State:VirginiaTOI/Sub-TOI:LTC Annual Rate Report/LTCINLMProduct Name:VA-2021 Assurity Annual Rate ReportProject 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:	

Filing Company:

State:VirginiaTOI/Sub-TOI:LTC Annual Rate Report/LTCINLMProduct Name:VA-2021 Assurity Annual Rate ReportProject Name/Number:/

Filing Company: Assurity Life Insurance Company

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

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:

Filing Company:

 State:
 Virginia

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

 Product Name:
 VA-2021 Assurity Annual Rate Report

 Project Name/Number:
 /

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 P.O. Box 4243 Woodland Hills, CA 91365-4243 loga.thambiah@lifecareassurance.com

818-867-2323 [Phone] 818-867-6423 [FAX]

State: Virginia	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Rep	ort/LTCINLM	
Product Name: VA- 2021 Assurity Ar	nnual 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]		

Company Tracking #: 2021 - LTCINLM AL2100-VA

State:VirginiaFiling Company:Assurity Life Insurance CompanyTOI/Sub-TOI:LTC Annual Rate Report/LTCINLMAssurity Annual Rate ReportProduct Name:VA-2021 Assurity Annual Rate ReportProject 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 Insura	ance Company	
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM				
Product Name:	VA-2021 Assurit	y 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

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	09/01/2021	09/01/2021	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 Insura	
State.	viigiilia		Filing Company.	Assumy Life mound	ance company
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM			
Product Name:	VA-2021 Assurit	y Annual Rate Report			
Project Name/Number:	/				

Disposition

Disposition Date: 09/13/2021		
Effective Date:		
Status: Filed		

Comment:

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	Holders Affected	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(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	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:			

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-FIND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-WOP-VA, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS] (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-FIND-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.

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 Insura	nce Company
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM			
Product Name:	VA-2021 Assurit	ty 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.

SERFF Tracking #:	LFCR-132948454	State Tracking #:	LFCR-132948454	Company Tracking #:	2021 - LTCINLM AL2100-VA
State:	Virginia		Filing Company:	Assurity Life Insur	ance Company
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM			
Product Name:	VA-2021 Assurit	ty Annual Rate Report			
Project Name/Number:	/				

Rate/Rule Sc	hedule Item Changes					
ltem 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-ROB, AL2100R-SBA, AL2100R-SBA, AL2100R-OPS	Other	Previous State Filing Number: LFCR-132546040 Rate Action Other Explanation: Annual Rate Certification filing	ltcinlm.pdf,	09/13/2021 By: Dianne Bowdish
Previous Versi	ion					· · · · · · · · · · · · · · · · · · ·
1	LTCINLM	AL2100P-VA, AL2100R-ROP, AL2100R-SBN-VA, AL2100R-CBI, AL2100R-IND-VA, AL2100R-F-IND-VA, AL2100R-MTH, AL2100R-ROB, AL2100R-ROB, AL2100R-FDC, AL2100R-SBA, AL2100R-OPS	Other	Previous State Filing Number: LFCR-131997718 Rate Action Other Explanation: Annual Rate Certification filing	ltcinlm.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 Insura	ance Company
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM			
Product Name:	VA-2021 Assurit	ty 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:VirginiaTOI/Sub-TOI:LTC Annual Rate Report/LTCINLMProduct Name:VA-2021 Assurity Annual Rate ReportProject Name/Number:/

Filing Company: As

Assurity Life Insurance Company

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 thi Program	s11	7			

SERFF Tracking #:	LFCR-132948454	State Tracking #:	LFCR-132948454	Company Tracking #:	2021 - LTCINLM AL2100-VA	
State:	Virginia		Filing Compa	ny: Assurity Life Insura	nce Company	
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM				
Product Name:	VA-2021 Assurit	y 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	Overall % Indicated	Overall % Rate	Written Premium Change for	Number of Policy Holders Affected	Written Premium for	Maximum % Change	Minimum % Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(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 Insura	nce Company	
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM				
Product Name:	VA-2021 Assurity	y Annual Rate Report				
Project Name/Number:	/					

Rate/Rule Schedule

ltem 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 /	\ 1 a.	(2)
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Reporting Period	1/1/2020 - 12/31/2020
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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 Insura	ance Company
TOI/Sub-TOI:	LTC Annual Rate	Report/LTCINLM			
Product Name:	VA-2021 Assurit	y Annual Rate Report			
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Assurity VA ARC Actuarial Memo VA 2019 w Attach.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2021
Bypassed - Item:	Product Checklist
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	LTC Appuel Depart Instructions
	LTC Annual Report Instructions
Comments:	See report submitted in Rate/Rule Schedule
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	TPA Authorization Letter
Comments:	
Attachment(s):	Assurity LifeCare 2021 Authorization.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2021
Satisfied - Item:	LTCINLM AL2100-VA Objection Response
Comments:	
Attachment(s):	LTCINLM AL2100-VA Objection Response.pdf
Item Status:	Received & Acknowledged
Status Date:	09/13/2021

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

Actuarial Memorandum

September 2020

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

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

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.

