

State: Virginia **Filing Company:** The State Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: VA S-9000 Annual Rate Report
Project Name/Number: /

Filing at a Glance

Company: The State Life Insurance Company
Product Name: VA S-9000 Annual Rate Report
State: Virginia
TOI: LTC Annual Rate Report
Sub-TOI: LTCINLM
Filing Type: LTC Annual Rate Report
Date Submitted: 09/22/2022
SERFF Tr Num: LFCR-133408530
SERFF Status: Closed-Filed
State Tr Num: LFCR-133408530
State Status: Filed
Co Tr Num: VA STATE LIFE LTCINLM S-9000

Effective: On Approval
Date Requested:
Author(s): Scarlett Nazari, Anoush Chngidakyan, Dianne Bowdish
Reviewer(s): Bill Dismore (primary)
Disposition Date: 10/21/2022
Disposition Status: Filed
Effective Date:

State: Virginia
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: VA S-9000 Annual Rate Report
Project Name/Number: /

Filing Company: The State Life Insurance Company

General Information

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

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/21/2022
State Status Changed: 10/21/2022
Created By: Dianne Bowdish
Corresponding Filing Tracking Number:
State TOI: LTC Annual Rate Report 2022

Deemer Date:
Submitted By: Dianne Bowdish

Filing Description:
September 22, 2022

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

Re: State Life Insurance Company (NAIC No: 69116)
Policy Forms: S-9000-P-VA

To Whom It May Concern:

We are filing the Annual Rate Report for the above referenced policy form on behalf of State Life Insurance Company per 14VAC5-200-125.

Thank you for your assistance in reviewing this filing.

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

Company and Contact

Filing Contact Information

Loga Crossette-Thambiah, Regulatory Compliance Analyst 2 - Legislation
P.O. Box 4243
Woodland Hills, CA 91365-4243

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

State: Virginia

Filing Company: The State Life Insurance Company

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Product Name: VA S-9000 Annual Rate Report

Project Name/Number: /

Filing Company Information

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

The State Life Insurance Company

CoCode: 69116

State of Domicile: Indiana

Long Term Care Administrative

Group Code: 619

Company Type:

Office

Group Name:

State ID Number:

P.O. Box 4243

FEIN Number: 35-0684263

Woodland Hills, CA 91365-4243

(818) 867-2450 ext. [Phone]

State: Virginia

Filing Company: The State Life Insurance Company

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

Product Name: VA S-9000 Annual Rate Report

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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: The State Life Insurance Company
TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM
Product Name: VA S-9000 Annual Rate Report
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Bill Dismore	10/21/2022	10/21/2022

SERFF Tracking #:

LFCR-133408530

State Tracking #:

LFCR-133408530

Company Tracking #:

VA STATE LIFE LTCINLM S-9000

State: Virginia

Filing Company: The State Life Insurance Company

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

Product Name: VA S-9000 Annual Rate Report

Project Name/Number: /

Disposition

Disposition Date: 10/21/2022

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):
The State Life Insurance Company	0.000%	0.000%	\$0	7	\$20,965	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	LTCINLM	Filed	Yes
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

SERFF Tracking #:

LFCR-133408530

State Tracking #:

LFCR-133408530

Company Tracking #:

VA STATE LIFE LTCINLM S-9000

State:

Virginia

Filing Company:

The State Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA S-9000 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:

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

LFCR-132958240

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):
The State Life Insurance Company	0.000%	0.000%	\$0	7	\$20,965	0.000%	0.000%

SERFF Tracking #:

LFCR-133408530

State Tracking #:

LFCR-133408530

Company Tracking #:

VA STATE LIFE LTCINLM S-9000

State: Virginia**Filing Company:**

The State Life Insurance Company

TOI/Sub-TOI: LTC Annual Rate Report/LTCINLM**Product Name:** VA S-9000 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	S-9000-P-VA, S-9000-R-ROP, S-9000-R-SBN-VA, S-9000-R-CBI, S-9000-R-SBI, S-9000-R-IND-VA, S-9000-R-F-IND-VA, S-9000-R-MTH, S-9000-R-WOP-VA, S-9000-R-ROB, S-9000-R-FDC	Other	Previous State Filing Number: LFCR-132958240 Rate Action Other Explanation: Annual Rate Certification filing	LTCINLM.pdf,

**Annual Rate Report for Long-Term Care Insurance Policies
Issued On or After October 1, 2003 that are No Longer Marketed**
[14 VAC 5-200-125 A 1 a. \(2\)](#)
Reporting Period 1/1/2021 – 12/31/2021

Company Name The State Life Insurance Company

Company NAIC Number 69116

Form Number(s) S-9000-P-VA, S-9000-R-ROP, S-9000-R-SBN-VA, S-9000-R-CBI, S-9000-R-SBI,
S-9000-R-IND-VA, S-9000-R-F-IND-VA, S-9000-R-MTH, S-9000-R-WOP-VA,
S-9000-R-ROB, S-9000-R-FDC

Issue Date(s) 8/5/2005 – 7/26/2007

SERFF Filing Number LFCR-133408530

Prior SERFF Filing Number(s) LFCR-132958240

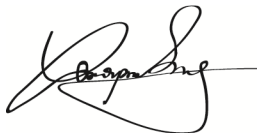
I, Xiaoyan Song, am a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing and reviewing long-term care insurance premiums.

In my opinion, the premium rate schedules are not sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedules may not be reasonably expected to be sustainable over the life of the policies with no future premium increases anticipated. Based on my review of recent experience of the policies involved, in my opinion, a rate action is necessary at this time as a result of this analysis.

The following is the specific plan of corrective action submitted by the Company for approval by the commissioner:

- a) The company will continue to monitor the experience of this policy form at least annually.
- b) The company will periodically review its determination of whether or not to request corrective action.
- c) In the future, if the company decides to request corrective action, such request would be made in accordance with Virginia laws and regulations.

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
Woodland Hills, California 91365-4243
(818)867-2232
9/23/2022

SERFF Tracking #:

LFCR-133408530

State Tracking #:

LFCR-133408530

Company Tracking #:

VA STATE LIFE LTCINLM S-9000

State:

Virginia

Filing Company:

The State Life Insurance Company

TOI/Sub-TOI:

LTC Annual Rate Report/LTCINLM

Product Name:

VA S-9000 Annual Rate Report

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	S-9000 VA ARC Actuarial Memo 2021.pdf
Item Status:	Received & Acknowledged
Status Date:	10/21/2022

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

Satisfied - Item:	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):	State Life Authorization Letter 2.15.22.pdf
Item Status:	Received & Acknowledged
Status Date:	10/21/2022

The State Life Insurance Company
Home Office: Indianapolis, Indiana
Company NAIC No. 69116
Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

Long Term Care Policy:	Form S-9000-P-VA
Full Return of Premium Rider:	Form S-9000-R-ROP
Shortened Benefit Period Nonforfeiture Rider:	Form S-9000-R-SBN-VA
Compound Benefit Increase Rider:	Form S-9000-R-CBI
Simple Benefit Increase Rider:	Form S-9000-R-SBI
Facility Care and Home and Community Based Care Indemnity Benefit Rider:	Form S-9000-R-IND-VA
Facility Care Only Indemnity Benefit Rider:	Form S-9000-R-F-IND-VA
Monthly Home and Community Based Care Benefit Rider:	Form S-9000-R-MTH
Home and Community Based Care Waiver of Premium Benefit Rider:	Form S-9000-R-WOP-VA
Restoration of Benefits Rider:	Form S-9000-R-ROB
First Day Home and Community Based Care Benefit Rider:	Form S-9000-R-FDC

These form and riders were issued in Virginia from 2005 through 2007. The above form and riders are no longer being marketed.

