

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company
Product Name: Long Term Care Insurance
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate
Date Submitted: 09/29/2021
SERFF Tr Num: STLH-132777390
SERFF Status: Closed-Approved
State Tr Num: STLH-132777390
State Status: Approved
Co Tr Num: 2021 VA LTC 97058 SERIES (PRE-RATE STABILITY)
Effective: On Approval
Date Requested:
Author(s): Barb Baxter, David Diffor, Tanya Bennett, Grant Wilken, Anika Hasija, Sabrina Weislak, Rebecca Murrow, Conner O'Neil
Reviewer(s): Bobby Toone (primary)
Disposition Date: 01/11/2024
Disposition Status: Approved
Effective Date:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

General Information

Project Name: 2021 VA LTCI 97058 Series (Pre-Rate Stability) Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 09/18/2017
Requested Filing Mode: Review & Approval Domicile Status Comments: Illinois has approved four rounds of maximum 40% increases each and a fifth round with a maximum 4.1% phased increase; implementing on 4/1/18, 4/1/19, 4/1/20, 4/1/21, and 4/1/22.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 82.4% Filing Status Changed: 01/11/2024
State Status Changed: 01/11/2024
Deemer Date: 01/07/2024 Created By: Carisa Burgos
Submitted By: Anika Hasija Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing.

We are filing new rate tables for Policy Form 97058 VA and Rider Forms 99572 VA and 99573. The maximum proposed increase is 185.7% over the course of five years, resulting in an average overall impact of 82.4%. These new rates will apply on the policyholder's next renewal. These rates will be implemented approximately 135 days after approval.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

Sincerely,

Grant Wilken, FSA, MAAA
Actuarial Analyst III
State Farm Life/Health Actuarial
309-766-0314

Company and Contact

Filing Contact Information

Anika Hasija, Actuarial Analyst Trainee anika.hasija.vaawfc@statefarm.com

SERFF Tracking #: STLH-132777390

State Tracking #: STLH-132777390

Company Tracking #: 2021 VA LTC 97058 SERIES
(PRE-RATE STABI...

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
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Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

1 State Farm Plaza 309-766-6345 [Phone]
Bloomington, IL 61710-0001

Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 766-5188 ext. [Phone]	FEIN Number: 37-0533100	

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bobby Toone	01/11/2024	01/11/2024

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	12/06/2023	12/06/2023
Info has been requested from company	Bobby Toone	11/27/2023	11/27/2023
Info has been requested from company	Bobby Toone	10/25/2023	10/25/2023
Info has been requested from company	Bobby Toone	05/09/2023	05/09/2023
Info has been requested from company	Bobby Toone	12/12/2022	12/12/2022
Info has been requested from company	Bobby Toone	11/30/2022	11/30/2022
Info has been requested from company	Bobby Toone	11/17/2022	11/17/2022
Info has been requested from company	Bobby Toone	09/27/2022	09/27/2022
Info has been requested from company	Bobby Toone	04/20/2022	04/20/2022
Info has been requested from company	Bobby Toone	03/03/2022	03/03/2022

Response Letters

Responded By	Created On	Date Submitted
Conner O'Neil	12/08/2023	12/08/2023
Grant Wilken	11/28/2023	11/28/2023
Grant Wilken	11/15/2023	11/21/2023
Sabrina Weislak	05/09/2023	05/09/2023
Grant Wilken	12/13/2022	12/13/2022
Grant Wilken	12/09/2022	12/12/2022
Sabrina Weislak	11/18/2022	11/18/2022
Grant Wilken	10/17/2022	10/17/2022
Rebecca Murrow	05/09/2022	05/20/2022
Rebecca Murrow	03/07/2022	03/14/2022

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
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 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	02/28/2022	02/28/2022
Info has been requested from company	Bobby Toone	12/21/2021	12/21/2021
Info has been requested from company	Bobby Toone	11/04/2021	11/04/2021

Response Letters

Responded By	Created On	Date Submitted
Rebecca Murrow	03/08/2022	03/14/2022
Grant Wilken	01/13/2022	01/19/2022
Rebecca Murrow	11/16/2021	12/03/2021

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open STLH-132717148	Note To Reviewer	Conner O'Neil	12/08/2023	12/08/2023
Objection Due Date Extension	Note To Filer	Bobby Toone	10/31/2023	10/31/2023
Objection due date extension	Note To Reviewer	Sabrina Weislak	10/30/2023	10/30/2023
RRS	Reviewer Note	Bobby Toone	01/25/2022	

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Disposition

Disposition Date: 01/11/2024

Effective Date:

Status: Approved

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):
State Farm Mutual Automobile Insurance Company	240.100%	82.400%	\$1,091,389	834	\$1,325,060	185.700%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	N/A	Approved	Yes
Form (revised)	Withdrawn	Approved	Yes
Form	Policyholder Notification Letter for Rate Increase	Withdrawn	No
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Supporting Document	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document (revised)	Rate Table Comparison	Received & Acknowledged	Yes
Supporting Document	Rate Table Comparison	Withdrawn	No
Supporting Document (revised)	Actual and Projected Experience	Received & Acknowledged	Yes

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actual and Projected Experience	Withdrawn	No
Supporting Document	Rate Increase History by State	Received & Acknowledged	Yes
Supporting Document	Distribution of Business	Received & Acknowledged	Yes
Supporting Document (revised)	97058 VA Policyholder Letter	Received & Acknowledged	Yes
Supporting Document	97058 VA Policyholder Letter	Withdrawn	No
Supporting Document	97058 VA Policyholder Letter	Withdrawn	No
Supporting Document	Actual to Expected Exhibits	Received & Acknowledged	Yes
Supporting Document	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Objection Response 11-04-2021	Received & Acknowledged	Yes
Supporting Document	Objection Response 12-21-2021	Received & Acknowledged	Yes
Supporting Document	Objection Response 03-03-2022	Received & Acknowledged	Yes
Supporting Document	Objection Response 11-30-2022	Received & Acknowledged	Yes

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/06/2023
Submitted Date	12/06/2023
Respond By Date	12/20/2023

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Notification Letter for Rate Increase, EZEXVA (Form)

Comments: The Bureau cannot revise a form in one filing that has been approved in a previous filing. In order to revise the Policyholder Notification letter, the original filing (STLH-132717148) be re-opened, and the revisions made in that filing.

Please withdraw the Policyholder Notification Letter form this filing. Please submit a Note to Reviewer requesting that filing STLH-132717148 be re-opened so that revisions may be made.

The original filing will need the revised letter in the Forms Schedule. A red-lined version showing the changes made and a revised Statement of Variability will go in Supporting Documents.

The two current filings (STLH-132777390 and STLH-132868490) will need completed John Doe versions of the letter and revised Statements of Variability in Supporting Documentation.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond by Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

SERFF Tracking #: STLH-132777390 State Tracking #: STLH-132777390

Company Tracking #: 2021 VA LTC 97058 SERIES
(PRE-RATE STABI...

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/27/2023
Submitted Date	11/27/2023
Respond By Date	11/28/2023

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: In section XVI of the Actuarial Memorandum, the second paragraph states the increases will range from 0% to 185.7%. However, the chart included in that same section shows the increases ranging from 0% to 23.4%. Please reconcile this difference and revise if necessary.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond by Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/25/2023
Submitted Date	10/25/2023
Respond By Date	11/24/2023

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- N/A, (Form)
- Rate Tables, [97058 VA] (Rate)
- Rate Tables, [99572 VA] (Rate)
- Rate Tables, [99573] (Rate)
- Certification of Compliance/Readability (Supporting Document)
- Product Checklist (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Rate Table Comparison (Supporting Document)
- Actual and Projected Experience (Supporting Document)
- Rate Increase History by State (Supporting Document)
- Distribution of Business (Supporting Document)
- 97058 VA Policyholder Letter (Supporting Document)
- Actual to Expected Exhibits (Supporting Document)
- Current Rate Tables (Supporting Document)
- Objection Response 11-04-2021 (Supporting Document)
- Objection Response 12-21-2021 (Supporting Document)
- Objection Response 03-03-2022 (Supporting Document)
- Objection Response 11-30-2022 (Supporting Document)

Comments: The Bureau has almost completed its review of this filing. Due to the size of the increase and the average age of the policyholders, the Bureau is willing to approve the entire rate increase, if the company will consider spreading the increase out over 5 years, with no adjustment for the time value of money.