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.

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.

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.
- 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.
- 1. 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.

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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.

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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.

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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.

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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.

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Actuarial Memorandum

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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 A1Virginia distribution:Attachment A2

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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
Base				
Comprehensive	526	1,824,260	89%	92%
Facility Only	64	157,147	11%	8%
Total	590	1,981,407	100%	100%
COLA Options				
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%
Total	590	1,981,407	100%	100%
Nonforfeiture Options				
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%
Total	590	1,981,407	100%	100%
Pay Period	16	105 (2)	27	07
10 Pay	16	185,626	3%	9%
Lifetime	564	1,747,016	96%	88%
20 Pay Total	10 590	48,765	2% 100%	2% 100%
Total	390	1,981,407	100%	100%
Joint/Single Life	225	1 071 (10	57 0	(10)
Joint	335	1,271,610	57%	64% 36%
Single Total	255 590	709,797 1,981,407	43%	100%
Billing Mode	200	1 110 451	510	560
Annual Semi-Annual	298 28	1,119,451 97,835	51% 5%	56% 5%
Quarterly	28 40	166,806	3% 7%	3% 8%
Monthly	224	597,316	38%	30%
Total	590	1,981,407	100%	100%
	570	1,901,107	100%	10070
Elimination Period	_			
0 Days	7	33,880	1%	2%
30 Days	28	113,293	5%	6%
90 Days	518	1,717,939	88%	87%
180 Days Total	37 590	<u>116,295</u> 1,981,407	<u>6%</u> 100%	6% 100%
		-,,,		
Benefit Period	72	212.144	100	110
3 Year / 3 Year	72	212,144	12%	11%
5 Year / 5 Year Lifetime / Lifetime	65 381	203,512	11%	10%
4 Year / 4 Year	22	1,346,166 64,221	65% 4%	68% 3%
6 Year / 6 Year	17	46,656	4%	2%
2 Year / 2 Year	15	37,739	3%	2%
10 Year / 10 Year	18	70,970	3%	4%
Total	590	1,981,407	100%	100%
Issue Age Cohort				
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%
Total	590	1,981,407	100%	100%
Daily Benefit Cohort				
\$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%
Total	590	1,981,407	100%	100%

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

	Policies	Premium*	% of Policies	% of Premium
Base				
Comprehensive	6	20,339	86%	89%
Facility Only	1	2,457	14%	11%
Total	7	22,796	100%	100%
COLA Options				
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%
Nonforfeiture Options				
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%
Pay Period 10 Pay	0	0	0%	0%
Lifetime	7	22,796	100%	100%
20 Pay	0	0	0%	0%
Total	7	22,796	100%	100%
I Utal	1	22,790	100%	100%
Joint/Single Life				
Joint	4	12,405	57%	54%
Single	3	10,391	43%	46%
Total	7	22,796	100%	100%
Billing Mode				
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%
Elimination Period				
0 Days	0	0	0%	0%
30 Days	Ő	0	0%	0%
90 Days	6	20,435	86%	90%
180 Days	1	2,360	14%	10%
Total	7	22,796	100%	100%
Benefit Period				
3 Year / 3 Year	1	3.699	14%	16%
5 Year / 5 Year	3	9,084	43%	40%
Lifetime / Lifetime	0	9,084	43% 0%	40% 0%
4 Year / 4 Year	2	6,806	0% 29%	30%
6 Year / 6 Year	2 0	0,800	29% 0%	50% 0%
2 Year / 2 Year	0	3,208	0% 14%	0% 14%
10 Year / 10 Year	0	0 0	14% 0%	14% 0%
Total	7	22,796	100%	100%
Isous A as Cohort				
Issue Age Cohort	0	0	0%	0%
26-35 36-45	0	0		
	0	0	0%	0%
46-55	1	2,360	14%	10% 25%
56-65	2	5,696	29%	25%
66-75	4	14,739	57%	65%
76-85 Total	0 7	0 22,796	0% 100%	0% 100%
		,//0	20070	
Daily Benefit Cohort \$1-\$50	0	0	0%	0%
\$51-\$100	2	6,692	0% 29%	29%
	2 3			
\$101-\$150		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
Policy Form: AL-2100-VA
Attachment B1
Rates and Factors
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