The State Life Insurance Company
Home Office: Indianapolis, Indiana
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Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

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 Exhibit A1 for non-endorsed group rates and Exhibit A2 for endorsed group rates.

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.

The State Life Insurance Company

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Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

- 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.

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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.
- b. Shortened Benefit Period Nonforfeiture Rider (SBP) - 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.
- 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.
- 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. 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 IND or F-IND Riders. One of the benefit increase riders must also be selected.
- f. Facility Care & 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 if either the MTH Rider or F-IND Rider is purchased.
- g. 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 if the IND is purchased.

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- h. 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.
- i. 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.
- j. First Day HCBC Coverage 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.

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. Applicability

This filing is applicable to all in force policies issued in Virginia on the above referenced form.

The State Life Insurance Company
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Company NAIC No. 69116
Administrative Office: Post Office Box 4243
Woodland Hills, California 91365-4243

Actuarial Memorandum

September 2022

8. Actuarial Assumptions

a. Interest

The weighted average maximum valuation interest rate for contract reserves, 4.06%, has been used for accumulating historical experience and for discounting projected future experience.

b. Lapse

The current best estimate ultimate lapse rate is assumed to be 0.75%, formulated by analyzing the trend in lapse rates of later durations. Exhibit B shows actual lapse rates by duration.

c. Mortality

The current best estimate mortality assumptions are based on experience from the reinsurer's entire similarly underwritten and administered block of LTC policies. The attained age mortality is assumed to be 85% of the 1994 Group Annuity Mortality Table for ages 85 and younger and graded to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, varied by single vs. joint, shown in Exhibit C1. No mortality improvement is assumed in the projection.

Exhibit C2 shows the comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

d. 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. Utilization factors are then applied to the claim costs, which are as follows: 78% for COLA reimbursement policies and 92% 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.

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Exhibit D1 shows the best estimate incidence rates by gender and marital status. Exhibit D2 shows the best estimate claim continuance rates. Exhibit D3 shows the best estimate claim recovery rates.

Exhibits D4 and D5 contain the analysis of actual to expected incidence and termination, with expected based on best estimate assumptions, for the combined reinsurer's block of LTC policies.

e. Expenses

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

The above discussed current best estimate assumptions are based on the experience of the company, reinsurer and industry experience, and judgement. The best estimate assumptions reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

9. 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.

10. Claim Liability and Reserves

Claim reserves as of December 31, 2021 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2021 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been allocated to a calendar year of incurral 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.

11. Trend Assumptions

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

The State Life Insurance Company
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Actuarial Memorandum

September 2022

12. Past and Future Policy Experience

Earned premiums and incurred claims for projection years 2022 through 2061 are developed from a projection model representing actual contracts in force as of December 31, 2021. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims.

Nationwide and Virginia historical experience and projections are shown in the following exhibits:

Nationwide Experience and Projection:	Exhibit E1
Virginia Experience and Projection:	Exhibit E2

13. Loss Ratio Requirement Compliance Demonstration

Historical experience and projected experience using current best estimates are shown in Exhibits E1 and E2, which demonstrate that the accumulated lifetime loss ratio exceeds the minimum loss ratio requirement.

14. Distribution of Business as of December 31, 2021 (Based on Policy Count and Premium)

The distributions of policies and premiums as of December 31, 2021 are shown in the following exhibits:

Nationwide distribution:	Exhibit F1
Virginia distribution:	Exhibit F2

The State Life Insurance Company
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Actuarial Memorandum

September 2022

15. Rate Increase History

No rate increase has been implemented for this form.

16. Credibility of Experience Data

According to Florida's insurance regulation (FAC Rule 69O-149.0025) regarding credible data, for policy forms with low expected claims frequency, a total of 1,000 claims shall be assigned 100 percent credibility; 200 claims shall be assigned 0 percent credibility. If 100 percent credibility is not achieved by using the most recent five-year period, the data from the most recent five-year period only shall be used. Long Term Care insurance falls into this category of policy forms with low expected claim frequency.

Since this block of business is 100% reinsured, the experience from the reinsurer's similarly underwritten and administered long term care products is pooled together to set the best estimate assumptions.

The reinsurer's data contains over 9,800 claims incurred between 2017 and 2021. Therefore, we believe the reinsurer's experience data used to set the best estimate assumption is fully credible on an aggregate basis. However, it may not be 100 percent credible at each individual attained age. The industry experience, SOA LTC Intercompany Experience Study 2000-2011 Report, has been blended with reinsurer's data where credibility is low for some attained ages.

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Actuarial Memorandum

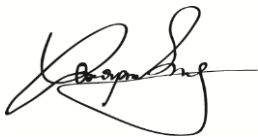
September 2022

17. 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 schedules are not sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedules may not be reasonably expected to be sustainable over the life of the policies with no future premium increases anticipated. Based on my review of recent experience of the policies involved, in my opinion, a 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