If this recommendation is acceptable, please revise the filing to match the new increase request.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond by Date.

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/09/2023
Submitted Date	05/09/2023
Respond By Date	06/08/2023

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the maximum increase the company would need in order to state that there would be no more increases, unless there was significant deterioration of experience.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond by Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/12/2022
Submitted Date	12/12/2022
Respond By Date	01/11/2023

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Objection Response 11-30-2022 (Supporting Document)

Comments: Thank you for your response, however some of the data is a bit confusing.

1. Based on the Act. Memo. as of 12/30/2020 there were 888 active policies in this block.
2. The Excel spreadsheet titled 97058 Series In-Force Rate increase Filing Status states there were 1,070 policies in force at year end 2021.
3. The response to Part B of the most current objection states there are 838 policies in Virginia as of 9/30/2022.

Please reconcile these figures and make any necessary revisions.

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.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

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TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/30/2022
Submitted Date	11/30/2022
Respond By Date	12/30/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

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Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: As the current data is almost 2 years old, please provide updated data for the following factors:

- Number of policyholders
- Virginia and Nationwide average annual premium
- Total cumulative rate increases, both in Virginia and Nationwide, for all forms with and without the current requested rate increase
- Current average policyholder age in Virginia and Nationwide

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.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

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Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/17/2022
Submitted Date	11/17/2022
Respond By Date	12/17/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the number of policyholders nationwide.

Conclusion:

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

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Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/27/2022
Submitted Date	09/27/2022
Respond By Date	10/27/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

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.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

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Product Name: Long Term Care Insurance
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Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/20/2022
Submitted Date	04/20/2022
Respond By Date	05/20/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

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Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why the company waited as long as they did before any rate increases were requested.

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.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/03/2022
Submitted Date	03/03/2022
Respond By Date	04/02/2022

Dear Anika Hasija,

Introduction:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a detailed exhibit showing how the requested increase will be applied.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum states that the Average Age at issue was 53. What is the current average age of your policyholders?

Conclusion:

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/28/2022
Submitted Date	02/28/2022
Respond By Date	03/30/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: Please explain why, with experience trending as it is, only 2 rate increase requests have been submitted for this block of business in the almost 20 years since the block has been around.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/21/2021
Submitted Date	12/21/2021
Respond By Date	01/20/2022

Dear Anika Hasija,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

- current assumptions and current rates
- current assumptions with the proposed rate increase
- current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
- a projection which shows what would have happened if all original assumptions had played out from inception exactly as originally anticipated, both in the past and future, for the actual cohort of policies issued.

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

2. For each of the six subsets of the business used in the projections above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide calculations of the Prospective PV and If-Knew Makeup allowed increases for each of the six subsets of business, along with supporting projections.

2) Please provide the 60/80 Tests for each subset and include all projections required to validate those tests.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format the 97058 Series In-Force Rate Increase Filing Status exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide details of the original assumptions used for this policy form.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the overall A/E ratios for mortality and lapse versus current assumptions.

Conclusion:

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/04/2021
Submitted Date	11/04/2021
Respond By Date	12/04/2021

Dear Anika Hasija,

Introduction:

The Bureau has completed a preliminary review of this filing and have the following concerns and/or requests. A more detailed and thorough review will be performed once these concerns are addressed.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide enough detail or documentation so that any projections can be recreated by providing a copy of all projections in Excel with working formulas.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium rate had been charged since the forms introduction.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both historical and projected) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please outline the steps that the company has taken since the last rate increase to minimize future rate increases on this block of business.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the experience exhibits include information for paid-up policies. If not, please provide updated exhibits.

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.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

SERFF Tracking #:	STLH-132777390	State Tracking #:	STLH-132777390	Company Tracking #:	2021 VA LTC 97058 SERIES (PRE-RATE STABI...
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State:	Virginia	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2021 VA LTCI 97058 Series (Pre-Rate Stability)/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/08/2023
Submitted Date	12/08/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The Policyholder Notification Letter form has been withdrawn from this filing.

We will also submit the Note to Reviewer in this filing requesting that STLH-132717148 filing is re-opened to upload an updated Policyholder Notification Letter along with the red-lined version of this letter and revised Statement of Variability.

Added to this filing and STLH-132868490 is a John Doe version of the letter, the revised Statement of Variability, and a Notification of Use document in the 'Supporting Documents' tab.

Related Objection 1

Applies To:

- Policyholder Notification Letter for Rate Increase, EZEXVA (Form)

Comments: The Bureau cannot revise a form in one filing that has been approved in a previous filing. In order to revise the Policyholder Notification letter, the original filing (STLH-132717148) be re-opened, and the revisions made in that filing.

Please withdraw the Policyholder Notification Letter form this filing. Please submit a Note to Reviewer requesting that filing STLH-132717148 be re-opened so that revisions may be made.

The original filing will need the revised letter in the Forms Schedule. A red-lined version showing the changes made and a revised Statement of Variability will go in Supporting Documents.

The two current filings (STLH-132777390 and STLH-132868490) will need completed John Doe versions of the letter and revised Statements of Variability in Supporting Documentation.

Changed Items:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Withdrawn		OTH	Withdrawn				Date Submitted: 12/08/2023 By: Conner O'Neil	Previous Version
1	Policyholder Notification Letter for Rate Increase	EZEXVA	OTH	Revised	Previous Filing Number: 48	STLH-1327171		EZEXVA.pdf	Date Submitted: 11/21/2023 By: Grant Wilken
					Replaced Form Number:	EZEXVA			
					Replaced Edition Date:	05/11/2022			

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	97058 VA Policyholder Letter
Comments:	
Attachment(s):	Notification of Use of Form EZEXVA from STLH-132717148.pdf EZEXVA John Doe Format.pdf EZEXVA Statement of Variability.pdf
<i>Previous Version</i>	
Satisfied - Item:	97058 VA Policyholder Letter
Comments:	
Attachment(s):	EZEXVA Statement of Variability.pdf
<i>Previous Version</i>	
Satisfied - Item:	97058 VA Policyholder Letter
Comments:	
Attachment(s):	Notification of Use of Form EZEXVA from STLH-132717148.pdf EZEXVA.pdf EZEXVA Statement of Variability.pdf

Conclusion:

SERFF Tracking #:	STLH-132777390	State Tracking #:	STLH-132777390	Company Tracking #:	2021 VA LTC 97058 SERIES (PRE-RATE STABI...
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State:	Virginia	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2021 VA LTCI 97058 Series (Pre-Rate Stability)/		

Sincerely,
Conner O'Neil

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/28/2023
Submitted Date	11/28/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The range of 0% to 185.7% is a cumulative rate increase range over the entire 5 year rate increase. The range of 0% to 23.4% in the chart is for each individual year of the rate increase. The increase ranging from 0% to 23.4% each year over the 5 year rate increase results in the cumulative rate increase range of 0% to 185.7%.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In section XVI of the Actuarial Memorandum, the second paragraph states the increases will range from 0% to 185.7%. However, the chart included in that same section shows the increases ranging from 0% to 23.4%. Please reconcile this difference and revise if necessary.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Grant Wilken

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/15/2023
Submitted Date 11/21/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The filing and impacted documents have been updated to reflect spreading the rate increase over 5 years. Please also see the updates made to the policyholder letter (EZEXVA form) on the Form Schedule tab. The adjustments are necessary in order to add wording related to the 5 year increase.