				rease Factors			Other Riders Factors							
		l Risk Class ALY BENEFIT		Lifetime Pay 5% Compound		5 (1 Cinor)		ed Pay						
	PER \$10 DA	ILY BENEFIT			d p Rate	5% Simple	5% Compound	5% Simple	Limit	ed Pav			1	
Issue Age	Facility Care	Comprehensive Care	All Years	1st Year	Annual Increase *	All Years	All Years	All Years	10 Year	20 Year	ROP	SBP	HCBC Waiver	
18 19	51.50 52.63	64.38 65.75	8.750 8.340	1.330 1.330	0.510 0.483	6.300 6.000	9.500 9.090	8.430 7.980	4.030 3.980	2.400 2.370	1.600 1.610	1.030 1.035	1.010 1.011	
20	53.75	67.25	8.340 7.940	1.330	0.485	5.720	8.700	7.560	3.920	2.370	1.615	1.035	1.011	
21	54.88	68.63	7.580	1.330	0.434	5.460	8.340	7.180	3.870	2.320	1.620	1.045	1.015	
22	56.00	70.00	7.240	1.330	0.412	5.210	8.000	6.820	3.820	2.300	1.630	1.050	1.016	
23 24	57.00 58.00	71.25 72.50	6.920 6.620	1.330 1.330	0.392 0.372	4.980 4.770	7.680 7.390	6.480	3.770 3.720	2.270 2.250	1.640 1.650	1.060 1.070	1.018 1.020	
24 25	59.00	72.50	6.620 6.340	1.330	0.372	4.770	7.110	6.170 5.880	3.670	2.230 2.230	1.650	1.070	1.020	
26	59.88	74.88	6.080	1.330	0.337	4.380	6.850	5.600	3.620	2.200	1.670	1.080	1.023	
27	60.75	76.00	5.840	1.330	0.322	4.200	6.600	5.350	3.570	2.180	1.680	1.090	1.025	
28	61.63	77.00	5.610	1.330	0.307	4.040	6.370	5.110	3.520	2.160	1.690	1.095	1.027	
29 30	62.38 63.13	78.00 78.88	5.390 5.190	1.330 1.330	0.293 0.280	3.880 3.740	6.160 5.950	4.890 4.680	3.480 3.430	2.130 2.110	1.695 1.700	1.100 1.115	1.029 1.031	
31	63.75	79.75	5.000	1.330	0.268	3.600	5.760	4.490	3.390	2.090	1.710	1.120	1.033	
32	64.37	80.50	4.830	1.330	0.257	3.470	5.580	4.300	3.340	2.070	1.720	1.130	1.035	
33	64.88	81.13	4.660	1.330	0.246	3.360	5.420	4.130	3.300	2.050	1.730	1.140	1.036	
34 35	65.38 65.88	81.75 82.38	4.500 4.360	1.330 1.330	0.235 0.226	3.240 3.140	5.260 5.110	3.970 3.820	3.250 3.210	2.020 2.000	1.740 1.750	1.145 1.150	1.038 1.040	
35	66.25	82.88	4.220	1.330	0.220	3.040	4.970	3.680	3.170	1.980	1.750	1.150	1.040	
37	66.50	83.13	4.090	1.330	0.209	2.950	4.840	3.550	3.120	1.960	1.770	1.170	1.042	
38	66.75	83.50	3.970	1.330	0.201	2.860	4.720	3.430	3.080	1.940	1.780	1.180	1.046	
39	66.88	83.63	3.860	1.330	0.194	2.780	4.610	3.310	3.040	1.920	1.790	1.190	1.048	
40 41	67.00 68.00	83.75 85.00	3.750 3.650	1.330 1.330	0.187 0.180	2.700 2.630	4.500 4.400	3.200 3.100	3.000 2.960	1.900 1.880	1.800 1.810	1.200 1.210	1.050 1.052	
42	69.00	86.25	3.550	1.330	0.174	2.560	4.300	3.000	2.920	1.860	1.820	1.220	1.052	
43	70.00	87.50	3.450	1.330	0.167	2.490	4.200	2.900	2.880	1.840	1.830	1.230	1.056	
44	71.00	88.75	3.350	1.330	0.161	2.420	4.100	2.800	2.840	1.820	1.840	1.240	1.058	
45 46	72.00 73.00	90.00 91.25	3.250 3.150	1.330 1.330	0.154 0.148	2.350 2.280	4.000 3.900	2.700 2.600	2.800 2.760	1.800 1.780	1.850	1.250	1.060	
40	73.00	91.25 92.50	3.050	1.330	0.148	2.280	3.800	2.500	2.720	1.760	1.870 1.890	1.260 1.270	1.062 1.064	
48	75.00	93.75	2.950	1.330	0.135	2.140	3.700	2.400	2.680	1.740	1.910	1.280	1.066	
49	76.00	95.00	2.850	1.330	0.129	2.070	3.600	2.300	2.640	1.720	1.930	1.290	1.068	
50	77.00	96.25	2.750	1.330	0.122	2.000	3.500	2.200	2.600	1.700	1.950	1.300	1.070	
51 52	80.00 83.00	100.00 103.75	2.700 2.650	1.330 1.330	0.119 0.116	1.960 1.920	3.400 3.300	2.150 2.100	2.560 2.520	1.680 1.660	1.970 1.990	1.310 1.320	1.072 1.074	
53	87.00	105.75	2.570	1.330	0.111	1.880	3.200	2.050	2.480	1.640	2.010	1.320	1.074	
54	90.00	112.50	2.470	1.330	0.104	1.840	3.100	2.000	2.440	1.620	2.030	1.340	1.078	
55	93.00	116.25	2.360	1.330	0.097	1.800	3.000	1.950	2.400	1.600	2.050	1.350	1.080	
56	100.00	125.00	2.310	1.330	0.094	1.770	2.900	1.930	2.360	1.580	2.070	1.360	1.082	
57 58	107.00 114.00	133.75 142.50	2.260 2.210	1.330 1.330	0.091 0.087	1.740 1.710	2.800 2.700	1.900 1.870	2.320 2.280	1.560 1.540	2.090 2.110	1.370 1.380	1.084 1.086	
59	122.00	152.50	2.150	1.330	0.083	1.680	2.600	1.840	2.240	1.520	2.130	1.390	1.088	
60	129.00	161.25	2.100	1.330	0.080	1.650	2.500	1.810	2.200	1.500	2.150	1.400	1.090	
61	138.00	172.50	2.060	1.330	0.078	1.620	2.450	1.780	2.160	1.480	2.170	1.410	1.092	
62	147.00	183.75	2.020	1.330	0.075	1.590	2.400	1.750	2.120	1.460	2.190	1.420	1.094	
63 64	157.00 166.00	196.25 207.50	1.970 1.930	1.330 1.330	0.072 0.069	1.560 1.530	2.350 2.300	1.720 1.690	2.080 2.040	1.440 1.420	2.210 2.230	1.430 1.440	1.096 1.098	
65	175.00	218.75	1.890	1.330	0.067	1.500	2.250	1.670	2.000	1.400	2.250	1.450	1.100	
66	192.00	240.00	1.850	1.330	0.064	1.480	2.200	1.650	1.950	1.390	2.280	1.460	1.102	
67	208.00	260.00	1.810	1.330	0.061	1.460	2.150	1.630	1.900	1.380	2.310	1.470	1.104	
68 69	225.00 241.00	281.25 301.25	1.760 1.720	1.330 1.330	0.058 0.056	1.440 1.420	2.100 2.050	1.610 1.590	1.850 1.800	1.370 1.360	2.340 2.370	1.480 1.490	1.106 1.108	
70	258.00	301.25 322.50	1.720	1.330	0.058	1.420	2.000	1.590 1.570	1.750	1.360	2.370	1.490 1.500	1.108	
71	309.00	386.25	1.660	1.330	0.052	1.390	1.960	1.550	1.700	1.340	2.430	1.510	1.110	
72	361.00	451.25	1.640	1.330	0.051	1.380	1.920	1.540	1.650	1.330	2.460	1.520	1.114	
73	412.00	515.00	1.620	1.330	0.049	1.370	1.880	1.530	1.600	1.320	2.490	1.530	1.116	
74 75	464.00 515.00	580.00 643.75	1.600 1.580	1.330 1.330	0.048 0.047	1.360 1.350	1.840 1.800	1.520 1.510	1.550 1.500	1.310 1.300	2.520 2.550	1.540 1.550	1.118 1.120	
76	567.00	708.75	1.560	1.330	0.047	1.330	1.770	1.500	1.480	1.290	2.580	1.560	1.120	
77	618.00	772.50	1.550	1.330	0.045	1.330	1.740	1.490	1.460	1.280	2.610	1.570	1.124	
78	670.00	837.50	1.540	1.330	0.044	1.320	1.710	1.480	1.440	1.270	2.640	1.580	1.126	
79 80	721.00 773.00	901.25 966.25	1.520 1.500	1.330 1.330	0.043 0.041	1.310 1.300	1.680 1.650	1.470 1.450	1.420 1.400	1.260 1.250	2.670 2.700	1.590 1.600	1.128 1.130	
80 81	824.00	1,030.00	1.500	1.330	0.041	1.300	1.630	1.450	1.380	1.250	2.700	1.610	1.130	
81	876.00	1,095.00	1.490	1.330	0.041	1.290	1.610	1.430	1.360	1.240	2.750	1.620	1.132	
83	927.00	1,158.75	1.470	1.330	0.040	1.270	1.590	1.390	1.340	1.220	2.790	1.630	1.136	
84	979.00	1,223.75	1.460	1.330	0.039	1.260	1.570	1.370	1.320	1.210	2.820	1.640	1.138	
					T	mo Ago Inder	dont Footons							
Joint Policy		1.20	Risk C	lasses	Iss	sue Age Indeper	ent Hode		Eliminati	on Period	0 Day HC	BC Eliminatio	n Period	
. Shine i Oney		1.20	INISK C			raying		1	Linnadu		- Day IIC			

