attached please find the requisite information on behalf of Assurity Life Insurance Company.

LifeCare Assurance Company is submitting this filing in its capacity as Third party administrator on behalf of Assurity Life Insurance Company. A copy of the authorization letter from Assurity Life Insurance Company is attached authorizing LifeCare Assurance Company to submit the long-term care insurance filings on their behalf.

If you should have questions or require additional information, please contact me.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
800-366-5463 ext. 2232  
Xiaoyan.Song@LifeCareAssurance.com

## Company and Contact

### Filing Contact Information

Loga Crossette-Thambiah, Regulatory Compliance Analyst 2 - Legislation	loga.thambiah@lifecareassurance.com
P.O. Box 4243	818-867-2323 [Phone]
Woodland Hills, CA 91365-4243	818-867-6423 [FAX]

**State:** Virginia

**Filing Company:** Assurity Life Insurance Company

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

**Product Name:** VA- 2021 Assurity Annual Rate Report

**Project Name/Number:** /

**Filing Company Information**

(This filing was made by a third party - LCA01)

Assurity Life Insurance Company

CoCode: 71439

State of Domicile: Nebraska

Long Term Care Administrative

Group Code:

Company Type:

Office

Group Name: Assurity Security

State ID Number:

P.O. Box 4243

Grp

Woodland Hills, CA 91365-4243

FEIN Number: 38-1843471

(818) 867-2450 ext. [Phone]

---

**State:** Virginia

**Filing Company:** Assurity Life Insurance Company

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

**Product Name:** VA-2021 Assurity Annual Rate Report

**Project Name/Number:** /

## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State:

Virginia

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA- 2021 Assurity Annual Rate Report

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Bill Dismore	09/13/2021	09/13/2021

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	09/01/2021	09/01/2021

#### Response Letters

Responded By	Created On	Date Submitted
Dianne Bowdish	09/08/2021	09/13/2021

SERFF Tracking #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State: Virginia

Filing Company: Assurity Life Insurance Company

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

Product Name: VA- 2021 Assurity Annual Rate Report

Project Name/Number: /

## Disposition

Disposition Date: 09/13/2021

Effective Date:

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	11	\$22,796	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Product Checklist		Yes
Supporting Document	LTC Annual Report Instructions		Yes
Supporting Document	TPA Authorization Letter	Received & Acknowledged	Yes
Supporting Document	LTCINLM AL2100-VA Objection Response	Received & Acknowledged	Yes
Rate (revised)	LTCINLM	Filed	Yes
Rate	LTCINLM	Withdrawn	No

**State:** Virginia  
**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM  
**Product Name:** VA- 2021 Assurity Annual Rate Report  
**Project Name/Number:** /

**Filing Company:** Assurity Life Insurance Company

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/01/2021
Submitted Date	09/01/2021
Respond By Date	09/15/2021

Dear Loga Crossette-Thambiah,

### 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

- LTCINLM, [AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPSJ] (Rate)

Comments: Please review the reporting period, it is incorrect.

### Objection 2

- LTCINLM, [AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPSJ] (Rate)

Comments: Please advise if the company wishes to certify that there will be no future rate increases filed in Virginia.

Since there are only 7 policyholders remaining in Virginia and rates are certified as being sufficient, the company may certify that they will file no future rate increases in Virginia for these policy forms. This would eliminate the need for the company to file LTC Annual Reports in the future for these policy forms.

### 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 #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State:

Virginia

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA- 2021 Assurity Annual Rate Report

Project Name/Number:

/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/08/2021
Submitted Date	09/13/2021

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

Please see correct LTCINLM.pdf document.

We added a Post Submission Update to correct the Number of Policyholders on the Rate/Rule Data . The Number of Policyholders was incorrectly reported as 7, there are in fact 11 policyholders. Please note, a joint policy consists of two policyholders.

### Related Objection 1

Applies To:

- LTCINLM, [AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS] (Rate)

Comments: Please review the reporting period, it is incorrect.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Virginia

Filing Company:

Assurity Life Insurance Company

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

Product Name: VA- 2021 Assurity Annual Rate Report

Project Name/Number: /

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LTCINLM	AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS	Other	Previous State Filing Number: LFCR-132546040 Rate Action Other Explanation: Annual Rate Certification filing	lrcinlm.pdf,	09/13/2021 By: Dianne Bowdish
<i>Previous Version</i>						
1	LTCINLM	AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS	Other	Previous State Filing Number: LFCR-131997718 Rate Action Other Explanation: Annual Rate Certification filing	lrcinlm.pdf,	08/31/2021 By: Dianne Bowdish

**Response 2****Comments:**

Please see Objection Response letter.

Thank you.

**Related Objection 2**

Applies To:

SERFF Tracking #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State: Virginia

Filing Company: Assurity Life Insurance Company

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

Product Name: VA- 2021 Assurity Annual Rate Report

Project Name/Number: /

- LTCINLM, [AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS] (Rate)

Comments: Please advise if the company wishes to certify that there will be no future rate increases filed in Virginia.

Since there are only 7 policyholders remaining in Virginia and rates are certified as being sufficient, the company may certify that they will file no future rate increases in Virginia for these policy forms. This would eliminate the need for the company to file LTC Annual Reports in the future for these policy forms.

**Changed Items:**

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTCINLM AL2100-VA Objection Response
Comments:	
Attachment(s):	LTCINLM AL2100-VA Objection Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Dianne Bowdish

**State:** Virginia **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM  
**Product Name:** VA- 2021 Assurity Annual Rate Report  
**Project Name/Number:** /

## Post Submission Update Request Processed On 09/13/2021

**Status:** Allowed  
**Created By:** Dianne Bowdish  
**Processed By:** Bill Dismore  
**Comments:**

### Rate Information:

Field Name	Requested Change	Prior Value
Effective Date of Last revision	01/25/2021	11/26/2019
SERFF Tracking Number of Last Filing	LFCR-132546040	LFCR-131997718

### Company Rate Information:

Company Name: Assurity Life Insurance Company

Field Name	Requested Change	Prior Value
Number of Policy Holders Affected for this Program	11	7

SERFF Tracking #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State:

Virginia

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA- 2021 Assurity Annual Rate Report

Project Name/Number:

