

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

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

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

This document is intended to help explain the rate filing and it 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.

Revised Rate Summary

The proposed rates are based on experience for American General policyholders with the same long term care insurance policy across the country. The original pricing assumptions for this business were not accurate and ultimately did not predict what happened in the future years. At the time of the pricing of this product in 1996 there was very little industry experience on which to base assumptions of future lapse, mortality, and morbidity rates for this product. The rate increase is the result of revised lapse assumptions, mortality assumptions, and morbidity assumptions.