					issue Age mucpe	luciti Factora					
Joint Policy	1.20	Risk Cl	asses		Paym	ent Mode		Elimina	tion Period	0 Day HCBC	Elimination Period
		Preferred	0.60		Annual	1.000		0-Day	1.40		
Facility Only Indemnity	1.05	Select	0.80		Semi-Annual	0.520		30-Day	1.20	30-Day	1.08
Comprehensive Indemnity	1.20	Standard	1.00		Quarterly	0.270		90-Day	1.00	90-Day	1.16
Monthly HCBC	1.10	Substandard*	1.60		Monthly	0.090		180-Day	0.90	180-Day	1.20
Optional Policy Surrender	1.10	Substandard*	2.40				-				
				-							
		Benefit l	Benefit Period Restoration of		ion of Benefits	of Benefits Shared Benefit Amount		1			
		10-Year	0.95	10-Year	1.011	10-Year	1.02				
		6-Year	0.88	6-Year	1.034	6-Year	1.08				
		5-Year	0.85	5-Year	1.047	5-Year	1.11				
		4-Year	0.78	4-Year	1.051	4-Year	1.15				
		3-Year	0.63	3-Year	1.063	3-Year	1.21				
		2-Year	0.55	2-Year	1.075	2-Year	1.29				

* 5% Compound Step Rate COLA Annual Increase: the factor for any policy year is calculated by adding the annual increase to the previous year factor.

Assurity Life Insurance Company
Policy Form: AL-2100-VA
Attachment B2
Discounted Rates and Factors
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