The State Life Insurance Company
Policy Form S-9000-P-VA

Exhibit A1
Rates and Factors
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS								
	Facility Service	Comprehensive Care	Inflation Protection		Non Forfeiture		10-Pay	20-Pay	Limited Pay IP		HCBS Waiver
			Compound	Simple	Full	SBP			Compound	Simple	
40	53.60	67.00	3.750	2.700	1.800	1.200	3.000	1.900	4.500	3.200	1.050
41	54.40	68.00	3.650	2.630	1.810	1.210	2.960	1.880	4.400	3.100	1.052
42	55.20	69.00	3.550	2.560	1.820	1.220	2.920	1.860	4.300	3.000	1.054
43	56.00	70.00	3.450	2.490	1.830	1.230	2.880	1.840	4.200	2.900	1.056
44	56.80	71.00	3.350	2.420	1.840	1.240	2.840	1.820	4.100	2.800	1.058
45	57.60	72.00	3.250	2.350	1.850	1.250	2.800	1.800	4.000	2.700	1.060
46	58.40	73.00	3.150	2.280	1.870	1.260	2.760	1.780	3.900	2.600	1.062
47	59.20	74.00	3.050	2.210	1.890	1.270	2.720	1.760	3.800	2.500	1.064
48	60.00	75.00	2.950	2.140	1.910	1.280	2.680	1.740	3.700	2.400	1.066
49	60.80	76.00	2.850	2.070	1.930	1.290	2.640	1.720	3.600	2.300	1.068
50	61.60	77.00	2.750	2.000	1.950	1.300	2.600	1.700	3.500	2.200	1.070
51	64.00	80.00	2.700	1.960	1.970	1.310	2.560	1.680	3.400	2.150	1.072
52	66.40	83.00	2.650	1.920	1.990	1.320	2.520	1.660	3.300	2.100	1.074
53	69.60	87.00	2.570	1.880	2.010	1.330	2.480	1.640	3.200	2.050	1.076
54	72.00	90.00	2.470	1.840	2.030	1.340	2.440	1.620	3.100	2.000	1.078
55	74.40	93.00	2.360	1.800	2.050	1.350	2.400	1.600	3.000	1.950	1.080
56	80.00	100.00	2.310	1.770	2.070	1.360	2.360	1.580	2.900	1.930	1.082
57	85.60	107.00	2.260	1.740	2.090	1.370	2.320	1.560	2.800	1.900	1.084
58	91.20	114.00	2.210	1.710	2.110	1.380	2.280	1.540	2.700	1.870	1.086
59	97.60	122.00	2.150	1.680	2.130	1.390	2.240	1.520	2.600	1.840	1.088
60	103.20	129.00	2.100	1.650	2.150	1.400	2.200	1.500	2.500	1.810	1.090
61	110.40	138.00	2.060	1.620	2.170	1.410	2.160	1.480	2.450	1.780	1.092
62	117.60	147.00	2.020	1.590	2.190	1.420	2.120	1.460	2.400	1.750	1.094
63	125.60	157.00	1.970	1.560	2.210	1.430	2.080	1.440	2.350	1.720	1.096
64	132.80	166.00	1.930	1.530	2.230	1.440	2.040	1.420	2.300	1.690	1.098
65	140.00	175.00	1.890	1.500	2.250	1.450	2.000	1.400	2.250	1.670	1.100
66	153.60	192.00	1.850	1.480	2.280	1.460	1.950	1.390	2.200	1.650	1.102
67	166.40	208.00	1.810	1.460	2.310	1.470	1.900	1.380	2.150	1.630	1.104
68	180.00	225.00	1.760	1.440	2.340	1.480	1.850	1.370	2.100	1.610	1.106
69	192.80	241.00	1.720	1.420	2.370	1.490	1.800	1.360	2.050	1.590	1.108
70	206.40	258.00	1.680	1.400	2.400	1.500	1.750	1.350	2.000	1.570	1.110
71	247.20	309.00	1.660	1.390	2.430	1.510	1.700	1.340	1.960	1.550	1.112
72	288.80	361.00	1.640	1.380	2.460	1.520	1.650	1.330	1.920	1.540	1.114
73	329.60	412.00	1.620	1.370	2.490	1.530	1.600	1.320	1.880	1.530	1.116
74	371.20	464.00	1.600	1.360	2.520	1.540	1.550	1.310	1.840	1.520	1.118
75	412.00	515.00	1.580	1.350	2.550	1.550	1.500	1.300	1.800	1.510	1.120
76	453.60	567.00	1.560	1.340	2.580	1.560	1.480	1.290	1.770	1.500	1.122
77	494.40	618.00	1.550	1.330	2.610	1.570	1.460	1.280	1.740	1.490	1.124
78	536.00	670.00	1.540	1.320	2.640	1.580	1.440	1.270	1.710	1.480	1.126
79	576.80	721.00	1.520	1.310	2.670	1.590	1.420	1.260	1.680	1.470	1.128
80	618.40	773.00	1.500	1.300	2.700	1.600	1.400	1.250	1.650	1.450	1.130
81	659.20	824.00	1.490	1.290	2.730	1.610	1.380	1.240	1.630	1.430	1.132
82	700.80	876.00	1.480	1.280	2.760	1.620	1.360	1.230	1.610	1.410	1.134
83	741.60	927.00	1.470	1.270	2.790	1.630	1.340	1.220	1.590	1.390	1.136
84	783.20	979.00	1.460	1.260	2.820	1.640	1.320	1.210	1.570	1.370	1.138

Premium Factors							
Risk Class Factors		Modal Factors		Elimination Period Factors		Benefit Period	
Preferred	0.75	Annual	1.000	0-Day	1.40	Lifetime	1.00
Select	1.00	Semi-Annual	0.520	30-Day	1.20	10-Year	0.95
Standard	1.25	Quarterly	0.270	90-Day	1.00	6-Year	0.81
Substandard	2.00	PAC	0.088	180-Day	0.90	5-Year	0.76
Substandard	3.00					4-Year	0.71
						3-Year	0.58
						2-Year	0.50
				Joint Factor	1.20		

Rider Factors					
Facility Only Indemnity	1.05	0 Day HCBS EP		Restoration of Benefits	
Comprehensive Indemnity	1.20	30-Day	1.08	Lifetime	1.000
Monthly HCBS	1.10	90-Day	1.16	10-Year	1.011
		180-Day	1.20	6-Year	1.034
				5-Year	1.047
				4-Year	1.051
				3-Year	1.063
				2-Year	1.115