/

## Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

01/25/2021

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

LFCR-132546040

## 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):
Assurity Life Insurance Company	0.000%	0.000%	\$0	11	\$22,796	0.000%	0.000%

**SERFF Tracking #:**

LFCR-132948454

**State Tracking #:**

LFCR-132948454

**Company Tracking #:**

2021 - LTCINLM AL2100-VA

**State:** Virginia**Filing Company:**

Assurity Life Insurance Company

**TOI/Sub-TOI:** LTC Annual Rate Report/LTCINLM**Product Name:** VA- 2021 Assurity Annual Rate Report**Project Name/Number:** /

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		LTCINLM	AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS	Other	Previous State Filing Number: LFCR-132546040 Rate Action Other Explanation: Annual Rate Certification filing	ltcinlm.pdf,

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

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

**Reporting Period                      1/1/2020 – 12/31/2020**

Company Name	Assurity Life Insurance Company
Company NAIC Number	71439
Form Number(s)	Forms: AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-SBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R- OPS
Issue Date(s)	10/28/2009 – 5/13/2011
SERFF Filing Number	LFCR-132948454
Prior SERFF Filing Number(s)	LFCR-132546040

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

In my opinion, the premium rate schedule is sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedule is reasonably expected to be sustainable over the life of the policy with no future premium increases anticipated. Based on my review of recent experience of the policy involved, in my opinion, no rate action is necessary as a result of this analysis.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. The details of my review are included in the attached actuarial memorandum that provides the historical experience and the expected future and lifetime loss ratios based on the current best-estimate assumptions; and a detailed description and actuarial support for each assumption used in the projections.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Post Office Box 4243  
(818) 867-2232  
August 13, 2021

**Note:**

***If margins are sufficient but not equal to or greater than those originally filed, the actuary should amend this statement, accordingly, describing the basis for the revised margin levels.***

SERFF Tracking #:

LFCR-132948454

State Tracking #:

LFCR-132948454

Company Tracking #:

2021 - LTCINLM AL2100-VA

State:

Virginia

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA- 2021 Assurity Annual Rate Report

Project Name/Number:

/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Assurity VA ARC Actuarial Memo VA 2019 w Attach.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	09/13/2021

<b>Bypassed - Item:</b>	Product Checklist
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	LTC Annual Report Instructions
<b>Comments:</b>	See report submitted in Rate/Rule Schedule
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	TPA Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Assurity LifeCare 2021 Authorization.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	09/13/2021

<b>Satisfied - Item:</b>	LTCINLM AL2100-VA Objection Response
<b>Comments:</b>	
<b>Attachment(s):</b>	LTCINLM AL2100-VA Objection Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	09/13/2021



**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

<b>Long Term Care Insurance Policy:</b>	<b>Form AL2100P-VA</b>
<b>Full Return of Premium Rider:</b>	<b>Form AL2100R-ROP</b>
<b>Shortened Benefit Period Nonforfeiture Rider:</b>	<b>Form AL2100R-SBN-VA</b>
<b>Compound Benefit Increase Rider:</b>	<b>Form AL2100R-CBI</b>
<b>Simple Benefit Increase Rider:</b>	<b>Form AL2100R-SBI</b>
<b>Facility Care and Home and Community Based Care Indemnity Benefit Rider:</b>	<b>Form AL2100R-IND-VA</b>
<b>Facility Care Only Indemnity Benefit Rider:</b>	<b>Form AL2100R-F-IND-VA</b>
<b>Monthly Home and Community Based Care Benefit Rider:</b>	<b>Form AL2100R-MTH</b>
<b>Restoration of Benefits Rider:</b>	<b>Form AL2100R-ROB</b>
<b>Home and Community Based Care Waiver of Premium Benefit Rider:</b>	<b>Form AL2100R-WOP-VA</b>
<b>First Day Home and Community Based Care Benefit Rider:</b>	<b>Form AL2100R-FDC</b>
<b>Shared Benefit Amount Rider:</b>	<b>Form AL2100R-SBA</b>
<b>Optional Policy Surrender Rider:</b>	<b>Form AL2100R-OPS</b>

These form and riders were issued in Virginia from 2009 through 2011. The above form and riders are no longer being marketed.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of documenting that the rates meet the requirements in the statutes of Virginia.

**2. Premiums**

Premiums are unisex, level, lifetime or limited pay. Premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage, and the riders selected.

Please see attachments B1 and B2 for policy form AL2100P-VA current premium rates and factors.

**3. Description of Benefits**

BASE POLICY BENEFITS PER (\$10.00) UNIT OF COVERAGE

- a. Coverage Outside the United States – Benefits are payable for Qualified Long Term Care Services received outside the United States or its territories, or Canada for up to 30 days per calendar year. Actual expenses incurred up to \$10 per day for covered services. Benefits paid are deducted from the Benefit Amount.
- b. Facility Care Benefit (FC) - Actual expenses incurred up to \$10.00 per day for FC (qualified long term care services, including skilled, intermediate and custodial care) while confined in a qualified Nursing Facility or Assisted Living Facility and maintenance or personal care performed in an Assisted Living Facility. Benefits paid are deducted from the Benefit Amount.
- c. Facility Bed Reservation Benefit - Actual FC expenses incurred up to \$10.00 per day to reserve a bed in a Nursing Facility or Assisted Living Facility during a temporary absence from the facility. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the Benefit Amount.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

- d. HCBC - This optional benefit must be selected by the insured to be covered under the policy. Actual expenses incurred up to \$10.00 per day. Coverage is provided for Home Health Care (services performed through a home health care agency or independent home health caregiver, including care by a professional nurse, therapist, dietician or home health aide, and homemaker services) Adult Day Care, Hospice Care and Caregiver Training. The Caregiver Training benefit payable is a maximum lifetime benefit equal to three times the daily benefit selected. Benefits paid are deducted from the Benefit Amount.
- e. Respite Care - Actual expenses incurred up to \$10.00 per day for FC or HCBC (if covered) payable as short term care to relieve primary caregiver. Benefit is payable up to 30 days per calendar year. Benefits paid are deducted from the Benefit Amount.
- f. Alternative Plan of Care Benefit (APC) - Provides for qualified long term care services not specifically shown as being available under the policy for chronically ill individual, if agreed upon by the insured, licensed health care practitioner and the company, which may include equipment purchases or rentals; permanent or temporary modifications to the insured's residence (such as ramps or rails) or care services not normally covered under the HCBC. The APC amount agreed upon, divided by the daily benefit selected, equals the number of subsequent days for which additional benefits for HCBC (if selected) and FC will not be paid under the policy. The APC is not available for providing HCBC on policies providing FC benefits only.
- g. Optional Personal Care Advisor, accessible through toll-free telephone number, is available to insured to provide assistance with any questions about their coverage. No benefits are deducted from the Benefit Amount for this service.
- h. Optional Care Coordination, if after speaking with the Personal Care Advisor, the insured still requests additional care coordination, the company will arrange for a care coordinator to contact the insured. If the insured wishes, an RN will be available to assist with assessment and coordination of appropriate care and services. No benefits are deducted from the Benefit Amount for this service.
- i. Waiver of Premium is provided after confinement in a Nursing Facility or an Assisted Living Facility for a period of 90 days. Premiums already paid, but not earned will be refunded on a pro-rata basis.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