	ANNU	AL RATES			Benefit In	crease Factors				Othe	r Riders Factor	s	
	Standar	d Risk Class		Lifetin			Limited						
	PER \$10 D	AILY BENEFIT		5% Compound Step	Rate	5% Simple	5% Compound	5% Simple	Limite	ed Pay	1		
Issue Age	Facility Care	Comprehensive Care	All Years	1st Year	Annual Increase *	All Years	All Years	All Years	10 Year	20 Year	ROP	SBP	HCBC Waiver
18 19	48.93 50.00	61.16 62.46	8.750 8.340	1.330 1.330	0.510 0.483	6.300 6.000	9.500 9.090	8.430 7.980	4.030 3.980	2.400 2.370	1.600 1.610	1.030 1.035	1.010 1.011
20	51.06	63.89	7.940	1.330	0.457	5.720	8.700	7.560	3.920	2.350	1.615	1.040	1.013
21 22	52.14 53.20	65.20 66.50	7.580 7.240	1.330 1.330	0.434 0.412	5.460 5.210	8.340 8.000	7.180 6.820	3.870 3.820	2.320 2.300	1.620 1.630	1.045 1.050	1.015 1.016
23	54.15	67.69	6.920	1.330	0.392	4.980	7.680	6.480	3.770	2.270	1.640	1.060	1.018
24 25	55.10 56.05	68.88 70.06	6.620 6.340	1.330 1.330	0.372 0.354	4.770 4.570	7.390 7.110	6.170 5.880	3.720 3.670	2.250 2.230	1.650 1.660	1.070 1.075	1.020 1.022
26	56.89	71.14	6.080	1.330	0.337	4.380	6.850	5.600	3.620	2.200	1.670	1.080	1.023
27 28	57.71 58.55	72.20 73.15	5.840 5.610	1.330 1.330	0.322 0.307	4.200 4.040	6.600 6.370	5.350 5.110	3.570 3.520	2.180 2.160	1.680 1.690	1.090 1.095	1.025 1.027
29	59.26	74.10	5.390	1.330	0.293	3.880	6.160	4.890	3.480	2.130	1.695	1.100	1.029
30 31	59.97 60.56	74.94 75.76	5.190 5.000	1.330 1.330	0.280 0.268	3.740 3.600	5.950 5.760	4.680 4.490	3.430 3.390	2.110 2.090	1.700 1.710	1.115 1.120	1.031 1.033
32	61.15	76.48	4.830	1.330	0.257	3.470	5.580	4.300	3.340	2.070	1.720	1.130	1.035
33 34	61.64 62.11	77.07 77.66	4.660 4.500	1.330 1.330	0.246 0.235	3.360 3.240	5.420 5.260	4.130 3.970	3.300 3.250	2.050 2.020	1.730 1.740	1.140 1.145	1.036 1.038
35	62.59	78.26	4.360	1.330	0.226	3.140	5.110	3.820	3.210	2.000	1.750	1.150	1.040
36 37	62.94 63.18	78.74 78.97	4.220 4.090	1.330 1.330	0.217 0.209	3.040 2.950	4.970 4.840	3.680 3.550	3.170 3.120	1.980 1.960	1.760 1.770	1.160 1.170	1.042 1.044
38	63.41	79.33	3.970	1.330	0.201	2.860	4.720	3.430	3.080	1.940	1.780	1.180	1.046
39 40	63.54 63.65	79.45 79.56	3.860 3.750	1.330 1.330	0.194 0.187	2.780 2.700	4.610 4.500	3.310 3.200	3.040 3.000	1.920 1.900	1.790 1.800	1.190 1.200	1.048 1.050
41	64.60	80.75	3.650	1.330	0.180	2.630	4.400	3.100	2.960	1.880	1.810	1.210	1.052
42 43	65.55 66.50	81.94 83.13	3.550 3.450	1.330 1.330	0.174 0.167	2.560 2.490	4.300 4.200	3.000 2.900	2.920 2.880	1.860 1.840	1.820 1.830	1.220 1.230	1.054 1.056
44	67.45	84.31	3.350	1.330	0.161	2.420	4.100	2.800	2.840	1.820	1.840	1.240	1.058
45 46	68.40 69.35	85.50 86.69	3.250 3.150	1.330 1.330	0.154 0.148	2.350 2.280	4.000 3.900	2.700 2.600	2.800 2.760	1.800 1.780	1.850 1.870	1.250 1.260	1.060 1.062
47	70.30	87.88	3.050	1.330	0.142	2.210	3.800	2.500	2.720	1.760	1.890	1.270	1.064
48 49	71.25 72.20	89.06 90.25	2.950 2.850	1.330 1.330	0.135 0.129	2.140 2.070	3.700 3.600	2.400 2.300	2.680 2.640	1.740 1.720	1.910 1.930	1.280 1.290	1.066 1.068
50	73.15	91.44	2.750	1.330	0.122	2.000	3.500	2.200	2.600	1.700	1.950	1.300	1.070
51 52	76.00 78.85	95.00 98.56	2.700 2.650	1.330 1.330	0.119 0.116	1.960 1.920	3.400 3.300	2.150 2.100	2.560 2.520	1.680 1.660	1.970 1.990	1.310 1.320	1.072 1.074
53	82.65	103.31	2.570	1.330	0.111	1.880	3.200	2.050	2.480	1.640	2.010	1.330	1.076