Related Objection 1

Applies To:

- N/A, (Form)
- Rate Tables, [97058 VA] (Rate)
- Certification of Compliance/Readability (Supporting Document)
- Product Checklist (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Rate Table Comparison (Supporting Document)
- Actual and Projected Experience (Supporting Document)
- Rate Increase History by State (Supporting Document)
- Distribution of Business (Supporting Document)
- 97058 VA Policyholder Letter (Supporting Document)
- Actual to Expected Exhibits (Supporting Document)
- Current Rate Tables (Supporting Document)
- Rate Tables, [99572 VA] (Rate)
- Rate Tables, [99573] (Rate)
- Objection Response 11-04-2021 (Supporting Document)
- Objection Response 12-21-2021 (Supporting Document)
- Objection Response 03-03-2022 (Supporting Document)
- Objection Response 11-30-2022 (Supporting Document)

SERFF Tracking #:	STLH-132777390	State Tracking #:	STLH-132777390	Company Tracking #:	2021 VA LTC 97058 SERIES (PRE-RATE STABI...
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State:	Virginia	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2021 VA LTCI 97058 Series (Pre-Rate Stability)/		

Comments: The Bureau has almost completed its review of this filing. Due to the size of the increase and the average age of the policyholders, the Bureau is willing to approve the entire rate increase, if the company will consider spreading the increase out over 5 years, with no adjustment for the time value of money.

If this recommendation is acceptable, please revise the filing to match the new increase request.

Changed Items:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	97058 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 10.2	Proposed Rate Table 97058 VA - P90 (Year 1).pdf, Proposed Rate Table 97058 VA - P91 (Year 2).pdf, Proposed Rate Table 97058 VA - P92 (Year 3).pdf, Proposed Rate Table 97058 VA - Q07 (Year 4).pdf, Proposed Rate Table 97058 VA - Q08 (Year 5).pdf,	11/21/2023 By: Grant Wilken
<i>Previous Version</i>						
1	Rate Tables	97058 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 10	Proposed Rate Tables 97058 VA - P90 (Year 1).pdf, Proposed Rate Tables 97058 VA - P91 (Year 2).pdf, Proposed Rate Tables 97058 VA - P92 (Year 3).pdf,	09/29/2021 By: Anika Hasija
2	Rate Tables	99572 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 61.8	Proposed Rate Table 99572 VA - P90 (Year 1).pdf, Proposed Rate Table 99572 VA - P91 (Year 2).pdf, Proposed Rate Table 99572 VA - P92 (Year 3).pdf, Proposed Rate Table 99572 VA - Q07 (Year 4).pdf, Proposed Rate Table 99572 VA - Q08 (Year 5).pdf,	11/21/2023 By: Grant Wilken
<i>Previous Version</i>						
2	Rate Tables	99572 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request:	Proposed Rate Tables 99572 VA - P90 (Year 1).pdf, Proposed Rate Tables 99572 VA - P91 (Year 2).pdf, Proposed	09/29/2021 By: Anika Hasija

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Rate/Rule Schedule Item Changes						
				60	Rate Tables 99572 VA - P92 (Year 3).pdf,	
3	Rate Tables	99573	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 143.2	Proposed Rate Table 99573 - P90 (Year 1).pdf, Proposed Rate Table 99573 - P91 (Year 2).pdf, Proposed Rate Table 99573 - P92 (Year 3).pdf, Proposed Rate Table 99573 - Q07 (Year 4).pdf, Proposed Rate Table 99573 - Q08 (Year 5).pdf,	11/21/2023 By: Grant Wilken
<i>Previous Version</i>						
3	Rate Tables	99573	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 140.1	Proposed Rate Tables 99573 - P90 (Year 1).pdf, Proposed Rate Tables 99573 - P91 (Year 2).pdf, Proposed Rate Tables 99573 - P92 (Year 3).pdf,	09/29/2021 By: Anika Hasija

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf</i>

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes

Satisfied - Item: L&H Actuarial Memorandum

Comments:

Attachment(s): Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf

Previous Version

Satisfied - Item: L&H Actuarial Memorandum

Comments:

Attachment(s): Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf

Satisfied - Item: Long Term Care Insurance Rate Request Summary

Comments:

Attachment(s): VA 97058 Narrative.pdf
 Long Term Care Insurance Rate Request Summary.pdf
 Demonstration of Options.pdf

Previous Version

Satisfied - Item: Long Term Care Insurance Rate Request Summary

Comments:

Attachment(s): VA 97058 Narrative.pdf
 Long Term Care Insurance Rate Request Summary.pdf
 Demonstration of Options.pdf

Satisfied - Item: Rate Table Comparison

Comments:

Attachment(s): Rate Table Comparison - Year 1.pdf
 Rate Table Comparison - Year 2.pdf
 Rate Table Comparison - Year 3.pdf
 Rate Table Comparison - Year 4.pdf
 Rate Table Comparison - Year 5.pdf

Previous Version

Satisfied - Item: Rate Table Comparison

Comments:

Attachment(s): Rate Table Comparison - Year 1.pdf
 Rate Table Comparison - Year 2.pdf
 Rate Table Comparison - Year 3.pdf

State: Virginia	Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care Insurance	
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/	

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf</i>
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf</i>
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Satisfied - Item:	Rate Table Comparison
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Comments:	
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Attachment(s):	Rate Table Comparison - Year 1.pdf Rate Table Comparison - Year 2.pdf Rate Table Comparison - Year 3.pdf Rate Table Comparison - Year 4.pdf Rate Table Comparison - Year 5.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Rate Table Comparison</i>
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Comments:	
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Attachment(s):	<i>Rate Table Comparison - Year 1.pdf Rate Table Comparison - Year 2.pdf Rate Table Comparison - Year 3.pdf</i>
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Satisfied - Item:	Actual and Projected Experience
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SERFF Tracking #: STLH-132777390 **State Tracking #:** STLH-132777390 **Company Tracking #:** 2021 VA LTC 97058 SERIES (PRE-RATE STABI...

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Comments:	
Attachment(s):	Actual & Projected Experience - VA - Pre-Rate Stability.pdf Actual & Projected Nationwide Experience - VA - Pre-Rate Stability.pdf Actual & Projected - Pre-Rate Stability Only.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>Actual and Projected Experience</i>
Comments:	
Attachment(s):	<i>Actual & Projected Nationwide Experience - VA - Pre-Rate Stability.pdf Actual & Projected Experience - VA - Pre-Rate Stability.pdf Actual & Projected - Pre-Rate Stability Only.xlsx</i>

State: Virginia	Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care Insurance	
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/	

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf</i>
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf</i>
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Satisfied - Item:	Rate Table Comparison
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Comments:	
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Attachment(s):	Rate Table Comparison - Year 1.pdf Rate Table Comparison - Year 2.pdf Rate Table Comparison - Year 3.pdf Rate Table Comparison - Year 4.pdf Rate Table Comparison - Year 5.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Rate Table Comparison</i>
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Comments:	
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Attachment(s):	<i>Rate Table Comparison - Year 1.pdf Rate Table Comparison - Year 2.pdf Rate Table Comparison - Year 3.pdf</i>
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Satisfied - Item:	Actual and Projected Experience
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State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Comments:	
Attachment(s):	Actual & Projected Experience - VA - Pre-Rate Stability.pdf Actual & Projected Nationwide Experience - VA - Pre-Rate Stability.pdf Actual & Projected - Pre-Rate Stability Only.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>Actual and Projected Experience</i>
Comments:	
Attachment(s):	<i>Actual & Projected Nationwide Experience - VA - Pre-Rate Stability.pdf Actual & Projected Experience - VA - Pre-Rate Stability.pdf Actual & Projected - Pre-Rate Stability Only.xlsx</i>