OPTIONAL BENEFIT RIDERS

- a. Full Return of Premium Rider (ROP) - Upon the insured's death (second-to-die in the case of joint coverage) while the policy is in force the total of premiums paid, with no deduction for benefits paid, will be paid to the beneficiary. Not available with Optional Policy Surrender Rider.
- b. Shortened Benefit Period Nonforfeiture Rider (SBN) - This rider provides the nonforfeiture credit as adopted by the NAIC. If the policy has been in force for at least three years and lapses due to nonpayment of premiums, coverage will continue and benefits will be payable based on the daily benefits in effect on the date of lapse. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. The Benefit Amount becomes equal to the greater of: (a) the total of premiums paid for the policy and riders; or (b) 30 times the daily benefit in effect on the date of lapse. Any benefits paid after lapse will be deducted from this new Benefit Amount. Not available with Optional Policy Surrender Rider.
- c. Compound Benefit Increase Rider (CBI) - This rider increases the daily benefits and the remaining Benefit Amount by 5%, compounded annually. Increases are made regardless of claims status. Policy premiums may be payable on either the Standard Premium Payment or Step Rated Premium Payment Options. Step Rated Premium Payment Option is not available with the 10-pay or 20-pay premium options.
- d. Simple Benefit Increase Rider (SBI) - This rider increases the daily benefits and the Benefit Amount annually by 5% of the dollar amounts originally issued. The remaining Benefit Amount will be increased by the same proportion as the increase in daily benefits. Increases are made regardless of claims status.
- e. Facility Care and HCBC Indemnity Benefit Rider (IND) - This rider provides that all benefits covered under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available with either the Monthly HCBC Benefit Rider or the Facility Care Only Indemnity Benefit Rider.
- f. Facility Care Only Indemnity Benefit Rider (F-IND) - This rider provides that all benefits payable for Facility Care under the policy will be payable on an indemnity basis at the full daily benefit selected, regardless of actual expenses incurred. This rider is not available with the Facility Care and HCBC Indemnity Benefit Rider.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

- g. Monthly HCBC Benefit Rider (MTH) - This rider provides that benefits payable for HCBC under the policy will be payable on a monthly basis rather than a daily basis, times the actual number of days in that calendar month. Not available with the Facility Care and HCBC Indemnity Benefit Rider or the Facility Care Only Indemnity Benefit Rider. One of the benefit increase riders must also be selected.
- h. Restoration of Benefits Rider (ROB) - If the policy remains in force and claims paid during a single claim period have not exceeded the Benefit Amount and the insured is not eligible for the payment of benefits for 180 consecutive days, the Benefit Amount payable will be restored. Restoration of Benefits is subject to a maximum of twice the Benefit Amount selected. Not available with Lifetime Benefit Period nor Shared Benefit Amount Rider.
- i. HCBC Waiver of Premium Benefit Rider (WOP) - This rider waives premiums after 90 service days of HCBC. Premiums paid but not earned will be refunded on a pro-rata basis. Not available with Facility Care Only coverage.
- j. First Day HCBC Benefit Rider (FDC) - This rider allows benefits to be paid on the first day of a claim for HCBC, regardless if a 30, 90 or 180 day elimination period is selected for FC. Not available with Facility Care Only coverage.
- k. Shared Benefit Amount Rider (SBA) - This rider provides a shared third benefit pool on joint policies available to either or both insureds who have exhausted their benefit pool under the base policy. Not available with Lifetime Benefit Period nor with the Restoration of Benefits Rider.
- l. Optional Policy Surrender Rider (OPS) – This rider provides a policy surrender option after the policy has been in force for at least five years, subject to prior claim payment or current claim considerations. The surrender value will be in the form of a lump sum payment equal to 80% of the total of premium paid for the policy and any attached riders, payable upon satisfactory evidence of insurability. If satisfactory evidence of insurability is not provided, the surrender value will be offered as a lifetime monthly income benefit, payable until the earlier of the insured's death (last death in the case of joint coverage) or 80% of the total of premiums paid for the policy and any attached riders has been paid. Not available with Full Return of Premium Rider nor with the Shortened Benefit Period Nonforfeiture Rider.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

**4. Marketing Method**

This policy form was marketed by individual agents who primarily sell on an individual basis.

**5. Underwriting Description**

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

**6. Renewability**

These policies are guaranteed renewable for life.

**7. Actuarial Assumptions**

**a. Lapse**

Attachment C includes a comparison of experience and best estimate lapse rates by duration.

**b. Mortality**

The current best estimate mortality assumptions are based on experience from the reinsurer's entire similarly underwritten and administered block of LTC policies. Attachment D2 includes a comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

Original Pricing: 1994 GAM

Best estimate: Attained age mortality is 100% of the 2012 IAR Mortality Table with G2 Scale mortality improvement, with duration selection factors varied by joint vs. single, shown in Attachment D1.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

**c. Morbidity**

The current best estimate morbidity assumptions are also based on the reinsurer's combined experience. Studies are performed for incidence, continuance, utilization, and recovery from claim data. Incidence rates by gender, marital status, and attained age have been developed.

Continuance termination rates are derived from reinsurer data that has been credibility blended with the latest industry data. Recovery and return to active status is based on the policyholders' attained age at the time their claims are incurred, grading down from 36.4% of all claims at age 40, to 6.78% at age 80, and then 0% at age 120. Utilization factors are then applied to the claim costs, which are as follows: 93% for COLA reimbursement policies and 100% for non-COLA reimbursement policies. No underwriting selection durational factors or morbidity improvement is assumed in the projection.