54 55	85.50 88.35	106.88 110.44	2.470 2.360	1.330 1.330	0.104 0.097	1.840 1.800	3.100 3.000	2.000 1.950	2.440 2.400	1.620 1.600	2.030 2.050	1.340 1.350	1.078 1.080
56	95.00	118.75	2.310	1.330	0.094	1.770	2.900	1.930	2.360	1.580	2.070	1.360	1.082
57 58	101.65 108.30	127.06 135.38	2.260 2.210	1.330 1.330	0.091 0.087	1.740 1.710	2.800 2.700	1.900 1.870	2.320 2.280	1.560 1.540	2.090 2.110	1.370 1.380	1.084 1.086
59	115.90	144.88	2.150	1.330	0.083	1.680	2.600	1.840	2.240	1.520	2.130	1.390	1.088
60 61	122.55 131.10	153.19 163.88	2.100 2.060	1.330 1.330	0.080 0.078	1.650 1.620	2.500 2.450	1.810 1.780	2.200 2.160	1.500 1.480	2.150 2.170	1.400 1.410	1.090 1.092
62	139.65	174.56	2.020	1.330	0.075	1.590	2.400	1.750	2.120	1.460	2.190	1.420	1.094
63 64	149.15 157.70	186.44 197.13	1.970 1.930	1.330 1.330	0.072 0.069	1.560 1.530	2.350 2.300	1.720 1.690	2.080 2.040	1.440 1.420	2.210 2.230	1.430 1.440	1.096 1.098
65	166.25	207.81	1.890	1.330	0.067	1.500	2.250	1.670	2.000	1.400	2.250	1.450	1.100
66 67	182.40 197.60	228.00 247.00	1.850 1.810	1.330 1.330	0.064 0.061	1.480 1.460	2.200 2.150	1.650 1.630	1.950 1.900	1.390 1.380	2.280 2.310	1.460 1.470	1.102 1.104
68	213.75	267.19	1.760	1.330	0.058	1.440	2.100	1.610	1.850	1.370	2.340	1.480	1.106
69 70	228.95 245.10	286.19 306.38	1.720 1.680	1.330 1.330	0.056 0.053	1.420 1.400	2.050 2.000	1.590 1.570	1.800 1.750	1.360 1.350	2.370 2.400	1.490 1.500	1.108 1.110
71 72	293.55	366.94 428.69	1.660 1.640	1.330	0.052 0.051	1.390 1.380	1.960	1.550 1.540	1.700	1.340 1.330	2.430 2.460	1.510 1.520	1.112 1.114
72	342.95 391.40	428.69 489.25	1.640	1.330 1.330	0.031	1.380	1.920 1.880	1.540	1.650 1.600	1.320	2.460	1.520	1.114
74 75	440.80 489.25	551.00 611.56	1.600 1.580	1.330 1.330	0.048 0.047	1.360 1.350	1.840 1.800	1.520 1.510	1.550 1.500	1.310 1.300	2.520 2.550	1.540 1.550	1.118 1.120
76	538.65	673.31	1.560	1.330	0.047	1.340	1.770	1.500	1.480	1.290	2.580	1.560	1.120
77 78	587.10 636.50	733.88 795.63	1.550 1.540	1.330 1.330	0.045 0.044	1.330 1.320	1.740 1.710	1.490 1.480	1.460 1.440	1.280 1.270	2.610 2.640	1.570 1.580	1.124 1.126
79	684.95	856.19	1.520	1.330	0.043	1.310	1.680	1.470	1.420	1.260	2.670	1.590	1.128
80 81	734.35 782.80	917.94 978.50	1.500 1.490	1.330 1.330	0.041 0.041	1.300 1.290	1.650 1.630	1.450 1.430	1.400 1.380	1.250 1.240	2.700 2.730	1.600 1.610	1.130 1.132
82	832.20	1,040.25	1.480	1.330	0.040	1.280	1.610	1.410	1.360	1.230	2.760	1.620	1.134
83 84	880.65 930.05	1,100.81 1,162.56	1.470 1.460	1.330 1.330	0.040 0.039	1.270 1.260	1.590 1.570	1.390 1.370	1.340 1.320	1.220 1.210	2.790 2.820	1.630 1.640	1.136 1.138
	250.05	1,102.00	1.150	1.550							2.020		
Joint Policy		1.20	Risk Cl		Issue		ent Mode		Eliminatio		0 Day HC	BC Eliminatio	n Period
Facility Only	/ Indemnity		Preferred Select	0.60 0.80		Annual Semi-Annual	1.000 0.520		0-Day 30-Day	1.40 1.20	30-Day		1.08
	ive Indemnity	1.20	Standard Substandard*	1.00 1.60		Quarterly Monthly	0.270 0.090		90-Day 180-Day	1.00 0.90	90-Day 180-Day		1.16 1.20
	icy Surrender		Substandard* Substandard*	2.40		monuny	0.090	I	100-Day	0.90	100-Ddy		1.20
		Γ	Benefit l		Restoration		Shared Benefi]				
			10-Year 6-Year		10-Year 5-Year	1.011 1.034	10-Year 6-Year	1.02 1.08					
			5-Year	0.85	5-Year	1.047	5-Year	1.11					
			4-Year 3-Year		4-Year 3-Year	1.051 1.063	4-Year 3-Year	1.15 1.21					
			2-Year		2-Year	1.075	2-Year	1.29					