The State Life Insurance Company
Policy Form S-9000-P-VA

Exhibit A2
Endorsed Group Rates and Factors
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS								
	Facility Service	Comprehensive Care	Inflation Protection		Non Forfeiture		10-Pay	20-Pay	Limited Pay IP		HCBS Waiver
			Compound	Simple	Full	SBP			Compound	Simple	
18	37.08	46.35	8.750	6.300	1.600	1.030	4.030	2.400	9.500	8.430	1.010
19	37.89	47.34	8.340	6.000	1.610	1.035	3.980	2.370	9.090	7.980	1.011
20	38.70	48.42	7.940	5.720	1.615	1.040	3.920	2.350	8.700	7.560	1.013
21	39.51	49.41	7.580	5.460	1.620	1.045	3.870	2.320	8.340	7.180	1.015
22	40.32	50.40	7.240	5.210	1.630	1.050	3.820	2.300	8.000	6.820	1.016
23	41.04	51.30	6.920	4.980	1.640	1.060	3.770	2.270	7.680	6.480	1.018
24	41.76	52.20	6.620	4.770	1.650	1.070	3.720	2.250	7.390	6.170	1.020
25	42.48	53.10	6.340	4.570	1.660	1.075	3.670	2.230	7.110	5.880	1.022
26	43.11	53.91	6.080	4.380	1.670	1.080	3.620	2.200	6.850	5.600	1.023
27	43.74	54.72	5.840	4.200	1.680	1.090	3.570	2.180	6.600	5.350	1.025
28	44.37	55.44	5.610	4.040	1.690	1.095	3.520	2.160	6.370	5.110	1.027
29	44.91	56.16	5.390	3.880	1.695	1.100	3.480	2.130	6.160	4.890	1.029
30	45.45	56.79	5.190	3.740	1.700	1.115	3.430	2.110	5.950	4.680	1.031
31	45.90	57.42	5.000	3.600	1.710	1.120	3.390	2.090	5.760	4.490	1.033
32	46.35	57.96	4.830	3.470	1.720	1.130	3.340	2.070	5.580	4.300	1.035
33	46.71	58.41	4.660	3.360	1.730	1.140	3.300	2.050	5.420	4.130	1.036
34	47.07	58.86	4.500	3.240	1.740	1.145	3.250	2.020	5.260	3.970	1.038
35	47.43	59.31	4.360	3.140	1.750	1.150	3.210	2.000	5.110	3.820	1.040
36	47.70	59.67	4.220	3.040	1.760	1.160	3.170	1.980	4.970	3.680	1.042
37	47.88	59.85	4.090	2.950	1.770	1.170	3.120	1.960	4.840	3.550	1.044
38	48.06	60.12	3.970	2.860	1.780	1.180	3.080	1.940	4.720	3.430	1.046
39	48.15	60.21	3.860	2.780	1.790	1.190	3.040	1.920	4.610	3.310	1.048
40	48.24	60.30	3.750	2.700	1.800	1.200	3.000	1.900	4.500	3.200	1.050
41	48.96	61.20	3.650	2.630	1.810	1.210	2.960	1.880	4.400	3.100	1.052
42	49.68	62.10	3.550	2.560	1.820	1.220	2.920	1.860	4.300	3.000	1.054
43	50.40	63.00	3.450	2.490	1.830	1.230	2.880	1.840	4.200	2.900	1.056
44	51.12	63.90	3.350	2.420	1.840	1.240	2.840	1.820	4.100	2.800	1.058
45	51.84	64.80	3.250	2.350	1.850	1.250	2.800	1.800	4.000	2.700	1.060
46	52.56	65.70	3.150	2.280	1.870	1.260	2.760	1.780	3.900	2.600	1.062
47	53.28	66.60	3.050	2.210	1.890	1.270	2.720	1.760	3.800	2.500	1.064
48	54.00	67.50	2.950	2.140	1.910	1.280	2.680	1.740	3.700	2.400	1.066
49	54.72	68.40	2.850	2.070	1.930	1.290	2.640	1.720	3.600	2.300	1.068
50	55.44	69.30	2.750	2.000	1.950	1.300	2.600	1.700	3.500	2.200	1.070
51	57.60	72.00	2.700	1.960	1.970	1.310	2.560	1.680	3.400	2.150	1.072
52	59.76	74.70	2.650	1.920	1.990	1.320	2.520	1.660	3.300	2.100	1.074
53	62.64	78.30	2.570	1.880	2.010	1.330	2.480	1.640	3.200	2.050	1.076
54	64.80	81.00	2.470	1.840	2.030	1.340	2.440	1.620	3.100	2.000	1.078
55	66.96	83.70	2.360	1.800	2.050	1.350	2.400	1.600	3.000	1.950	1.080
56	72.00	90.00	2.310	1.770	2.070	1.360	2.360	1.580	2.900	1.930	1.082
57	77.04	96.30	2.260	1.740	2.090	1.370	2.320	1.560	2.800	1.900	1.084
58	82.08	102.60	2.210	1.710	2.110	1.380	2.280	1.540	2.700	1.870	1.086
59	87.84	109.80	2.150	1.680	2.130	1.390	2.240	1.520	2.600	1.840	1.088
60	92.88	116.10	2.100	1.650	2.150	1.400	2.200	1.500	2.500	1.810	1.090
61	99.36	124.20	2.060	1.620	2.170	1.410	2.160	1.480	2.450	1.780	1.092
62	105.84	132.30	2.020	1.590	2.190	1.420	2.120	1.460	2.400	1.750	1.094
63	113.04	141.30	1.970	1.560	2.210	1.430	2.080	1.440	2.350	1.720	1.096
64	119.52	149.40	1.930	1.530	2.230	1.440	2.040	1.420	2.300	1.690	1.098
65	126.00	157.50	1.890	1.500	2.250	1.450	2.000	1.400	2.250	1.670	1.100
66	138.24	172.80	1.850	1.480	2.280	1.460	1.950	1.390	2.200	1.650	1.102
67	149.76	187.20	1.810	1.460	2.310	1.470	1.900	1.380	2.150	1.630	1.104
68	162.00	202.50	1.760	1.440	2.340	1.480	1.850	1.370	2.100	1.610	1.106
69	173.52	216.90	1.720	1.420	2.370	1.490	1.800	1.360	2.050	1.590	1.108
70	185.76	232.20	1.680	1.400	2.400	1.500	1.750	1.350	2.000	1.570	1.110
71	222.48	278.10	1.660	1.390	2.430	1.510	1.700	1.340	1.960	1.550	1.112
72	259.92	324.90	1.640	1.380	2.460	1.520	1.650	1.330	1.920	1.540	1.114
73	296.64	370.80	1.620	1.370	2.490	1.530	1.600	1.320	1.880	1.530	1.116
74	334.08	417.60	1.600	1.360	2.520	1.540	1.550	1.310	1.840	1.520	1.118
75	370.80	463.50	1.580	1.350	2.550	1.550	1.500	1.300	1.800	1.510	1.120
76	408.24	510.30	1.560	1.340	2.580	1.560	1.480	1.290	1.770	1.500	1.122
77	444.96	556.20	1.550	1.330	2.610	1.570	1.460	1.280	1.740	1.490	1.124
78	482.40	603.00	1.540	1.320	2.640	1.580	1.440	1.270	1.710	1.480	1.126
79	519.12	648.90	1.520	1.310	2.670	1.590	1.420	1.260	1.680	1.470	1.128
80	556.56	695.70	1.500	1.300	2.700	1.600	1.400	1.250	1.650	1.450	1.130
81	593.28	741.60	1.490	1.290	2.730	1.610	1.380	1.240	1.630	1.430	1.132
82	630.72	788.40	1.480	1.280	2.760	1.620	1.360	1.230	1.610	1.410	1.134
83	667.44	834.30	1.470	1.270	2.790	1.630	1.340	1.220	1.590	1.390	1.136
84	704.88	881.10	1.460	1.260	2.820	1.640	1.320	1.210	1.570	1.370	1.138

Premium Factors							
Risk Class Factors		Modal Factors		Elimination Period Factors		Benefit Period	
Preferred	0.75	Annual	1.000	0-Day	1.40	Lifetime	1.00
Select	1.00	Semi-Annual	0.520	30-Day	1.20	10-Year	0.95
Standard	1.25	Quarterly	0.270	90-Day	1.00	6-Year	0.81
Substandard	2.00	PAC	0.088	180-Day	0.90	5-Year	0.76
Substandard	3.00					4-Year	0.71
						3-Year	0.58
						2-Year	0.50
				Joint Factor	1.20		

Rider Factors					
Facility Only Indemnity	1.05	0 Day HCBS EP		Restoration of Benefits	
Comprehensive Indemnity	1.20	30-Day	1.08	Lifetime	1.000
Monthly HCBS	1.10	90-Day	1.16	10-Year	1.011
		180-Day	1.20	6-Year	1.034
				5-Year	1.047
				4-Year	1.051
				3-Year	1.063
				2-Year	1.115

State Life Insurance Company of America
Combined Reinsurer Experience
Exhibit B
Lapse Rates

Duration*	Exposure**	Lapses	Actual Lapse Rates	Best Estimate Lapse Rates	A/E
12	136,874	874	0.64%	0.75%	0.85
13	129,480	759	0.59%	0.75%	0.78
14	122,016	613	0.50%	0.75%	0.67
15	113,920	542	0.48%	0.75%	0.63
16	105,589	473	0.45%	0.75%	0.60
17	92,286	369	0.40%	0.75%	0.53
18	76,366	384	0.50%	0.75%	0.67
19	59,492	299	0.50%	0.75%	0.67
20	43,486	218	0.50%	0.75%	0.67
21	33,014	170	0.51%	0.75%	0.69
22	25,772	123	0.48%	0.75%	0.64
23	17,433	112	0.64%	0.75%	0.86
24	10,971	69	0.63%	0.75%	0.84
25	6,248	41	0.66%	0.75%	0.87
26	3,099	17	0.55%	0.75%	0.73
27	1,355	10	0.74%	0.75%	0.98
28	523	1	0.19%	0.75%	0.26
29	261	1	0.38%	0.75%	0.51
30	92	1	1.09%	0.75%	1.45
31	28	0	0.00%	0.75%	0.00
Average	978,306	5,076	0.52%	0.75%	0.69

* All S-9000 policies are duration 12+.