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

Attachment E1 shows the best estimate incidence rates by gender and marital status. Attachment E2 demonstrates best estimate length of stay for lifetime benefit period, 90-day elimination period policies with and without 5% Compound COLA.

Attachments E3 and E4 contain the analysis of actual to expected incidence and termination respectively, with expected based on best estimate assumptions, for the combined reinsurer block of LTC policies.

**Original Pricing Claim Costs** for skilled, intermediate and custodial Nursing Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

Claim costs for Home and Community Based Care are decreasing percentages of Nursing Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider, the Full Return of Premium Rider, and the Optional Policy Surrender Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are increased by 5% each duration (simple interest rider) or compounded by 5% each duration (compound interest rider) to obtain the actual claim costs by duration.

Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

The original pricing joint claim costs are 150% of the individual claim costs.

The original pricing underwriting selection factors are by duration: 35%, 40%, 45%, 50%, 60%, 80%, 90%, 100% for durations 8 & later.

**d. Interest**

The maximum valuation interest rate for contract reserves, 4.0%, has been used for accumulating historical experience and for discounting projected future experience.

Original Pricing: 5.5%

Maximum Valuation: 4.0%

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.



**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

**8. Issue Age Range**

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range is 18 to 84.

**9. Claim Liability and Reserves**

Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2019 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**10. Trend Assumptions**

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

**11. Past and Future Policy Experience**

Earned premiums and incurred claims for projection years 2020 through 2059 are developed from a projection model representing actual contracts in force as of December 31, 2019. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

Nationwide experience and projections by calendar year are shown in Attachment F.

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. A lifetime loss ratio as of December 31, 2019 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 4.0%, the maximum valuation interest rate.

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

September 2020

**12. Loss Ratio Requirement Compliance Demonstration**

Historical experience and projected experience using current best estimates are shown in Attachment F, which demonstrates that the accumulated lifetime loss ratio exceeds the minimum loss ratio requirement.

**13. Nationwide and Virginia Distribution of Business**

The distributions of policies and premiums as of December 31, 2019 are shown in the following attachments:

Nationwide distribution: Attachment A1

Virginia distribution: Attachment A2

**Assurity Life Insurance Company**

**Home Office: Lincoln, Nebraska  
Company NAIC No. 71439  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

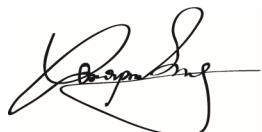
September 2020

**14. Actuarial Certification**

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

In my opinion, the premium rate schedule is sufficient to cover anticipated costs under current best estimate assumptions and the premium rate schedule is reasonably expected to be sustainable over the life of the policy with no future premium increases anticipated. Based on my review of recent experience of the policy involved, in my opinion, no rate action is necessary at this time as a result of this analysis.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. The details of my review are included in the attached actuarial memorandum that provides the historical experience and the expected future and lifetime loss ratios based on the current best estimate assumptions; and a detailed description and actuarial support for each assumption used in the projections.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

**Assurity Life Insurance Company**  
**Policy Form: AL-2100**  
**Attachment A1**  
**Nationwide Policy and Premium Distribution**

	Policies	Premium*	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	526	1,824,260	89%	92%
Facility Only	64	157,147	11%	8%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	116	249,350	20%	13%
Simple COLA 5%	146	476,733	25%	24%
Compound COLA 5%	316	1,221,361	54%	62%
Step Pay Compound COLA 5%	12	33,963	2%	2%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	552	1,806,141	94%	91%
SBP NFO	3	22,841	1%	1%
Full ROP	6	36,767	1%	2%
Policy Surrender	29	115,658	5%	6%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	16	185,626	3%	9%
Lifetime	564	1,747,016	96%	88%
20 Pay	10	48,765	2%	2%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	335	1,271,610	57%	64%
Single	255	709,797	43%	36%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	298	1,119,451	51%	56%
Semi-Annual	28	97,835	5%	5%
Quarterly	40	166,806	7%	8%
Monthly	224	597,316	38%	30%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0 Days	7	33,880	1%	2%
30 Days	28	113,293	5%	6%
90 Days	518	1,717,939	88%	87%
180 Days	37	116,295	6%	6%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	72	212,144	12%	11%
5 Year / 5 Year	65	203,512	11%	10%
Lifetime / Lifetime	381	1,346,166	65%	68%
4 Year / 4 Year	22	64,221	4%	3%
6 Year / 6 Year	17	46,656	3%	2%
2 Year / 2 Year	15	37,739	3%	2%
10 Year / 10 Year	18	70,970	3%	4%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
26-35	6	14,736	1%	1%
36-45	9	12,284	2%	1%
46-55	142	431,903	24%	22%
56-65	319	1,076,626	54%	54%
66-75	109	425,381	18%	21%
76-85	5	20,476	1%	1%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>
<b>Daily Benefit Cohort</b>				
\$1-\$50	10	17,185	2%	1%
\$51-\$100	198	473,646	34%	24%
\$101-\$150	267	932,944	45%	47%
\$151-\$200	98	470,536	17%	24%
\$201-\$250	13	67,568	2%	3%
\$251-\$300	4	19,528	1%	1%
<b>Total</b>	<b>590</b>	<b>1,981,407</b>	<b>100%</b>	<b>100%</b>

**Assurity Life Insurance Company**  
**Policy Form: AL-2100-VA**  
**Attachment A2**  
**Nationwide Policy and Premium Distribution**

