

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: Principal Life Insurance Company - NAIC 61271

SERFF Tracking Number: TRIP-131593732

Effective Date: This rate increase will apply to policies on their next premium ⁺

(Projected) Number of Insureds Affected: 15

New Rates
Average Annual Premium Per Member: N/A

Revised Rates
Average Annual Premium Per Member: 2,330

Average Requested Percentage Rate Change Per Member: 121%

Minimum Requested Percentage Rate Change Per Member: 86%

Maximum Requested Percentage Rate Change Per Member: 130%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
FR 406 VA	PrinCare Long-Term Care II (LTC II)

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.