Satisfied - Item:	97058 VA Policyholder Letter
Comments:	
Attachment(s):	EZEXVA Statement of Variability.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>97058 VA Policyholder Letter</i>
Comments:	
Attachment(s):	<i>Notification of Use of Form EZEXVA from STLH-132717148.pdf EZEXVA.pdf EZEXVA Statement of Variability.pdf</i>

Conclusion:

Sincerely,
Grant Wilken

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/09/2023
Submitted Date 05/09/2023

Dear Bobby Toone,

Introduction:

Response 1

Comments:

If the proposed increase of a maximum 185.7% is approved in full, State Farm would not request further increases on these policies unless there was significant deterioration of experience.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the maximum increase the company would need in order to state that there would be no more increases, unless there was significant deterioration of experience.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,

Sabrina Weislak

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2022
Submitted Date	12/13/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The 97058 Series In-Force Rate Increase Filing Status document includes the total policies in each state and is not broken out by rate stabilization. At year-end 2021, there were 860 pre-rate stabilization policies and 210 post-rate stabilization policies in-force in Virginia. This sums to the 1,070 that is located within this document. The first and third sources referenced in your objection only include pre-rate stabilization policies in Virginia.

Related Objection 1

Applies To:

- Objection Response 11-30-2022 (Supporting Document)

Comments: Thank you for your response, however some of the data is a bit confusing.

1. Based on the Act. Memo. as of 12/30/2020 there were 888 active policies in this block.
2. The Excel spreadsheet titled 97058 Series In-Force Rate increase Filing Status states there were 1,070 policies in force at year end 2021.
3. The response to Part B of the most current objection states there are 838 policies in Virginia as of 9/30/2022.

Please reconcile these figures and make any necessary revisions.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

We appreciate your continued review of this filing. Please let us know if there is anything else we can do to assist you in your review.

Sincerely,

Grant Wilken

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCl 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/09/2022
Submitted Date 12/12/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Data for letters a, b, and d below is as of September 30, 2022 and only includes pre-rate stabilization policies.

- a. The number of policies in Virginia is 838. The number of policies nationwide is 20,642.
b. The average annual premium in Virginia is \$1,382. The average annual premium nationwide is \$1,721.
c. An updated version of the "97058 Series In-Force Rate Increase Filing Status" has been provided in the Objection Response 11-30-2022 section of the Supporting Documentation tab. This workbook provides the cumulative approved rate increases in each state for this form on the right side of the workbook along with the cumulative rate increase in Virginia if the current requested rate increase is approved.
d. The average attained age in Virginia is 73. The average attained age nationwide is 72.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: As the current data is almost 2 years old, please provide updated data for the following factors:

- a. Number of policyholders
b. Virginia and Nationwide average annual premium
c. Total cumulative rate increases, both in Virginia and Nationwide, for all forms with and without the current requested rate increase
d. Current average policyholder age in Virginia and Nationwide

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #: STLH-132777390 **State Tracking #:** STLH-132777390 **Company Tracking #:** 2021 VA LTC 97058 SERIES (PRE-RATE STABI...

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-30-2022
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm

Conclusion:

We appreciate your continued review of this filing. Please let us know if there is anything else we can do to assist you in your review.

Sincerely,

Grant Wilken

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/18/2022
Submitted Date	11/18/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

As of December 31, 2020, there were 21,648 pre-stabilization policies in force on the 97058 form nationwide. As of September 30, 2022, there were 20,642 pre-stabilization policies in force on the 97058 form nationwide.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the number of policyholders nationwide.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Sabrina Weislak

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/17/2022
Submitted Date 10/17/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

State Farm has not had an NAIC or Compact rate review on these policy forms within the last 12 months.

Related Objection 1

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Grant Wilken

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/09/2022
Submitted Date 05/20/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

In late 2011, State Farm recognized that future premiums and reserves were no longer sufficient to cover future liabilities and established a premium deficiency reserve. Developing experience showed that the original assumptions were not being realized. Updated assumptions included higher than expected claim costs and lower than expected mortality, ultimate lapse rates, and investment returns. The establishment of the premium deficiency reserve in 2011 prompted State Farm to begin taking Long-Term Care rate increases starting in 2012.

Since 2012, State Farm has been taking Long-Term Care rate increases on inforce business for policy forms 97045, 97058, and 97059 where there is a rate need.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain why the company waited as long as they did before any rate increases were requested.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Rebecca Murrow

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/07/2022
 Submitted Date 03/14/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the exhibit entitled 'VA 97058 Policyholder Listing - Pre-Rate.xlsx' under the Objection Response 03-03-2022 section of supporting documentation.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a detailed exhibit showing how the requested increase will be applied.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 03-03-2022
Comments:	
Attachment(s):	VA 97058 Policyholder Listing - Pre-Rate.xlsx

Response 2

Comments:

The current average attained age of policyholders on pre-rate stabilization form 97058 in Virginia is 72.

Please see the exhibit entitled 'VA 97058 Policyholder Listing - Pre-Rate.xlsx' under the Objection Response 03-03-2022 section of supporting documentation for a breakdown of policyholders with attained age.

Related Objection 2

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Applies To:
- L&H Actuarial Memorandum (Supporting Document)
Comments: The Actuarial Memorandum states that the Average Age at issue was 53. What is the current average age of your policyholders?

Changed Items:

No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Table with 2 columns: Field Name, Value. Rows include: Supporting Document Schedule Item Changes, Satisfied - Item: Objection Response 03-03-2022, Comments: (empty), Attachment(s): VA 97058 Policyholder Listing - Pre-Rate.xlsx

Conclusion:

Sincerely,
Rebecca Murrow

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/08/2022
Submitted Date 03/14/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

State Farm began taking rate increases in 2012 with a maximum annual increase of 40%. Rate increases were requested on the 97045 and 97058 forms in Virginia in 2013. On this form (97058 form), the rate increase filing was disapproved because we were asked to file for the entire increase that would allow us to certify that no further rate increases would be necessary.

It took a substantial amount of time to develop our ultimate rate need, taking into account emerging experience. Therefore, we waited a few years to file for the ultimate increase on this form and the 97059 form.

On June 15, 2017, State Farm filed for a five-year ultimate rate increase in Virginia on form 97058, which would have allowed us to certify that no further rate increases were anticipated. We were then asked to no longer file for the ultimate increase, but rather file for a smaller increase and see how experience continues to emerge. The revised one-year rate increase was approved on October 16, 2019 and later implemented starting March 1, 2020.

Due to State Farms rate need, we are requesting a three-year rate increase to reach ultimate rates in Virginia on form 97058. If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases on this form.

Related Objection 1

Comments: Please explain why, with experience trending as it is, only 2 rate increase requests have been submitted for this block of business in the almost 20 years since the block has been around.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Rebecca Murrow

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCl 97058 Series (Pre-Rate Stability)/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/13/2022
Submitted Date 01/19/2022

Dear Bobby Toone,

Introduction:

Response 1

Comments:

The requested projections are in "Projections - Pre-Rate Stability" in "Objection Response 12-21-2021" on the Supporting Documentation tab. The active life reserve figures are in the file "Active Life Reserves Balance - Pre-Rate Stability".

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. To assist the Bureau in its review, for each of the six subsets of the business corresponding to the combinations of (limited/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

- a. current assumptions and current rates
b. current assumptions with the proposed rate increase
c. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
d. a projection which shows what would have happened if all original assumptions had played out from inception exactly as originally anticipated, both in the past and future, for the actual cohort of policies issued.