* 5% Compound Step Rate COLA Annual Increase: the factor for any policy year is calculated by adding the annual increase to the previous year factor.

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	Sele	ction
Duration	Fac	tors
	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	Sing	gle Lives Death Co	ounts	Join	t Lives Death Cou	nts**		Total Death Count	s
Age	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		Nursing Facility C	are Incidence Rates		Incidence Rate F Home and Community Based Care and	actors					
Attained	Single Male	Single Female	Married Male	Married Female	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 43	0.0023 0.0027	0.0026	0.0006	0.0006	1.550	0.300 0.300					
43	0.0027	0.0030 0.0035	0.0008 0.0009	0.0007 0.0008	1.550 1.550	0.300					
45	0.0032	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 49	0.0058	0.0066	0.0019	0.0017	1.550	0.300					
49 50	0.0068 0.0079	0.0077 0.0090	0.0022 0.0027	0.0021 0.0025	1.550 1.550	0.300 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 56	0.0168 0.0196	0.0195 0.0227	0.0065 0.0078	0.0064 0.0077	1.550 1.550	0.300 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 63	0.0607 0.0734	0.0717 0.0869	0.0286 0.0356	0.0293 0.0367	1.045 0.969	0.270 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 70	0.2308 0.2771	0.2786 0.3356	0.1326 0.1638	0.1420 0.1766	0.555 0.507	0.230 0.220					
70	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 77	0.7736 0.9125	0.9546 1.1295	0.5411 0.6564	0.6073 0.7418	0.341 0.323	0.190 0.190					
78	1.0766	1.3368	0.7965	0.9061	0.325	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 82	2.0566	2.5858	1.7026	1.9892	0.253	0.170					
83 84	2.4282 2.8442	3.0627 3.5987	2.0675 2.4908	2.4317 2.9492	0.235 0.227	0.170 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 90	4.2678 4.5417	5.2140 5.4961	3.9088 4.1772	4.5300 4.8072	0.188 0.180	0.140 0.140					
90 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 96	6.0393 6.4276	6.9680 7.3456	5.6719 6.0619	6.3021 6.6883	0.171 0.163	0.130 0.120					
96 97	6.7767	7.6711	6.4180	7.0316	0.163	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					
102 103	8.8438 9.3324	9.5449 9.9766	8.5527 9.0630	9.0471 9.5197	0.179 0.181	0.110 0.100					
103	9.8396	10.4190	9.5957	10.0087	0.181	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					
109 110	12.8432 13.5417	12.9662 13.5417	12.7895 13.5417	12.8797 13.5417	0.197 0.200	0.100 0.100					
110	13.3417	13.3417	13.341/	13.341/	0.200	0.100					