** Lifetime pay policies only

**The State Life Insurance Company
Combined Reinsurer Experience**

Exhibit C1: Mortality Selection Factors

Policy Duration	Selection Factors	
	Single	Joint
1	0.164	0.112
2	0.325	0.184
3	0.379	0.267
4	0.450	0.288
5	0.451	0.326
6	0.465	0.370
7	0.492	0.370
8	0.494	0.405
9	0.582	0.405
10	0.587	0.405
11	0.615	0.436
12	0.635	0.475
13	0.660	0.479
14	0.684	0.495
15	0.758	0.495
16	0.758	0.521
17	0.814	0.556
18	0.877	0.594
19	0.897	0.650
20	0.863	0.665
21	0.942	0.665
22	0.953	0.727
23	0.984	0.730
24	1.000	0.752
25	1.000	0.848
26	1.000	0.850
27	1.000	1.000
28	1.000	1.000
29	1.000	1.000
30	1.000	1.000

**The State Life Insurance Company
Combined Reinsurer Experience**

Exhibit C2: 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	78%	1	2	50%	2	3	61%
40-44	2	4	56%	14	8	169%	16	12	135%
45-49	27	14	192%	56	34	166%	83	48	174%
50-54	71	56	127%	166	133	125%	237	189	125%
55-59	197	197	100%	550	475	116%	747	672	111%
60-64	493	596	83%	1,307	1,401	93%	1,800	1,997	90%
65-69	984	1,310	75%	2,241	2,929	77%	3,225	4,239	76%
70-74	1,697	1,981	86%	3,637	4,208	86%	5,334	6,189	86%
75-79	2,342	2,545	92%	4,778	4,884	98%	7,120	7,430	96%
80-84	2,972	2,772	107%	5,050	4,576	110%	8,022	7,347	109%
85-89	2,648	2,367	112%	3,800	2,965	128%	6,448	5,332	121%
90+	2,111	1,735	122%	1,574	1,232	128%	3,685	2,967	124%
Total	13,545	13,578	100%	23,174	22,847	101%	36,719	36,425	101%

* Expected - 85% of 94 GAM and graded to 100% from ages 85 to 90 with selection

** Joint lives - joint policy at issue

The State Life Insurance Company
Policy Form: S-9000-P

Exhibit D1: 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	0.0019	0.0016	0.0005	0.0004	1.550	0.300
41	0.0022	0.0020	0.0006	0.0005	1.550	0.300
42	0.0026	0.0023	0.0007	0.0006	1.550	0.300
43	0.0030	0.0027	0.0008	0.0007	1.550	0.300
44	0.0035	0.0032	0.0010	0.0008	1.550	0.300
45	0.0041	0.0038	0.0012	0.0010	1.550	0.300
46	0.0049	0.0046	0.0015	0.0012	1.550	0.300
47	0.0057	0.0054	0.0018	0.0015	1.550	0.300
48	0.0067	0.0064	0.0022	0.0018	1.550	0.300
49	0.0078	0.0076	0.0026	0.0022	1.550	0.300
50	0.0092	0.0090	0.0032	0.0027	1.550	0.300
51	0.0108	0.0106	0.0038	0.0033	1.550	0.300
52	0.0127	0.0126	0.0046	0.0040	1.550	0.300
53	0.0149	0.0149	0.0055	0.0049	1.550	0.300
54	0.0175	0.0177	0.0067	0.0060	1.550	0.300
55	0.0205	0.0209	0.0081	0.0073	1.550	0.300
56	0.0242	0.0248	0.0098	0.0089	1.550	0.300
57	0.0284	0.0295	0.0118	0.0109	1.550	0.300
58	0.0350	0.0367	0.0149	0.0139	1.436	0.290
59	0.0434	0.0459	0.0191	0.0179	1.311	0.290
60	0.0536	0.0571	0.0242	0.0230	1.206	0.280
61	0.0659	0.0709	0.0305	0.0293	1.111	0.270
62	0.0800	0.0869	0.0381	0.0370	1.045	0.270
63	0.0963	0.1056	0.0472	0.0462	0.969	0.260
64	0.1175	0.1299	0.0591	0.0585	0.872	0.260
65	0.1420	0.1585	0.0735	0.0734	0.795	0.250
66	0.1709	0.1925	0.0909	0.0918	0.728	0.240
67	0.2048	0.2328	0.1119	0.1142	0.671	0.240
68	0.2444	0.2805	0.1373	0.1415	0.613	0.230
69	0.2921	0.3382	0.1687	0.1756	0.555	0.230
70	0.3470	0.4055	0.2060	0.2166	0.507	0.220
71	0.4095	0.4829	0.2498	0.2654	0.470	0.220
72	0.4770	0.5676	0.2991	0.3209	0.452	0.210
73	0.5639	0.6772	0.3634	0.3939	0.425	0.210
74	0.6673	0.8087	0.4420	0.4840	0.397	0.200
75	0.7898	0.9660	0.5378	0.5948	0.369	0.200
76	0.9351	1.1543	0.6544	0.7312	0.341	0.190
77	1.0991	1.3691	0.7906	0.8924	0.323	0.190
78	1.2979	1.6316	0.9596	1.0941	0.305	0.190
79	1.5210	1.9296	1.1559	1.3313	0.297	0.180
80	1.7964	2.2999	1.4032	1.6326	0.279	0.180
81	2.1219	2.7416	1.7036	2.0023	0.261	0.170
82	2.4868	3.2425	2.0521	2.4364	0.253	0.170
83	3.0274	3.8076	2.5346	3.0617	0.235	0.170
84	3.6098	4.4743	3.1067	3.7562	0.227	0.160
85	4.2295	5.2334	3.7583	4.5046	0.219	0.160
86	4.8509	6.0344	4.4499	5.2545	0.212	0.150
87	5.4415	6.8274	5.1405	5.9491	0.204	0.150
88	5.9183	7.4955	5.7361	6.4666	0.196	0.150
89	6.2426	7.9732	6.1773	6.7203	0.188	0.140
90	6.6986	8.7403	6.7504	7.2671	0.180	0.140
91	7.0706	9.3960	7.2376	7.7222	0.182	0.140
92	7.5715	10.2220	7.8561	8.3178	0.174	0.130
93	8.0792	10.2921	8.4831	8.9216	0.166	0.130
94	8.5131	10.2657	8.4613	8.8987	0.169	0.130
95	8.4986	10.2482	8.4469	8.8835	0.171	0.130
96	8.5570	10.3187	8.5050	8.9446	0.163	0.120
97	8.5350	10.2921	8.4831	8.9216	0.166	0.120
98	8.5204	10.2745	8.4686	8.9063	0.168	0.120
99	8.4986	10.2482	8.4469	8.8835	0.171	0.110
100	8.4768	10.2220	8.4253	8.8608	0.174	0.110
101	8.4624	10.2046	8.4109	8.8457	0.176	0.110
102	8.4409	10.1786	8.3895	8.8232	0.179	0.110
103	8.4266	10.1614	8.3753	8.8082	0.181	0.100
104	8.4052	10.1356	8.3541	8.7859	0.184	0.100
105	8.3840	10.1100	8.3330	8.7637	0.187	0.100
106	8.3699	10.0930	8.3190	8.7490	0.189	0.100
107	8.3488	10.0676	8.2980	8.7270	0.192	0.100
108	8.3279	10.0423	8.2772	8.7051	0.195	0.100
109	8.3140	10.0256	8.2634	8.6905	0.197	0.100
110	8.2932	10.0005	8.2427	8.6688	0.200	0.100