Projections a-e can be separate tabs or combined into separate columns on the same exhibit.

2. For each of the six subsets of the business used in the projections above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx

Response 2

Comments:

The Prospective PV calculations are in the file "Prospective PV Rate Increase - Pre-Rate Stability". The If-Knew Makeup calculations are in the file "Blended-If-knew Increase - Pre-Rate Stability". The 60/80 tests for each subset are located in "60-80 Test - Pre-Rate Stability". The projections for all of these calculations are in "Projections - Pre-Rate Stability". As a note, the Prospective PV and If-Knew Makeup calculations use the column "Incurred Claims - w/o Shock Lps" since these methodologies do not include shock lapses from the proposed rate increases.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide calculations of the Prospective PV and If-Knew Makeup allowed increases for each of the six subsets of business, along with supporting projections.

2) Please provide the 60/80 Tests for each subset and include all projections required to validate those tests.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx

Response 3

Comments:

The requested document is entitled "97058 Series In-Force Rate Increase Filing Status".

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide in Excel format the 97058 Series In-Force Rate Increase Filing Status exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx

Response 4

Comments:

The original assumptions for this policy form are located in "Original Assumptions 97058VA".

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide details of the original assumptions used for this policy form.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Response 5

Comments:

The requested A/E ratios are in the document "Mortality & Lapse A-E".

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the overall A/E ratios for mortality and lapse versus current assumptions.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx

Conclusion:

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,

Grant Wilken

State: Virginia	Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care Insurance	
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/	

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/16/2021
Submitted Date	12/03/2021

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please refer to the objection response letter provided under supporting documentation.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide enough detail or documentation so that any projections can be recreated by providing a copy of all projections in Excel with working formulas.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf

Response 2

Comments:

Please refer to the objection response letter provided under supporting documentation.

Related Objection 2

Applies To:

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium rate had been charged since the forms introduction.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf

Response 3

Comments:

Please refer to the objection response letter provided under supporting documentation.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both historical and projected) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf

Response 4

Comments:

Please refer to the objection response letter provided under supporting documentation.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please outline the steps that the company has taken since the last rate increase to minimize future rate increases on this block of business.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf

Response 5

Comments:

Please refer to the objection response letter provided under supporting documentation.

Related Objection 5

Applies To:

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the experience exhibits include information for paid-up policies. If not, please provide updated exhibits.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf

Conclusion:

Sincerely,
 Rebecca Murrow

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Note To Reviewer

Created By:

Conner O'Neil on 12/08/2023 10:46 AM

Last Edited By:

Conner O'Neil

Submitted On:

12/08/2023 11:38 AM

Subject:

Request to re-open STLH-132717148

Comments:

We are requesting that filing STLH-132717148 is re-opened so that revisions may be made to the forms in that filing.

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Note To Filer

Created By:

Bobby Toone on 10/31/2023 07:30 AM

Last Edited By:

Bobby Toone

Submitted On:

10/31/2023 07:30 AM

Subject:

Objection Due Date Extension

Comments:

That's no problem. An extension has been granted to 11/24/2023.

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Note To Reviewer

Created By:

Sabrina Weislak on 10/30/2023 03:58 PM

Last Edited By:

Sabrina Weislak

Submitted On:

10/30/2023 03:58 PM

Subject:

Objection due date extension

Comments:

The recommendation in the latest objection is acceptable, and we will revise the filing to match the new increase request. We'd like to request an extension on the due date, however, from 11/1.

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Reviewer Note

Created By:

Bobby Toone on 01/25/2022 04:44 PM

Last Edited By:

Bobby Toone

Submitted On:

11/30/2023 09:31 AM

Subject:

RRS

Comments:

Rate Review Summary

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

Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company: 25178-176

SERFF Tracking Number: STLH-132777390

Revised Rates

Average Annual Premium Per Member: 2952

Average Requested Percentage Rate Change Per Member: 80.1%

Range of Requested Rate Changes: 0-185.7%

Number of Virginia Policyholders Affected: 888

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
97058 VA	State Farm Tax Qualified Long Term Care Insurance Policy Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.
99572 VA	Simple Automatic Increase Benefit Rider Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.
99573	Compound Automatic Increase Benefit Rider Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further 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)

Filing Summary Narrative for SERFF Filing # STLH-132777390

State Farm Insurance has filed for an average rate increase of 80.1% with the Virginia Bureau of Insurance. New rates will be implemented over 3 years and will range from 0% to 41.9% for each of the three years. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Please note that due to the historically low interest rate environment, the company is currently experiencing lower than anticipated investment returns on premiums received. However, these investment losses are not being passed along to the policyholder, but are instead being fully absorbed by State Farm.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company

NAIC # 25178

SERFF Tracking Number: STLH-132777390

Disposition: Approved

Approval Date: 11/30/2023

Current Average Annual Premium Per Member: \$1,640

Rate Changes:

Average Percentage Rate Change Per Member: 82.4%

Minimum Requested Percentage Rate Change Per Member: 0.0%

Maximum Requested Percentage Rate Change Per Member: 185.70%

Number of Virginia Policy Holders Affected: 834

Summary of the Bureau's review of the rate request:

The Company requested a 80.1% rate increase on this block of individual long-term care insurance policy forms, implemented over 3 years. However, after discussion with the Bureau, the increase maintained, but implemented over 5 years without using the time value of money.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-150 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 106.5%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit

period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Post Submission Update Request Processed On 11/27/2023

Status: Allowed
Created By: Grant Wilken
Processed By: Bobby Toone
Comments:

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	82.4	80.1

Company Rate Information:

Company Name:State Farm Mutual Automobile Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	240.100%	243.800%
Overall % Rate Impact	82.400%	80.100%
Written Premium Change for this Program	\$1091389	\$1165561
Number of Policy Holders Affected for this Program	834	888
Written Premium for this Program	\$1325060	\$1455950

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Filing Description:

Requested Value:

Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing.

We are filing new rate tables for Policy Form 97058 VA and Rider Forms 99572 VA and 99573. The maximum proposed increase is 185.7% over the course of five years, resulting in an average overall impact of 82.4%. These new rates will apply on the policyholders next renewal. These rates will be implemented approximately 135 days after approval.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

Sincerely,

Grant Wilken, FSA, MAAA
Actuarial Analyst III
State Farm Life/Health Actuarial
309-766-0314

Prior Value:

Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing.

We are filing new rate tables for Policy Form 97058 VA and Rider Forms 99572 VA, 99573, and 99574. The maximum proposed increase is 185.7% over the course of three years, resulting in an average overall impact of 80.1%. These new rates will apply on the policyholders next renewal. These rates will be implemented approximately 135 days after approval.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Sincerely,

Anika Hasija
Actuarial Analyst I
State Farm Life/Health Actuarial
309-763-0002

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Form Schedule

Lead Form Number: 97058 VA								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/11/2024	N/A		OTH	Other			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

SERFF Tracking #: STLH-132777390 **State Tracking #:** STLH-132777390 **Company Tracking #:** 2021 VA LTC 97058 SERIES (PRE-RATE STABI...