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

A.u. 1	Best Estimate Length of Stay* Attained Male								
Attained	No COLA	Male 5% Compound COLA	No COLA	5% Compound COLA					
Age 40	511.48	662.18	568.65	723.27					
40	511.48	662.18	568.65	723.27					
41 42	511.48	662.18	568.65	723.27					
42	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					
40	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					
50	511.48	662.18	568.65	723.27					
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					
60	484.72	617.07	439.00	531.68					
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					
70	497.02	569.23	663.06	790.38					
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					
80	511.21	563.68	780.19	896.52					
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 90	445.33 432.65	477.90 462.91	684.90 656.46	755.92 721.11					
90 91	432.65 421.02	462.91 449.24	630.58	689.72					
91 92	421.02 410.31	436.71	606.90	661.23					
92 93	410.31 410.31	436.71 436.71	606.90	661.23					
93	410.31	436.71	606.90	661.23					
94 95	410.31	436.71	606.90	661.23					
95	410.31	436.71	606.90	661.23					
90	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					
100	410.31	436.71	606.90	661.23					
101	410.31	436.71	606.90	661.23					
102	410.31	436.71	606.90	661.23					
102	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

		Single	e Male		Single Female					
Attained Age	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%		

		Marrie	d Male		Married Female					
Attained		Claim	Expected			Claim	Expected			
Age	Exposure	Count	Claim Count	A/E	Exposure	Count	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

					at:	4.00%
	Calendar	Earned	Incurred	Loss	Year End	Disc/Accum
	Year	Premium	Claims*	Ratio	2019	Factor
	2004	0	0	0.00		1.0266
	2004	0	0	0.0%	15.5	1.8366
	2005	0	0	0.0%	14.5	1.7660
	2006	0	0 0	0.0%	13.5	1.6980 1.6327
	2007 2008	68,440 746,042	0	$0.0\% \\ 0.0\%$	12.5 11.5	1.6327
	2008	1,351,495	0	0.0%	10.5	1.5099
	2009	2,331,471	0	0.0%	9.5	1.3090
Historical	2010	3,170,680	0	0.0%	8.5	1.3957
Experience	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% 164.8%	-9.5	0.6889
	2030	1,242,335	2,046,973		-10.5	0.6624
	2031 2032	1,167,393 1,099,267	2,258,165 2,470,026	193.4% 224.7%	-11.5 -12.5	0.6370 0.6125
	2032	1,030,826	2,673,504	224.7% 259.4%	-12.5	0.0123
	2033	962,101	2,867,122	298.0%	-14.5	0.5663
	2034	893,506	3,046,321	340.9%	-15.5	0.5445
	2035	825,562	3,200,664	387.7%	-16.5	0.5235
	2037	758,788	3,329,442	438.8%	-17.5	0.5034
D	2038	693,534	3,430,911	494.7%	-18.5	0.4840
Projected	2039	630,264	3,500,947	555.5%	-19.5	0.4654
Future	2040	569,341	3,538,999	621.6%	-20.5	0.4475
Experience	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 2057	46,600	1,053,599	2261.0%	-36.5	0.2389
	2057 2058	38,037 30,977	909,734 783,303	2391.7% 2528.7%	-37.5 -38.5	0.2297 0.2209
	2058	25,211	664,859	2528.7% 2637.2%	-38.5	0.2209
	2039	23,211	004,009	2031.2%	-39.3	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%		
		22,170,120	33, 1 <u>2</u> 0,20 F	110.170		
_						
Interest	4.00%					
Interest	4.00% Past w/ int	37,072,759	1,545,280	4.2%		
Interest		37,072,759 20,337,449	1,545,280 40,036,728	4.2% 196.9%		



P.O. Box 82533 | Lincoln, NE 68501-2533 800-869-0355 | assurity.com Jill Fiddler Vice President, General Counsel and Secretary DIR 402-437-3427 | FAX 402-437-3881 jfiddler@assurity.com

PAM CORBALLY ASSISTANT VP COMPLIANCE LIFECARE ASSURANCE COMPANY SENT VIA EMAIL ONLY TO LOGA CROSSETTE-THAMBIAH: 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



LifeCare Assurance Company LifeCare Administrators 21600 Oxnard Street, Suite 1500 Post Office Box 4243 Woodland Hills, CA 91367 (818) 887-4436 / Fax (818) 887-4595

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