The State Life Insurance Company
Policy Form: S-9000-P

Exhibit D2
Claim Continuance*

Male

Claim Month	Incurral Age							
	<60	60-64	65-69	70-74	75-79	80-84	85-89	90+
0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3	0.5162	0.4944	0.5965	0.6231	0.6707	0.7231	0.7412	0.7536
6	0.3916	0.3769	0.4834	0.5260	0.5755	0.6300	0.6492	0.6548
9	0.3420	0.3270	0.4308	0.4703	0.5176	0.5691	0.5803	0.5712
12	0.3099	0.2928	0.3947	0.4300	0.4755	0.5206	0.5220	0.5090
24	0.2352	0.2337	0.3038	0.3247	0.3499	0.3707	0.3555	0.3171
36	0.1997	0.1967	0.2397	0.2469	0.2561	0.2568	0.2320	0.1793
48	0.1682	0.1699	0.1957	0.1821	0.1803	0.1737	0.1398	0.0957
60	0.1534	0.1465	0.1541	0.1362	0.1259	0.1106	0.0796	0.0472
72	0.1252	0.1226	0.1242	0.1013	0.0869	0.0703	0.0502	0.0317
84	0.1011	0.1116	0.0942	0.0713	0.0599	0.0466	0.0294	0.0072
96	0.0977	0.0988	0.0754	0.0532	0.0402	0.0315	0.0205	0.0071
108	0.0941	0.0847	0.0680	0.0448	0.0262	0.0233	0.0078	0.0071
120	0.0935	0.0780	0.0538	0.0304	0.0194	0.0161	0.0023	0.0064
132	0.0803	0.0703	0.0439	0.0206	0.0105	0.0090	0.0023	0.0045
144	0.0652	0.0490	0.0310	0.0117	0.0071	0.0037	0.0019	0.0032
156	0.0648	0.0393	0.0219	0.0067	0.0046	0.0017	0.0010	0.0021
168	0.0647	0.0392	0.0209	0.0060	0.0010	0.0012	0.0005	0.0014
180	0.0646	0.0392	0.0097	0.0041	0.0006	0.0008	0.0004	0.0009
300	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Female

Claim Month	Incurral Age							
	<60	60-64	65-69	70-74	75-79	80-84	85-89	90+
0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3	0.5898	0.4877	0.5762	0.6692	0.7085	0.7635	0.8051	0.7932
6	0.4339	0.3657	0.4675	0.5766	0.6282	0.6930	0.7343	0.7181
9	0.3726	0.3200	0.4196	0.5290	0.5849	0.6472	0.6892	0.6647
12	0.3284	0.2891	0.3898	0.4975	0.5527	0.6116	0.6501	0.6172
24	0.2550	0.2243	0.3106	0.4078	0.4592	0.5008	0.5159	0.4586
36	0.2104	0.1862	0.2625	0.3372	0.3774	0.3975	0.3855	0.2958
48	0.1819	0.1572	0.2211	0.2761	0.3018	0.3069	0.2784	0.2004
60	0.1669	0.1295	0.1835	0.2236	0.2344	0.2271	0.1891	0.1203
72	0.1481	0.1160	0.1565	0.1828	0.1850	0.1669	0.1306	0.0779
84	0.1314	0.0964	0.1330	0.1476	0.1454	0.1254	0.0896	0.0454
96	0.1232	0.0894	0.1092	0.1181	0.1120	0.0915	0.0603	0.0243
108	0.1149	0.0805	0.0892	0.0938	0.0811	0.0680	0.0459	0.0167
120	0.1034	0.0677	0.0667	0.0726	0.0583	0.0496	0.0306	0.0077
132	0.0963	0.0550	0.0585	0.0587	0.0460	0.0342	0.0239	0.0043
144	0.0914	0.0448	0.0449	0.0509	0.0318	0.0229	0.0109	0.0005
156	0.0847	0.0171	0.0404	0.0335	0.0191	0.0138	0.0006	0.0003
168	0.0742	0.0127	0.0322	0.0206	0.0133	0.0115	0.0006	0.0002
180	0.0583	0.0127	0.0207	0.0097	0.0115	0.0079	0.0006	0.0002
300	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

* Claim continuance reflects total terminations from both death and recovery.

**The State Life Insurance Company
Policy Form: S-9000-P**

**Exhibit D3
Claim Recovery**

Attained Age	Recovery Rates*
40	36.76%
45	29.22%
50	23.23%
55	18.47%
60	14.68%
65	11.67%
70	9.28%
75	7.38%
80	5.86%
85	4.66%
90	3.71%
95	2.95%
100	2.34%
105	1.86%
110	1.48%
115	1.18%
120+	0.00%

* Claim recovery is based on Lifetime Benefit Period policies.
Claim recovery rates are developed using a linear regression method.

**The State Life Insurance Company
Combined Reinsurer Experience**

Exhibit D4: 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	1,373	0	0	0%	1,700	0	0	0%
45-49	4,192	6	1	743%	6,477	9	1	748%
50-54	9,858	7	4	167%	18,707	24	8	298%
55-59	21,305	36	20	179%	45,893	71	46	156%
60-64	35,804	77	74	104%	85,058	218	194	113%
65-69	46,764	192	200	96%	116,663	584	571	102%
70-74	45,076	407	385	106%	117,133	1,233	1,198	103%
75-79	31,647	594	559	106%	87,505	2,011	1,937	104%
80-84	17,359	689	655	105%	52,140	2,573	2,521	102%
85-89	6,686	498	501	99%	22,845	2,094	2,160	97%
90+	1,752	206	186	111%	7,020	1,003	966	104%
Total	221,815	2,712	2,585	105%	561,141	9,820	9,602	102%

Attained Age	Married Male				Married Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	4,401	1	0	919%	7,848	6	0	3895%
45-49	14,952	5	1	536%	23,905	18	1	1446%
50-54	39,623	24	6	382%	58,441	49	8	604%
55-59	94,706	87	38	228%	125,352	127	46	274%
60-64	175,639	249	177	141%	206,425	311	201	155%
65-69	235,068	559	554	101%	240,263	600	575	104%
70-74	219,787	1,151	1,182	97%	200,665	1,157	1,153	100%
75-79	144,383	1,960	1,829	107%	122,637	1,828	1,750	104%
80-84	69,695	2,188	2,133	103%	56,809	2,139	2,062	104%
85-89	21,718	1,500	1,499	100%	17,578	1,369	1,410	97%
90+	3,509	432	373	116%	3,176	403	361	111%
Total	1,023,481	8,156	7,792	105%	1,063,099	8,007	7,568	106%

**The State Life Insurance Company
Combined Reinsurer Experience**

Exhibit D5: Claim Termination A to E Analysis

Duration	Claim Exposure	Actual	Expected	A/E
1st quarter	2,116	552	617	89%
2nd quarter	5,215	806	653	123%
3rd quarter	4,439	397	381	104%
4th quarter	3,939	306	284	108%
2	13,877	3,288	3,157	104%
3	9,583	2,310	2,343	99%
4	6,542	2,058	1,805	114%
5	3,993	1,068	1,103	97%
6	2,605	632	679	93%
7	1,742	405	466	87%
8	1,179	274	294	93%
9	792	179	183	98%
10	540	125	146	86%
11	365	87	91	96%
12	245	65	81	80%
13	153	26	53	49%
14	101	54	25	218%
15	68	34	21	163%
16	48	22	8	265%
17	34	16	6	251%
18	22	11	3	384%
19	13	6	2	303%
20	9	4	1	322%
21	6	3	1	424%
22	3	2	0	502%
23	2	2	0	504%
24	1	1	0	253%
25	1	1	0	253%
Average	57,634	12,734	12,405	103%