State: Virginia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 35.200%
Effective Date of Last Rate Revision: 03/01/2020
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing: STLH-130740330

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):
State Farm Mutual Automobile Insurance Company	240.100%	82.400%	\$1,091,389	834	\$1,325,060	185.700%	0.000%

SERFF Tracking #:

STLH-132777390

State Tracking #:

STLH-132777390

Company Tracking #:2021 VA LTC 97058 SERIES (PRE-RATE
STABI...**State:**

Virginia

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care Insurance

Project Name/Number:

2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	97058 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 10.2	Proposed Rate Table 97058 VA - P90 (Year 1).pdf, Proposed Rate Table 97058 VA - P91 (Year 2).pdf, Proposed Rate Table 97058 VA - P92 (Year 3).pdf, Proposed Rate Table 97058 VA - Q07 (Year 4).pdf, Proposed Rate Table 97058 VA - Q08 (Year 5).pdf,
2		Rate Tables	99572 VA	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 61.8	Proposed Rate Table 99572 VA - P90 (Year 1).pdf, Proposed Rate Table 99572 VA - P91 (Year 2).pdf, Proposed Rate Table 99572 VA - P92 (Year 3).pdf, Proposed Rate Table 99572 VA - Q07 (Year 4).pdf, Proposed Rate Table 99572 VA - Q08 (Year 5).pdf,
3		Rate Tables	99573	Revised	Previous State Filing Number: STLH-130740330 Percent Rate Change Request: 143.2	Proposed Rate Table 99573 - P90 (Year 1).pdf, Proposed Rate Table 99573 - P91 (Year 2).pdf, Proposed Rate Table 99573 - P92 (Year 3).pdf, Proposed Rate Table 99573 - Q07 (Year 4).pdf, Proposed Rate Table 99573 - Q08 (Year 5).pdf,

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	4.31	4.45
30-34	1.60	2.05	2.88	5.39	5.54
35-39	1.93	2.49	3.56	6.75	6.91
40	2.06	2.69	3.85	7.35	7.52
41	2.15	2.80	4.03	7.70	7.86
42	2.24	2.93	4.22	8.07	8.22
43	2.34	3.07	4.43	8.45	8.60
44	2.45	3.22	4.66	8.86	9.02
45	2.56	3.38	4.91	9.33	9.49
46	2.69	3.56	5.17	9.83	9.98
47	2.83	3.76	5.46	10.37	10.54
48	2.97	3.96	5.77	10.93	11.13
49	3.13	4.18	6.11	11.56	11.75
50	3.30	4.41	6.46	12.22	12.43
51	3.47	4.65	6.83	12.88	13.09
52	3.64	4.89	7.19	13.57	13.81
53	3.83	5.16	7.60	14.33	14.56
54	4.04	5.45	8.05	15.17	15.43
55	4.28	5.80	8.58	16.15	16.45
56	4.56	6.20	9.19	17.29	17.61
57	4.87	6.63	9.85	18.53	18.88
58	5.21	7.10	10.58	19.90	20.29
59	5.58	7.62	11.39	21.41	21.82
60	5.98	8.19	12.26	23.06	23.50
61	6.35	8.73	13.10	24.69	25.15
62	6.70	9.23	13.90	26.27	26.79
63	7.11	9.82	14.82	28.09	28.64
64	7.66	10.61	16.04	30.39	30.97
65	8.42	11.68	17.71	33.43	34.07
66	9.42	13.07	19.86	35.89	37.87
67	10.61	14.72	22.36	38.50	42.20
68	11.96	16.58	25.20	41.31	45.88
69	13.42	18.63	28.36	44.26	49.15
70	14.96	20.81	31.78	47.26	52.47
71	16.48	23.01	35.24	49.66	55.27
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79
	EXB01P90	EXC01P90	EXD01P90	EXE01P90	EXA01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	3.99	4.13
30-34	1.49	1.88	2.65	4.97	5.11
35-39	1.77	2.29	3.26	6.21	6.34
40	1.88	2.46	3.52	6.74	6.87
41	1.96	2.56	3.68	7.05	7.21
42	2.04	2.68	3.85	7.38	7.52
43	2.13	2.80	4.04	7.72	7.86
44	2.23	2.94	4.25	8.11	8.24
45	2.34	3.09	4.48	8.51	8.65
46	2.45	3.24	4.72	8.97	9.12
47	2.57	3.42	4.98	9.45	9.60
48	2.71	3.60	5.26	9.97	10.14
49	2.85	3.80	5.56	10.53	10.71
50	3.00	4.01	5.88	11.13	11.32
51	3.15	4.22	6.20	11.74	11.93
52	3.30	4.44	6.54	12.35	12.56
53	3.47	4.68	6.90	13.03	13.25
54	3.66	4.95	7.31	13.78	14.03
55	3.88	5.26	7.79	14.68	14.94
56	4.14	5.62	8.34	15.71	15.99
57	4.41	6.01	8.94	16.83	17.14
58	4.72	6.43	9.60	18.05	18.40
59	5.05	6.90	10.32	19.40	19.78
60	5.40	7.40	11.10	20.89	21.29
61	5.74	7.89	11.86	22.34	22.77
62	6.05	8.34	12.58	23.75	24.22
63	6.42	8.86	13.40	25.38	25.88
64	6.91	9.57	14.50	26.95	27.95
65	7.59	10.53	15.98	28.62	30.68
66	8.49	11.78	17.89	30.57	33.94
67	9.56	13.26	20.14	32.73	36.34
68	10.77	14.93	22.67	35.08	38.95
69	12.07	16.75	25.46	37.47	41.71
70	13.44	18.69	28.48	40.05	44.59
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57

EXH01P90 EXI01P90 EXJ01P90 EXK01P90 EXG01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	3.59	3.73
30-34	1.34	1.69	2.36	4.44	4.58
35-39	1.57	2.03	2.88	5.49	5.61
40	1.67	2.16	3.10	5.96	6.08
41	1.74	2.26	3.24	6.23	6.36
42	1.81	2.36	3.40	6.52	6.64
43	1.88	2.47	3.55	6.81	6.95
44	1.97	2.58	3.73	7.13	7.26
45	2.06	2.71	3.92	7.50	7.61
46	2.16	2.86	4.14	7.90	8.02
47	2.27	3.00	4.37	8.30	8.45
48	2.38	3.16	4.61	8.76	8.91
49	2.50	3.33	4.87	9.24	9.40
50	2.63	3.52	5.15	9.76	9.92
51	2.76	3.70	5.42	10.29	10.46
52	2.90	3.89	5.72	10.83	11.01
53	3.04	4.10	6.04	11.40	11.61
54	3.20	4.33	6.38	12.08	12.28
55	3.39	4.59	6.80	12.83	13.08
56	3.61	4.89	7.27	13.73	13.98
57	3.85	5.23	7.79	14.70	14.96
58	4.11	5.60	8.36	15.76	16.05
59	4.39	6.00	8.98	16.92	17.24
60	4.70	6.44	9.65	18.18	18.53
61	4.98	6.85	10.30	19.44	19.79
62	5.25	7.25	10.92	20.64	21.06
63	5.56	7.70	11.63	21.73	22.47
64	5.98	8.30	12.56	22.97	24.24
65	6.57	9.11	13.84	24.39	26.56
66	7.35	10.20	15.48	26.03	28.90
67	8.28	11.49	17.41	27.87	30.94
68	9.33	12.93	19.58	29.87	33.16
69	10.46	14.49	21.96	31.87	35.49
70	11.62	16.13	24.50	34.04	37.91
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43