	Policies	Premium*	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	6	20,339	86%	89%
Facility Only	1	2,457	14%	11%
Total	7	22,796	100%	100%
<b>COLA Options</b>				
No COLA	3	9,395	43%	41%
Simple COLA 5%	2	8,583	29%	38%
Compound COLA 5%	2	4,818	29%	21%
Step Pay Compound COLA 5%	0	0	0%	0%
Total	7	22,796	100%	100%
<b>Nonforfeiture Options</b>				
None	7	22,796	100%	100%
SBP NFO	0	0	0%	0%
Full ROP	0	0	0%	0%
Policy Surrender	0	0	0%	0%
Total	7	22,796	100%	100%
<b>Pay Period</b>				
10 Pay	0	0	0%	0%
Lifetime	7	22,796	100%	100%
20 Pay	0	0	0%	0%
Total	7	22,796	100%	100%
<b>Joint/Single Life</b>				
Joint	4	12,405	57%	54%
Single	3	10,391	43%	46%
Total	7	22,796	100%	100%
<b>Billing Mode</b>				
Annual	3	8,548	43%	37%
Semi-Annual	0	0	0%	0%
Quarterly	0	0	0%	0%
Monthly	4	14,248	57%	63%
Total	7	22,796	100%	100%
<b>Elimination Period</b>				
0 Days	0	0	0%	0%
30 Days	0	0	0%	0%
90 Days	6	20,435	86%	90%
180 Days	1	2,360	14%	10%
Total	7	22,796	100%	100%
<b>Benefit Period</b>				
3 Year / 3 Year	1	3,699	14%	16%
5 Year / 5 Year	3	9,084	43%	40%
Lifetime / Lifetime	0	0	0%	0%
4 Year / 4 Year	2	6,806	29%	30%
6 Year / 6 Year	0	0	0%	0%
2 Year / 2 Year	1	3,208	14%	14%
10 Year / 10 Year	0	0	0%	0%
Total	7	22,796	100%	100%
<b>Issue Age Cohort</b>				
26-35	0	0	0%	0%
36-45	0	0	0%	0%
46-55	1	2,360	14%	10%
56-65	2	5,696	29%	25%
66-75	4	14,739	57%	65%
76-85	0	0	0%	0%
Total	7	22,796	100%	100%
<b>Daily Benefit Cohort</b>				
\$1-\$50	0	0	0%	0%
\$51-\$100	2	6,692	29%	29%
\$101-\$150	3	10,408	43%	46%
\$151-\$200	2	5,696	29%	25%
\$201-\$250	0	0	0%	0%
\$251-\$300	0	0	0%	0%
Total	7	22,796	100%	100%





**Assurity Life Insurance Company  
Combined Reinsurer Experience  
Attachment C  
Lapse Rates**

Duration*	Exposure**	Lapses	Actual Lapse Rates	Best Estimate Lapse Rates	A/E
8	159,682	1,340	0.84%	0.50%	1.68
9	149,716	1,132	0.76%	0.50%	1.51
10	141,751	883	0.62%	0.50%	1.25
11	134,572	849	0.63%	0.50%	1.26
12	127,161	822	0.65%	0.50%	1.29
13	119,109	709	0.60%	0.50%	1.19
14	110,990	575	0.52%	0.50%	1.04
15	97,577	467	0.48%	0.50%	0.96
16	81,487	391	0.48%	0.50%	0.96
17	64,311	283	0.44%	0.50%	0.88
18	47,544	242	0.51%	0.50%	1.02
19	36,389	188	0.52%	0.50%	1.03
20	28,729	145	0.50%	0.50%	1.01
21	19,818	103	0.52%	0.50%	1.04
22	12,684	54	0.43%	0.50%	0.85
23	7,382	37	0.50%	0.50%	1.00
24	3,784	21	0.55%	0.50%	1.11
25	1,719	12	0.70%	0.50%	1.40
26	686	3	0.44%	0.50%	0.87
27	339	1	0.29%	0.50%	0.59
28	124	1	0.81%	0.50%	1.62
29	33	0	0.00%	0.50%	0.00
Average	1,345,588	8,258	0.61%	0.50%	1.23

\* All Assurity policies are duration 8+

\*\* Lifetime pay policies only



**Assurity Life Insurance Company**  
**Policy Form: AL-2100**  
**Attachment D1**  
**Mortality Selection Factors**

Policy Duration	Selection Factors	
	Single	Joint
1	0.200	0.200
2	0.380	0.320
3	0.480	0.390
4	0.500	0.410
5	0.550	0.430
6	0.570	0.480
7	0.600	0.500
8	0.640	0.530
9	0.700	0.550
10	0.770	0.570
11	0.800	0.590
12	0.820	0.630
13	0.860	0.670
14	0.920	0.720
15	0.980	0.740
16	1.000	0.760
17	1.000	0.800
18	1.000	0.850
19	1.000	0.950
20	1.000	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.000	1.000

**Assurity Life Insurance Company  
 Combined Reinsurer Experience  
 Attachment D2  
 Mortality A to E Analysis**

Attained Age	Single Lives Death Counts			Joint Lives Death Counts**			Total Death Counts		
	Actual	Expected*	A/E	Actual	Expected*	A/E	Actual	Expected*	A/E
<40	1	1	75%	1	3	38%	2	4	50%
40-44	1	3	29%	14	10	140%	15	13	112%
45-49	25	13	188%	50	39	129%	75	52	144%
50-54	58	54	108%	137	150	91%	195	203	96%
55-59	151	168	90%	420	450	93%	571	618	92%
60-64	352	430	82%	922	1,055	87%	1,274	1,486	86%
65-69	625	742	84%	1,323	1,611	82%	1,948	2,352	83%
70-74	853	910	94%	1,673	1,709	98%	2,526	2,619	96%
75-79	955	917	104%	1,524	1,381	110%	2,479	2,298	108%
80-84	942	811	116%	986	814	121%	1,928	1,625	119%
85-89	621	589	105%	456	344	133%	1,077	932	116%
90+	382	313	122%	125	88	141%	507	402	126%
Total	4,966	4,951	100%	7,631	7,653	100%	12,597	12,605	100%

\* Expected - 100% of 2012 IAR mortality table with the mortality selection factors shown in Exhibit D2