The State Life Insurance Company
Policy Form: S-9000-P

Exhibit E1
Nationwide Experience Projection

	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	At Year End 2021	4.06% Factor 1.0406
Historical Experience	2005	32,337	0	0%	16.5	1.9283
	2006	1,659,139	0	0%	15.5	1.8531
	2007	3,275,585	744	0%	14.5	1.7808
	2008	3,359,983	237,989	7%	13.5	1.7113
	2009	3,221,781	18,189	1%	12.5	1.6446
	2010	3,129,968	403,817	13%	11.5	1.5804
	2011	3,065,106	296,953	10%	10.5	1.5187
	2012	3,034,725	510,451	17%	9.5	1.4595
	2013	2,981,602	10,946	0%	8.5	1.4025
	2014	2,996,078	538,078	18%	7.5	1.3478
	2015	2,926,139	44,774	2%	6.5	1.2952
	2016	2,382,233	850,713	36%	5.5	1.2447
	2017	1,989,684	41,834	2%	4.5	1.1961
2018	1,818,554	1,391,883	77%	3.5	1.1495	
2019	1,778,894	981,632	55%	2.5	1.1046	
2020	1,762,187	1,090,820	62%	1.5	1.0615	
2021	1,737,390	1,161,675	67%	0.5	1.0201	
Projected Future Experience	2022	1,663,673	1,572,146	94%	-0.5	0.9803
	2023	1,578,435	1,788,944	113%	-1.5	0.9421
	2024	1,492,055	2,754,304	185%	-2.5	0.9053
	2025	1,399,342	2,990,495	214%	-3.5	0.8700
	2026	1,290,852	3,214,266	249%	-4.5	0.8360
	2027	1,200,035	3,415,986	285%	-5.5	0.8034
	2028	1,113,918	3,589,735	322%	-6.5	0.7721
	2029	1,029,836	3,739,118	363%	-7.5	0.7419
	2030	947,302	3,868,635	408%	-8.5	0.7130
	2031	866,422	3,976,774	459%	-9.5	0.6852
	2032	788,106	4,055,595	515%	-10.5	0.6584
	2033	713,008	4,102,101	575%	-11.5	0.6328
	2034	641,365	4,112,712	641%	-12.5	0.6081
	2035	573,484	4,069,475	710%	-13.5	0.5843
	2036	509,595	3,979,738	781%	-14.5	0.5615
	2037	449,922	3,849,149	856%	-15.5	0.5396
	2038	394,556	3,675,248	931%	-16.5	0.5186
	2039	343,611	3,466,240	1009%	-17.5	0.4983
	2040	297,111	3,227,094	1086%	-18.5	0.4789
	2041	255,007	2,971,045	1165%	-19.5	0.4602
	2042	217,230	2,709,626	1247%	-20.5	0.4423
	2043	183,666	2,443,706	1331%	-21.5	0.4250
	2044	154,160	2,186,248	1418%	-22.5	0.4084
	2045	128,478	1,942,823	1512%	-23.5	0.3925
	2046	106,348	1,716,251	1614%	-24.5	0.3772
	2047	87,454	1,512,487	1729%	-25.5	0.3625
	2048	71,469	1,331,664	1863%	-26.5	0.3483
	2049	58,082	1,165,250	2006%	-27.5	0.3347
2050	46,942	1,015,277	2163%	-28.5	0.3217	
2051	37,745	880,953	2334%	-29.5	0.3091	
2052	30,202	757,270	2507%	-30.5	0.2971	
2053	24,060	647,980	2693%	-31.5	0.2855	
2054	19,086	553,418	2900%	-32.5	0.2743	
2055	15,077	468,979	3111%	-33.5	0.2636	
2056	11,862	395,046	3330%	-34.5	0.2533	
2057	9,287	329,158	3544%	-35.5	0.2435	
2058	7,237	269,332	3721%	-36.5	0.2340	
2059	5,611	217,969	3885%	-37.5	0.2248	
2060	4,324	175,739	4064%	-38.5	0.2161	
2061	3,309	140,132	4235%	-39.5	0.2076	
	Past	41,151,385	7,580,498	18%		
	Future	18,769,263	89,278,108	476%		
	Lifetime	59,920,648	96,858,606	162%		
Interest	4.06%					
	Past w/ int	59,102,433	9,207,343	16%		
	Future w/ int	13,947,468	53,370,420	383%		
	Lifetime w/ int	73,049,900	62,577,763	86%		

The State Life Insurance Company
Policy Form: S-9000-P

Exhibit E2
Virginia Experience Projection

	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	At Year End 2021	4.06% Factor 1.0406
Historical Experience	2005	1,404	0	0%	16.5	1.9283
	2006	32,478	0	0%	15.5	1.8531
	2007	43,176	0	0%	14.5	1.7808
	2008	43,289	0	0%	13.5	1.7113
	2009	41,842	0	0%	12.5	1.6446
	2010	40,409	0	0%	11.5	1.5804
	2011	41,022	0	0%	10.5	1.5187
	2012	39,117	0	0%	9.5	1.4595
	2013	42,362	0	0%	8.5	1.4025
	2014	38,609	0	0%	7.5	1.3478
	2015	40,457	0	0%	6.5	1.2952
	2016	22,004	0	0%	5.5	1.2447
	2017	21,895	0	0%	4.5	1.1961
2018	21,757	0	0%	3.5	1.1495	
2019	21,908	0	0%	2.5	1.1046	
2020	20,511	147,766	720%	1.5	1.0615	
2021	21,932	79,632	363%	0.5	1.0201	
Projected Future Experience	2022	20,857	18,114	87%	-0.5	0.9803
	2023	19,605	20,435	104%	-1.5	0.9421
	2024	18,386	33,933	185%	-2.5	0.9053
	2025	17,226	39,086	227%	-3.5	0.8700
	2026	16,110	44,924	279%	-4.5	0.8360
	2027	15,036	51,188	340%	-5.5	0.8034
	2028	13,996	57,484	411%	-6.5	0.7721
	2029	12,982	63,404	488%	-7.5	0.7419
	2030	11,989	68,644	573%	-8.5	0.7130
	2031	11,007	73,083	664%	-9.5	0.6852
	2032	10,042	75,154	748%	-10.5	0.6584
	2033	9,099	75,332	828%	-11.5	0.6328
	2034	8,178	75,062	918%	-12.5	0.6081
	2035	7,286	73,153	1004%	-13.5	0.5843
	2036	6,433	68,530	1065%	-14.5	0.5615
	2037	5,627	62,972	1119%	-15.5	0.5396
	2038	4,871	57,176	1174%	-16.5	0.5186
	2039	4,176	50,086	1199%	-17.5	0.4983
	2040	3,547	43,005	1213%	-18.5	0.4789
	2041	2,979	37,000	1242%	-19.5	0.4602
	2042	2,475	30,838	1246%	-20.5	0.4423
	2043	2,034	25,438	1251%	-21.5	0.4250
	2044	1,651	20,880	1265%	-22.5	0.4084
	2045	1,323	16,742	1265%	-23.5	0.3925
	2046	1,048	13,165	1256%	-24.5	0.3772
	2047	819	10,227	1248%	-25.5	0.3625
	2048	631	7,839	1242%	-26.5	0.3483
	2049	480	5,923	1234%	-27.5	0.3347
	2050	360	4,407	1223%	-28.5	0.3217
	2051	266	3,224	1210%	-29.5	0.3091
	2052	194	2,312	1192%	-30.5	0.2971
	2053	139	1,630	1175%	-31.5	0.2855
	2054	97	1,126	1155%	-32.5	0.2743
2055	67	740	1103%	-33.5	0.2636	
2056	45	485	1071%	-34.5	0.2533	
2057	30	315	1053%	-35.5	0.2435	
2058	19	197	1017%	-36.5	0.2340	
2059	12	96	783%	-37.5	0.2248	
2060	8	58	770%	-38.5	0.2161	
2061	4	32	726%	-39.5	0.2076	
	Past	534,171	227,398	43%		
	Future	231,136	1,233,440	534%		
	Lifetime	765,307	1,460,838	191%		
Interest	4.06%					
	Past w/ int	776,710	238,088	31%		
	Future w/ int	173,141	778,387	450%		
	Lifetime w/ int	949,851	1,016,475	107%		

