

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

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Revised Rates**

**Average Annual Premium Per Member:**

**Average Requested Percentage Rate Change Per Member:**

**Range of Requested Rate Changes:**

**Number of Virginia Policyholders Affected:**

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases

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

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

SILAC Insurance Company NAIC #62952

A rate increase is necessary at this time due to more claims than expected which indicates the current premium rates are inadequate. This is based on an extensive study involving analysis of past and future claims experience conducted by our contracted Actuary who is a Fellow of the Society of Actuaries and a Member of the Academy of Actuaries and meets the Academy's qualification standards for rendering this opinion.