\*\* Joint lives - joint policy at issue

**Assurity Life Insurance Company**  
**Policy Form: AL-2100**  
**Attachment E1**  
**Incidence Rates Per 100**

Best Estimate						
Attained Age	Nursing Facility Care Incidence Rates				Incidence Rate Factors	
	Single Male	Single Female	Married Male	Married Female	Home and Community Based Care and Assisted Living Facility	Assisted Living Facility
40	0.0017	0.0019	0.0004	0.0004	1.550	0.300
41	0.0020	0.0022	0.0005	0.0005	1.550	0.300
42	0.0023	0.0026	0.0006	0.0006	1.550	0.300
43	0.0027	0.0030	0.0008	0.0007	1.550	0.300
44	0.0032	0.0035	0.0009	0.0008	1.550	0.300
45	0.0037	0.0041	0.0011	0.0010	1.550	0.300
46	0.0043	0.0048	0.0013	0.0012	1.550	0.300
47	0.0050	0.0056	0.0015	0.0014	1.550	0.300
48	0.0058	0.0066	0.0019	0.0017	1.550	0.300
49	0.0068	0.0077	0.0022	0.0021	1.550	0.300
50	0.0079	0.0090	0.0027	0.0025	1.550	0.300
51	0.0092	0.0105	0.0032	0.0030	1.550	0.300
52	0.0107	0.0122	0.0038	0.0036	1.550	0.300
53	0.0124	0.0143	0.0046	0.0044	1.550	0.300
54	0.0145	0.0167	0.0055	0.0053	1.550	0.300
55	0.0168	0.0195	0.0065	0.0064	1.550	0.300
56	0.0196	0.0227	0.0078	0.0077	1.550	0.300
57	0.0228	0.0265	0.0094	0.0092	1.550	0.300
58	0.0278	0.0324	0.0117	0.0117	1.436	0.290
59	0.0341	0.0399	0.0148	0.0148	1.311	0.290
60	0.0416	0.0488	0.0185	0.0187	1.206	0.280
61	0.0505	0.0595	0.0232	0.0235	1.111	0.270
62	0.0607	0.0717	0.0286	0.0293	1.045	0.270
63	0.0734	0.0869	0.0356	0.0367	0.969	0.260
64	0.0898	0.1067	0.0448	0.0465	0.872	0.260
65	0.1090	0.1299	0.0560	0.0584	0.795	0.250
66	0.1318	0.1576	0.0696	0.0731	0.728	0.240
67	0.1586	0.1902	0.0861	0.0910	0.671	0.240
68	0.1912	0.2301	0.1068	0.1136	0.613	0.230
69	0.2308	0.2786	0.1326	0.1420	0.555	0.230
70	0.2771	0.3356	0.1638	0.1766	0.507	0.220
71	0.3306	0.4016	0.2009	0.2181	0.470	0.220
72	0.3895	0.4747	0.2435	0.2661	0.452	0.210
73	0.4619	0.5646	0.2969	0.3267	0.425	0.210
74	0.5483	0.6724	0.3625	0.4016	0.397	0.200
75	0.6512	0.8010	0.4428	0.4937	0.369	0.200
76	0.7736	0.9546	0.5411	0.6073	0.341	0.190
77	0.9125	1.1295	0.6564	0.7418	0.323	0.190
78	1.0766	1.3368	0.7965	0.9061	0.305	0.190
79	1.2606	1.5702	0.9592	1.0985	0.297	0.180
80	1.4877	1.8588	1.1643	1.3422	0.279	0.180
81	1.7560	2.2010	1.4134	1.6404	0.261	0.170
82	2.0566	2.5858	1.7026	1.9892	0.253	0.170
83	2.4282	3.0627	2.0675	2.4317	0.235	0.170
84	2.8442	3.5987	2.4908	2.9492	0.227	0.160
85	3.3317	4.2286	3.0008	3.5768	0.219	0.160
86	3.5420	4.4529	3.2036	3.7919	0.212	0.150
87	3.7689	4.6932	3.4231	4.0233	0.204	0.150
88	4.0105	4.9466	3.6578	4.2691	0.196	0.150
89	4.2678	5.2140	3.9088	4.5300	0.188	0.140
90	4.5417	5.4961	4.1772	4.8072	0.180	0.140
91	4.7926	5.7446	4.4264	5.0584	0.182	0.140
92	5.1005	6.0556	4.7305	5.3680	0.174	0.130
93	5.4284	6.3837	5.0557	5.6969	0.166	0.130
94	5.7232	6.6666	5.3526	5.9893	0.169	0.130
95	6.0393	6.9680	5.6719	6.3021	0.171	0.130
96	6.4276	7.3456	6.0619	6.6883	0.163	0.120
97	6.7767	7.6711	6.4180	7.0316	0.166	0.120
98	7.1509	8.0179	6.8008	7.3988	0.168	0.120
99	7.5394	8.3732	7.2003	7.7786	0.171	0.110
100	7.9490	8.7443	7.6233	8.1780	0.174	0.110
101	8.3880	9.1397	8.0780	8.6052	0.176	0.110
102	8.8438	9.5449	8.5527	9.0471	0.179	0.110
103	9.3324	9.9766	9.0630	9.5197	0.181	0.100
104	9.8396	10.4190	9.5957	10.0087	0.184	0.100
105	10.3745	10.8811	10.1597	10.5228	0.187	0.100
106	10.9477	11.3733	10.7660	11.0727	0.189	0.100
107	11.5429	11.8779	11.3989	11.6417	0.192	0.100
108	12.1706	12.4049	12.0691	12.2399	0.195	0.100
109	12.8432	12.9662	12.7895	12.8797	0.197	0.100
110	13.5417	13.5417	13.5417	13.5417	0.200	0.100

Assurity Life Insurance Company  
Policy Form: AL-2100  
Attachment E2  
Length of Stay Per \$1 of Daily Benefit