EXN01P90 EXO01P90 EXP01P90 EXQ01P90 EXM01P90

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	3.88	4.01
30-34	1.44	1.85	2.59	4.85	4.99
35-39	1.74	2.24	3.20	6.08	6.22
40	1.85	2.42	3.47	6.62	6.77
41	1.94	2.52	3.63	6.93	7.07
42	2.02	2.64	3.80	7.26	7.40
43	2.11	2.76	3.99	7.61	7.74
44	2.21	2.90	4.19	7.97	8.12
45	2.30	3.04	4.42	8.40	8.54
46	2.42	3.20	4.65	8.85	8.98
47	2.55	3.38	4.91	9.33	9.49
48	2.67	3.56	5.19	9.84	10.02
49	2.82	3.76	5.50	10.40	10.58
50	2.97	3.97	5.81	11.00	11.19
51	3.12	4.19	6.15	11.59	11.78
52	3.28	4.40	6.47	12.21	12.43
53	3.45	4.64	6.84	12.90	13.10
54	3.64	4.91	7.25	13.65	13.89
55	3.85	5.22	7.72	14.54	14.81
56	4.10	5.58	8.27	15.56	15.85
57	4.38	5.97	8.87	16.68	16.99
58	4.69	6.39	9.52	17.91	18.26
59	5.02	6.86	10.25	19.27	19.64
60	5.38	7.37	11.03	20.75	21.15
61	5.72	7.86	11.79	22.22	22.64
62	6.03	8.31	12.51	23.64	24.11
63	6.40	8.84	13.34	25.28	25.78
64	6.89	9.55	14.44	27.35	27.87
65	7.58	10.51	15.94	30.09	30.66
66	8.48	11.76	17.87	32.30	34.08
67	9.55	13.25	20.12	34.65	37.98
68	10.76	14.92	22.68	37.18	41.29
69	12.08	16.77	25.52	39.83	44.24
70	13.46	18.73	28.60	42.53	47.22
71	14.83	20.71	31.72	44.69	49.74
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71
	EXB02P90	EXC02P90	EXD02P90	EXE02P90	EXA02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	3.59	3.72
30-34	1.34	1.69	2.39	4.47	4.60
35-39	1.59	2.06	2.93	5.59	5.71
40	1.69	2.21	3.17	6.07	6.18
41	1.76	2.30	3.31	6.35	6.49
42	1.84	2.41	3.47	6.64	6.77
43	1.92	2.52	3.64	6.95	7.07
44	2.01	2.65	3.83	7.30	7.42
45	2.11	2.78	4.03	7.66	7.79
46	2.21	2.92	4.25	8.07	8.21
47	2.31	3.08	4.48	8.51	8.64
48	2.44	3.24	4.73	8.97	9.13
49	2.57	3.42	5.00	9.48	9.64
50	2.70	3.61	5.29	10.02	10.19
51	2.84	3.80	5.58	10.57	10.74
52	2.97	4.00	5.89	11.12	11.30
53	3.12	4.21	6.21	11.73	11.93
54	3.29	4.46	6.58	12.40	12.63
55	3.49	4.73	7.01	13.21	13.45
56	3.73	5.06	7.51	14.14	14.39
57	3.97	5.41	8.05	15.15	15.43
58	4.25	5.79	8.64	16.25	16.56
59	4.55	6.21	9.29	17.46	17.80
60	4.86	6.66	9.99	18.80	19.16
61	5.17	7.10	10.67	20.11	20.49
62	5.45	7.51	11.32	21.38	21.80
63	5.78	7.97	12.06	22.84	23.29
64	6.22	8.61	13.05	24.26	25.16
65	6.83	9.48	14.38	25.76	27.61
66	7.64	10.60	16.10	27.51	30.55
67	8.60	11.93	18.13	29.46	32.71
68	9.69	13.44	20.40	31.57	35.06
69	10.86	15.08	22.91	33.72	37.54
70	12.10	16.82	25.63	36.05	40.13
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51

EXH02P90 EXI02P90 EXJ02P90 EXK02P90 EXG02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	3.23	3.36
30-34	1.21	1.52	2.12	4.00	4.12
35-39	1.41	1.83	2.59	4.94	5.05
40	1.50	1.94	2.79	5.36	5.47
41	1.57	2.03	2.92	5.61	5.72
42	1.63	2.12	3.06	5.87	5.98
43	1.69	2.22	3.20	6.13	6.26
44	1.77	2.32	3.36	6.42	6.53
45	1.85	2.44	3.53	6.75	6.85
46	1.94	2.57	3.73	7.11	7.22
47	2.04	2.70	3.93	7.47	7.61
48	2.14	2.84	4.15	7.88	8.02
49	2.25	3.00	4.38	8.32	8.46
50	2.37	3.17	4.64	8.78	8.93
51	2.48	3.33	4.88	9.26	9.41
52	2.61	3.50	5.15	9.75	9.91
53	2.74	3.69	5.44	10.26	10.45
54	2.88	3.90	5.74	10.87	11.05
55	3.05	4.13	6.12	11.55	11.77
56	3.25	4.40	6.54	12.36	12.58
57	3.47	4.71	7.01	13.23	13.46
58	3.70	5.04	7.52	14.18	14.45
59	3.95	5.40	8.08	15.23	15.52
60	4.23	5.80	8.69	16.36	16.68
61	4.48	6.17	9.27	17.50	17.81
62	4.73	6.53	9.83	18.58	18.95
63	5.00	6.93	10.47	19.56	20.22
64	5.38	7.47	11.30	20.67	21.82
65	5.91	8.20	12.46	21.95	23.90
66	6.62	9.18	13.93	23.43	26.01
67	7.45	10.34	15.67	25.08	27.85
68	8.40	11.64	17.62	26.88	29.84
69	9.41	13.04	19.76	28.68	31.94
70	10.46	14.52	22.05	30.64	34.12
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