The State Life Insurance Company
Policy Form: S-9000-P

Exhibit F1
Nationwide Policy and Premium Distribution

	Policies*	Premium**	% of Policies	% of Premium
Base				
Comprehensive	629	1,571,890	90%	92%
Nursing Home Only	70	136,452	10%	8%
Total	699	1,708,343	100%	100%
COLA Options				
No COLA	139	262,074	20%	15%
Simple COLA	179	442,821	26%	26%
Compound COLA	381	1,003,447	55%	59%
Total	699	1,708,343	100%	100%
Nonforfeiture Options				
None	678	1,625,049	97%	95%
SBP	6	10,725	1%	1%
ROP & SBP	0	0	0%	0%
Limited ROP	0	0	0%	0%
Full ROP	15	72,569	2%	4%
Total	699	1,708,343	100%	100%
Pay Period				
Single Pay	0	0	0%	0%
10 Pay	106	0	15%	0%
20 Pay	10	36,794	1%	2%
Lifetime	583	1,671,549	83%	98%
Total	699	1,708,343	100%	100%
Joint/Single Life				
Joint	397	1,004,638	57%	59%
Single	302	703,704	43%	41%
Total	699	1,708,343	100%	100%
Billing Mode				
Annual	372	925,198	53%	54%
Semi-Annual	34	82,274	5%	5%
Quarterly	40	112,421	6%	7%
Monthly	253	588,449	36%	34%
Total	699	1,708,343	100%	100%
Elimination Period				
0 Days	6	7,878	1%	0%
30 Days	45	115,526	6%	7%
60 Days	12	24,607	2%	1%
90 Days	591	1,454,858	85%	85%
180 Days	45	105,474	6%	6%
Total	699	1,708,343	100%	100%
Benefit Period (NH/HH)				
Lifetime / Lifetime	459	1,169,669	66%	68%
5 Year / 5 Year	116	262,233	17%	15%
3 Year / 3 Year	71	147,705	10%	9%
10 Year / 10 Year	4	8,234	1%	0%
2 Year / 2 Year	5	9,558	1%	1%
5 Year / 3 Year	17	42,959	2%	3%
Lifetime / 2 Year	27	67,985	4%	4%
Total	699	1,708,343	100%	100%
Issue Age Cohort				
16-25	0	0	0%	0%
26-35	1	1,209	0%	0%
36-45	24	29,851	3%	2%
46-55	177	334,225	25%	20%
56-65	365	881,518	52%	52%
66-75	127	431,592	18%	25%
76-85	5	29,948	1%	2%
86+	0	0	0%	0%
Total	699	1,708,343	100%	100%
Daily Benefit Cohort				
\$1-\$50	15	23,231	2%	1%
\$51-\$100	224	429,730	32%	25%
\$101-\$150	342	873,601	49%	51%
\$151-\$200	95	309,342	14%	18%
\$201-\$250	17	53,764	2%	3%
\$251-\$300	6	18,675	1%	1%
Total	699	1,708,343	100%	100%

* Includes policies in active premium paying, active on waiver and paid-up statuses.

** Includes premiums for policies in active premium paying and active on waiver statuses.

The State Life Insurance Company
Policy Form: S-9000-P-VA

Exhibit F2
Virginia Policy and Premium Distribution

	Policies*	Premium**	% of Policies	% of Premium
Base				
Comprehensive	7	20,965	100%	100%
Nursing Home Only	0	0	0%	0%
Total	7	20,965	100%	100%
COLA Options				
No COLA	1	3,053	14%	15%
Simple COLA	2	7,169	29%	34%
Compound COLA	4	10,743	57%	51%
Total	7	20,965	100%	100%
Nonforfeiture Options				
None	7	20,965	100%	100%
SBP	0	0	0%	0%
ROP & SBP	0	0	0%	0%
Limited ROP	0	0	0%	0%
Full ROP	0	0	0%	0%
Total	7	20,965	100%	100%
Pay Period				
Single Pay	0	0	0%	0%
10 Pay	1	0	14%	0%
20 Pay	0	0	0%	0%
Lifetime	6	20,965	86%	100%
Total	7	20,965	100%	100%
Joint/Single Life				
Joint	5	14,081	71%	67%
Single	2	6,884	29%	33%
Total	7	20,965	100%	100%
Billing Mode				
Annual	2	2,370	29%	11%
Semi-Annual	0	0	0%	0%
Quarterly	1	3,338	14%	16%
Monthly	4	15,257	57%	73%
Total	7	20,965	100%	100%
Elimination Period				
0 Days	0	0	0%	0%
30 Days	1	3,053	14%	15%
60 Days	0	0	0%	0%
90 Days	6	17,912	86%	85%
180 Days	0	0	0%	0%
Total	7	20,965	100%	100%
Benefit Period (NH/HH)				
Lifetime / Lifetime	4	12,205	57%	58%
5 Year / 5 Year	1	2,370	14%	11%
3 Year / 3 Year	2	6,390	29%	30%
10 Year / 10 Year	0	0	0%	0%
2 Year / 2 Year	0	0	0%	0%
5 Year / 3 Year	0	0	0%	0%
Lifetime / 2 Year	0	0	0%	0%
Total	7	20,965	100%	100%
Issue Age Cohort				
16-25	0	0	0%	0%
26-35	0	0	0%	0%
36-45	0	0	0%	0%
46-55	0	0	0%	0%
56-65	5	14,575	71%	70%
66-75	2	6,390	29%	30%
76-85	0	0	0%	0%
86+	0	0	0%	0%
Total	7	20,965	100%	100%
Daily Benefit Cohort				
\$1-\$50	0	0	0%	0%
\$51-\$100	2	5,362	29%	26%
\$101-\$150	3	6,201	43%	30%
\$151-\$200	2	9,402	29%	45%
\$201-\$250	0	0	0%	0%
\$251-\$300	0	0	0%	0%
Total	7	20,965	100%	100%

* Includes policies in active premium paying, active on waiver and paid-up statuses.

** Includes premiums for policies in active premium paying and active on waiver statuses.



THE STATE LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

P.O. Box 406
Indianapolis, IN 46206-0406

Phone 1-800-275-5101

February 15, 2022

Ms. Pam Corbally
Assistant Vice President Compliance
LifeCare Assurance Company
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367

RE: STATE LIFE INSURANCE COMPANY
NAIC # 69116
Group # 619
FEIN # 35-0684263

Dear Ms. Corbally,

Pursuant to an Administration and Marketing Services Agreement, as amended, between The State Life Insurance Company (“State Life”) and LifeCare Assurance Company (“LifeCare”), LifeCare is authorized to perform certain functions on State Life’s behalf.

This letter is to confirm that LifeCare is authorized by State Life to submit to state insurance regulators State Life’s required annual reports with regard to State Life’s long term care insurance standard policy form numbers 6000/6001 and 8000/9000 and their allied state variations.

This authorization remains in effect from January 1, 2022 through December 31, 2022.

Sincerely,

Bud Graessle
Vice President, Financial Performance – Individual Life & Financial Services