Attained Age	Best Estimate Length of Stay*			
	Male		Female	
	No COLA	5% Compound COLA	No COLA	5% Compound COLA
<b>40</b>	<b>511.48</b>	<b>662.18</b>	<b>568.65</b>	<b>723.27</b>
41	511.48	662.18	568.65	723.27
42	511.48	662.18	568.65	723.27
43	511.48	662.18	568.65	723.27
44	511.48	662.18	568.65	723.27
45	511.48	662.18	568.65	723.27
46	511.48	662.18	568.65	723.27
47	511.48	662.18	568.65	723.27
48	511.48	662.18	568.65	723.27
49	511.48	662.18	568.65	723.27
<b>50</b>	<b>511.48</b>	<b>662.18</b>	<b>568.65</b>	<b>723.27</b>
51	511.48	662.18	568.65	723.27
52	511.48	662.18	568.65	723.27
53	507.70	655.74	547.90	691.14
54	504.07	649.56	528.82	662.08
55	500.56	643.61	511.19	635.64
56	497.17	637.89	494.82	611.45
57	493.89	632.38	479.53	589.20
58	490.73	627.08	465.21	568.62
59	487.67	621.98	451.73	549.51
<b>60</b>	<b>484.72</b>	<b>617.07</b>	<b>439.00</b>	<b>531.68</b>
61	481.86	612.34	426.94	514.97
62	479.10	607.78	415.47	499.27
63	480.38	595.60	444.38	534.46
64	485.61	591.36	475.82	573.26
65	493.91	592.86	510.22	616.47
66	504.74	598.71	548.12	665.19
67	517.74	608.03	590.28	721.08
68	509.19	592.26	612.22	740.37
69	502.40	579.54	636.54	763.66
<b>70</b>	<b>497.02</b>	<b>569.23</b>	<b>663.06</b>	<b>790.38</b>
71	492.79	560.85	691.66	820.15
72	489.51	554.04	722.30	852.72
73	491.05	552.96	729.75	857.70
74	493.39	553.26	737.89	863.84
75	496.34	554.55	746.66	871.01
76	499.81	556.60	756.02	879.07
77	503.72	559.29	765.92	887.94
78	505.93	560.38	770.25	890.21
79	508.43	561.85	775.01	893.07
<b>80</b>	<b>511.21</b>	<b>563.68</b>	<b>780.19</b>	<b>896.52</b>
81	514.25	565.85	785.79	900.53
82	517.54	568.35	791.80	905.09
83	507.14	554.66	780.38	886.17
84	497.81	542.53	771.20	871.18
85	489.37	531.65	763.55	858.73
86	481.65	521.79	757.06	848.11
87	474.55	512.78	751.49	838.89
88	459.22	494.43	716.36	794.86
89	445.33	477.90	684.90	755.92
<b>90</b>	<b>432.65</b>	<b>462.91</b>	<b>656.46</b>	<b>721.11</b>
91	421.02	449.24	630.58	689.72
92	410.31	436.71	606.90	661.23
93	410.31	436.71	606.90	661.23
94	410.31	436.71	606.90	661.23
95	410.31	436.71	606.90	661.23
96	410.31	436.71	606.90	661.23
97	410.31	436.71	606.90	661.23
98	410.31	436.71	606.90	661.23
99	410.31	436.71	606.90	661.23
<b>100</b>	<b>410.31</b>	<b>436.71</b>	<b>606.90</b>	<b>661.23</b>
101	410.31	436.71	606.90	661.23
102	410.31	436.71	606.90	661.23
103	410.31	436.71	606.90	661.23
104	410.31	436.71	606.90	661.23
105	410.31	436.71	606.90	661.23
106	410.31	436.71	606.90	661.23
107	410.31	436.71	606.90	661.23
108	410.31	436.71	606.90	661.23
109	410.31	436.71	606.90	661.23
110	410.31	436.71	606.90	661.23

\* Based on SOA LTC Intercompany 2000-2011 Study and reinsurer's experiences, 4% interest, Lifetime Benefits, 90 Day Elimination Period

**Assurity Life Insurance Company  
 Combined Reinsurer Experience  
 Exhibit E3  
 Incidence A to E Analysis**

Attained Age	Single Male				Single Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	1,240	0	0	0%	1,537	0	0	0%
45-49	3,872	5	1	608%	5,955	7	1	485%
50-54	9,108	6	4	146%	17,336	24	9	265%
55-59	19,352	35	18	190%	41,949	66	47	141%
60-64	32,057	70	64	109%	76,434	201	182	111%
65-69	40,965	171	172	99%	103,316	526	522	101%
70-74	38,536	332	338	98%	100,619	1,067	1,078	99%
75-79	26,469	494	488	101%	73,817	1,712	1,694	101%
80-84	14,218	572	549	104%	43,165	2,126	2,111	101%
85-89	5,265	401	359	112%	18,239	1,719	1,558	110%
90+	1,272	144	116	124%	5,257	792	575	138%
Total	192,354	2,230	2,109	106%	487,624	8,240	7,778	106%

Attained Age	Married Male				Married Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	4,059	0	0	0%	7,341	7	0	3832%
45-49	14,031	5	1	529%	22,324	15	1	1079%
50-54	36,942	22	6	362%	54,403	46	9	538%
55-59	87,609	80	35	229%	115,510	122	45	269%
60-64	160,209	224	154	146%	187,038	279	182	153%
65-69	210,056	487	483	101%	212,107	521	512	102%
70-74	188,219	994	1,032	96%	167,740	967	999	97%
75-79	117,794	1,611	1,552	104%	97,714	1,461	1,450	101%
80-84	53,002	1,680	1,669	101%	42,167	1,592	1,548	103%
85-89	15,735	1,168	975	120%	11,801	931	853	109%
90+	1,280	198	112	177%	1,886	251	179	140%
Total	888,937	6,469	6,019	107%	920,030	6,192	5,781	107%

**Assurity Life Insurance Company  
 Combined Reinsurer Experience  
 Exhibit E4  
 Claim Termination A to E Analysis**

Duration	Claim Exposure	Actual	Expected	A/E
1st quarter	1,776	501	580	86%
2nd quarter	4,269	695	594	117%
3rd quarter	3,610	321	343	94%
4th quarter	3,202	245	254	96%
2	11,244	2,567	2,794	92%
3	7,677	1,766	2,056	86%
4	5,178	1,607	1,548	104%
5	3,114	791	932	85%
6	2,011	459	568	81%
7	1,345	303	391	77%
8	904	200	250	80%
9	606	128	161	80%
10	408	86	122	71%
11	268	59	71	83%
12	168	43	58	74%
13	102	17	36	48%
14	71	29	21	141%
15	48	18	17	105%
16	29	10	6	169%
17	19	7	4	167%
18	14	5	3	189%
19	7	2	2	117%
20	3	1	1	97%
21	2	1	1	146%
Average	46,076	9,861	10,812	91%

**Assurity Life Insurance Company  
 Nationwide Experience Projection  
 Policy Form: AL-2100**

**Attachment F**

Calendar Year	Earned Premium	Incurred Claims*	Loss Ratio	at:	
				Year End 2019	4.00% Disc/Accum Factor
2004	0	0	0.0%	15.5	1.8366
2005	0	0	0.0%	14.5	1.7660
2006	0	0	0.0%	13.5	1.6980
2007	68,440	0	0.0%	12.5	1.6327
2008	746,042	0	0.0%	11.5	1.5699
2009	1,351,495	0	0.0%	10.5	1.5096
2010	2,331,471	0	0.0%	9.5	1.4515
2011	3,170,680	0	0.0%	8.5	1.3957
2012	3,090,183	1,705	0.1%	7.5	1.3420
2013	2,890,783	0	0.0%	6.5	1.2904
2014	2,829,016	7,706	0.3%	5.5	1.2407
2015	2,772,639	0	0.0%	4.5	1.1930
2016	2,776,166	192,545	6.9%	3.5	1.1471
2017	2,716,891	0	0.0%	2.5	1.1030
2018	2,468,904	519,066	21.0%	1.5	1.0606
2019	2,397,694	747,236	31.2%	0.5	1.0198
2020	1,967,889	477,290	24.3%	-0.5	0.9806
2021	1,782,783	569,597	31.9%	-1.5	0.9429
2022	1,729,723	676,688	39.1%	-2.5	0.9066
2023	1,681,992	798,826	47.5%	-3.5	0.8717
2024	1,631,703	936,138	57.4%	-4.5	0.8382
2025	1,578,717	1,090,341	69.1%	-5.5	0.8060
2026	1,522,978	1,260,560	82.8%	-6.5	0.7750
2027	1,458,793	1,442,728	98.9%	-7.5	0.7452
2028	1,391,201	1,636,303	117.6%	-8.5	0.7165
2029	1,313,589	1,837,989	139.9%	-9.5	0.6889
2030	1,242,335	2,046,973	164.8%	-10.5	0.6624
2031	1,167,393	2,258,165	193.4%	-11.5	0.6370
2032	1,099,267	2,470,026	224.7%	-12.5	0.6125
2033	1,030,826	2,673,504	259.4%	-13.5	0.5889
2034	962,101	2,867,122	298.0%	-14.5	0.5663
2035	893,506	3,046,321	340.9%	-15.5	0.5445
2036	825,562	3,200,664	387.7%	-16.5	0.5235
2037	758,788	3,329,442	438.8%	-17.5	0.5034
2038	693,534	3,430,911	494.7%	-18.5	0.4840
2039	630,264	3,500,947	555.5%	-19.5	0.4654
2040	569,341	3,538,999	621.6%	-20.5	0.4475
2041	511,102	3,546,236	693.8%	-21.5	0.4303
2042	455,927	3,512,776	770.5%	-22.5	0.4138
2043	404,083	3,451,539	854.2%	-23.5	0.3978
2044	355,748	3,362,849	945.3%	-24.5	0.3825
2045	311,098	3,235,401	1040.0%	-25.5	0.3678
2046	270,215	3,075,042	1138.0%	-26.5	0.3537
2047	233,155	2,889,307	1239.2%	-27.5	0.3401
2048	199,820	2,685,881	1344.1%	-28.5	0.3270
2049	170,097	2,468,098	1451.0%	-29.5	0.3144
2050	143,841	2,239,475	1556.9%	-30.5	0.3023
2051	120,869	2,010,011	1663.0%	-31.5	0.2907
2052	100,960	1,790,720	1773.7%	-32.5	0.2795
2053	83,836	1,583,917	1889.3%	-33.5	0.2688
2054	69,245	1,393,262	2012.1%	-34.5	0.2584
2055	56,913	1,214,581	2134.1%	-35.5	0.2485
2056	46,600	1,053,599	2261.0%	-36.5	0.2389
2057	38,037	909,734	2391.7%	-37.5	0.2297
2058	30,977	783,303	2528.7%	-38.5	0.2209
2059	25,211	664,859	2637.2%	-39.5	0.2124
Past	29,610,404	1,468,258	5.0%		
Future	29,560,021	84,960,125	287.4%		
Lifetime	59,170,426	86,428,384	146.1%		
Interest	4.00%				
Past w/ int	37,072,759	1,545,280	4.2%		
Future w/ int	20,337,449	40,036,728	196.9%		
Lifetime w/ int	57,410,209	41,582,007	72.4%		



P.O. Box 82533 | Lincoln, NE 68501-2533  
800-869-0355 | [assurity.com](http://assurity.com)

**Jill Fiddler**  
Vice President, General Counsel and Secretary  
DIR 402-437-3427 | FAX 402-437-3881  
[jfiddler@assurity.com](mailto:jfiddler@assurity.com)

PAM CORBALLY  
ASSISTANT VP COMPLIANCE  
LIFECARE ASSURANCE COMPANY  
SENT VIA EMAIL ONLY TO LOGA CROSSETTE-THAMBIAH:  
[LOGA.CROSSETTE.THAMBIAH@LIFECAREASSURANCE.COM](mailto:LOGA.CROSSETTE.THAMBIAH@LIFECAREASSURANCE.COM)

December 30, 2020

Re: Assurity Life Insurance Company - NAIC 71439

Dear Ms. Corbally,

This letter will serve as the Company's authorization for LifeCare Assurance Company, Long Term Care Administrators, to file Long Term Care products on behalf of Assurity Life Insurance Company. This authorizes LifeCare to file on our behalf from today through December 31, 2021.

Sincerely,

/s/ Jill Fiddler





September 7, 2021

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

Re: Assurity Life Insurance Company  
Policy Form: AL2100P-VA  
SERFF Tracking Number: LFCR-132948454

Dear Mr. Dismore:

Thank you for reviewing our filing. This is a response to your letter dated September 1, 2021, for the above referenced filing.

**Objection 1**

**Please review the reporting period, it is incorrect.**

The reporting period has been revised to show 1/1/2020 – 12/31/2020.

**Objection 2**

**Please advise if the company wishes to certify that there will be no future rate increases filed in Virginia. Since there are only 7 policyholders remaining in Virginia and rates are certified as being sufficient, the company may certify that they will file no future rate increases in Virginia for these policy forms. This would eliminate the need for the company to file LTC Annual Reports in the future for these policy forms.**

We do not wish to certify that there will be no future rate increases filed in Virginia for this block of business.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
21600 Oxnard Street, Suite 1500  
Woodland Hills, CA 91367  
800-366-5463 ext. 2232  
[Xiaoyan.Song@LifeCareAssurance.com](mailto:Xiaoyan.Song@LifeCareAssurance.com)