EXN02P90 EXO02P90 EXP02P90 EXQ02P90 EXM02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	4.49	4.64
30-34	1.60	2.05	2.88	5.62	5.77
35-39	1.93	2.49	3.56	7.03	7.20
40	2.06	2.69	3.85	7.66	7.84
41	2.15	2.80	4.03	8.02	8.19
42	2.24	2.93	4.22	8.41	8.56
43	2.34	3.07	4.43	8.80	8.96
44	2.45	3.22	4.66	9.23	9.40
45	2.56	3.38	4.91	9.72	9.89
46	2.69	3.56	5.17	10.24	10.40
47	2.83	3.76	5.46	10.80	10.98
48	2.97	3.96	5.77	11.39	11.60
49	3.13	4.18	6.11	12.04	12.24
50	3.30	4.41	6.46	12.73	12.95
51	3.47	4.65	6.83	13.42	13.64
52	3.64	4.89	7.19	14.14	14.39
53	3.83	5.16	7.60	14.93	15.17
54	4.04	5.45	8.05	15.81	16.08
55	4.28	5.80	8.58	16.83	17.14
56	4.56	6.20	9.19	18.01	18.35
57	4.87	6.63	9.85	19.31	19.67
58	5.21	7.10	10.58	20.73	21.14
59	5.58	7.62	11.39	22.31	22.73
60	5.98	8.19	12.26	24.03	24.48
61	6.35	8.73	13.10	25.72	26.20
62	6.70	9.23	13.90	27.37	27.91
63	7.11	9.82	14.82	29.27	29.84
64	7.66	10.61	16.04	31.65	32.27
65	8.42	11.68	17.71	33.65	35.50
66	9.42	13.07	19.86	35.89	39.46
67	10.61	14.72	22.36	38.50	42.83
68	11.96	16.58	25.20	41.31	45.88
69	13.42	18.63	28.36	44.26	49.15
70	14.96	20.81	31.78	47.26	52.47
71	16.48	23.01	35.24	49.66	55.27
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79
	EXB01P91	EXC01P91	EXD01P91	EXE01P91	EXA01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	4.16	4.30
30-34	1.49	1.88	2.65	5.18	5.32
35-39	1.77	2.29	3.26	6.47	6.61
40	1.88	2.46	3.52	7.02	7.16
41	1.96	2.56	3.68	7.35	7.51
42	2.04	2.68	3.85	7.69	7.84
43	2.13	2.80	4.04	8.04	8.19
44	2.23	2.94	4.25	8.45	8.59
45	2.34	3.09	4.48	8.87	9.01
46	2.45	3.24	4.72	9.35	9.50
47	2.57	3.42	4.98	9.85	10.00
48	2.71	3.60	5.26	10.39	10.56
49	2.85	3.80	5.56	10.97	11.16
50	3.00	4.01	5.88	11.60	11.79
51	3.15	4.22	6.20	12.23	12.43
52	3.30	4.44	6.54	12.87	13.09
53	3.47	4.68	6.90	13.58	13.81
54	3.66	4.95	7.31	14.36	14.62
55	3.88	5.26	7.79	15.30	15.57
56	4.14	5.62	8.34	16.37	16.66
57	4.41	6.01	8.94	17.54	17.86
58	4.72	6.43	9.60	18.81	19.17
59	5.05	6.90	10.32	20.21	20.61
60	5.40	7.40	11.10	21.77	22.18
61	5.74	7.89	11.86	23.16	23.72
62	6.05	8.34	12.58	24.31	25.24
63	6.42	8.86	13.40	25.57	26.96
64	6.91	9.57	14.50	26.95	29.12
65	7.59	10.53	15.98	28.62	31.83
66	8.49	11.78	17.89	30.57	33.94
67	9.56	13.26	20.14	32.73	36.34
68	10.77	14.93	22.67	35.08	38.95
69	12.07	16.75	25.46	37.47	41.71
70	13.44	18.69	28.48	40.05	44.59
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57
	EXH01P91	EXI01P91	EXJ01P91	EXK01P91	EXG01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	3.74	3.89
30-34	1.34	1.69	2.36	4.63	4.77
35-39	1.57	2.03	2.88	5.72	5.85
40	1.67	2.16	3.10	6.21	6.33
41	1.74	2.26	3.24	6.49	6.63
42	1.81	2.36	3.40	6.79	6.92
43	1.88	2.47	3.55	7.10	7.24
44	1.97	2.58	3.73	7.43	7.56
45	2.06	2.71	3.92	7.81	7.93
46	2.16	2.86	4.14	8.23	8.36
47	2.27	3.00	4.37	8.65	8.80
48	2.38	3.16	4.61	9.13	9.28
49	2.50	3.33	4.87	9.63	9.79
50	2.63	3.52	5.15	10.17	10.34
51	2.76	3.70	5.42	10.72	10.90
52	2.90	3.89	5.72	11.28	11.47
53	3.04	4.10	6.04	11.88	12.10
54	3.20	4.33	6.38	12.59	12.79
55	3.39	4.59	6.80	13.37	13.63
56	3.61	4.89	7.27	14.31	14.57
57	3.85	5.23	7.79	15.32	15.59
58	4.11	5.60	8.36	16.42	16.72
59	4.39	6.00	8.98	17.63	17.96
60	4.70	6.44	9.65	18.82	19.31
61	4.98	6.85	10.30	19.75	20.62
62	5.25	7.25	10.92	20.73	21.94
63	5.56	7.70	11.63	21.73	23.41
64	5.98	8.30	12.56	22.97	25.26
65	6.57	9.11	13.84	24.39	27.13
66	7.35	10.20	15.48	26.03	28.90
67	8.28	11.49	17.41	27.87	30.94
68	9.33	12.93	19.58	29.87	33.16
69	10.46	14.49	21.96	31.87	35.49
70	11.62	16.13	24.50	34.04	37.91
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43

EXN01P91 EXO01P91 EXP01P91 EXQ01P91 EXM01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	4.04	4.18
30-34	1.44	1.85	2.59	5.06	5.19
35-39	1.74	2.24	3.20	6.33	6.48
40	1.85	2.42	3.47	6.89	7.06
41	1.94	2.52	3.63	7.22	7.37
42	2.02	2.64	3.80	7.57	7.70
43	2.11	2.76	3.99	7.92	8.06
44	2.21	2.90	4.19	8.31	8.46
45	2.30	3.04	4.42	8.75	8.90
46	2.42	3.20	4.65	9.22	9.36
47	2.55	3.38	4.91	9.72	9.88
48	2.67	3.56	5.19	10.25	10.44
49	2.82	3.76	5.50	10.84	11.02
50	2.97	3.97	5.81	11.46	11.66
51	3.12	4.19	6.15	12.08	12.28
52	3.28	4.40	6.47	12.73	12.95
53	3.45	4.64	6.84	13.44	13.65
54	3.64	4.91	7.25	14.23	14.47
55	3.85	5.22	7.72	15.15	15.43
56	4.10	5.58	8.27	16.21	16.52
57	4.38	5.97	8.87	17.38	17.70
58	4.69	6.39	9.52	18.66	19.03
59	5.02	6.86	10.25	20.08	20.46
60	5.38	7.37	11.03	21.63	22.03
61	5.72	7.86	11.79	23.15	23.58
62	6.03	8.31	12.51	24.63	25.12
63	6.40	8.84	13.34	26.34	26.86
64	6.89	9.55	14.44	28.49	29.04
65	7.58	10.51	15.94	30.29	31.95
66	8.48	11.76	17.87	32.30	35.51
67	9.55	13.25	20.12	34.65	38.55
68	10.76	14.92	22.68	37.18	41.29
69	12.08	16.77	25.52	39.83	44.24
70	13.46	18.73	28.60	42.53	47.22
71	14.83	20.71	31.72	44.69	49.74
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71
	EXB02P91	EXC02P91	EXD02P91	EXE02P91	EXA02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	3.74	3.87
30-34	1.34	1.69	2.39	4.66	4.79
35-39	1.59	2.06	2.93	5.82	5.95
40	1.69	2.21	3.17	6.32	6.44
41	1.76	2.30	3.31	6.62	6.76
42	1.84	2.41	3.47	6.92	7.06
43	1.92	2.52	3.64	7.24	7.37
44	2.01	2.65	3.83	7.61	7.73
45	2.11	2.78	4.03	7.98	8.11
46	2.21	2.92	4.25	8.42	8.55
47	2.31	3.08	4.48	8.87	9.00
48	2.44	3.24	4.73	9.35	9.50
49	2.57	3.42	5.00	9.87	10.04
50	2.70	3.61	5.29	10.44	10.61
51	2.84	3.80	5.58	11.01	11.19
52	2.97	4.00	5.89	11.58	11.78
53	3.12	4.21	6.21	12.22	12.43
54	3.29	4.46	6.58	12.92	13.16
55	3.49	4.73	7.01	13.77	14.01
56	3.73	5.06	7.51	14.73	14.99
57	3.97	5.41	8.05	15.79	16.07
58	4.25	5.79	8.64	16.93	17.25
59	4.55	6.21	9.29	18.19	18.55
60	4.86	6.66	9.99	19.59	19.96
61	5.17	7.10	10.67	20.84	21.35
62	5.45	7.51	11.32	21.88	22.72
63	5.78	7.97	12.06	23.01	24.26
64	6.22	8.61	13.05	24.26	26.21
65	6.83	9.48	14.38	25.76	28.65
66	7.64	10.60	16.10	27.51	30.55
67	8.60	11.93	18.13	29.46	32.71
68	9.69	13.44	20.40	31.57	35.06
69	10.86	15.08	22.91	33.72	37.54
70	12.10	16.82	25.63	36.05	40.13
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51
	EXH02P91	EXI02P91	EXJ02P91	EXK02P91	EXG02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	3.37	3.50
30-34	1.21	1.52	2.12	4.17	4.29
35-39	1.41	1.83	2.59	5.15	5.27
40	1.50	1.94	2.79	5.59	5.70
41	1.57	2.03	2.92	5.84	5.97
42	1.63	2.12	3.06	6.11	6.23
43	1.69	2.22	3.20	6.39	6.52
44	1.77	2.32	3.36	6.69	6.80
45	1.85	2.44	3.53	7.03	7.14
46	1.94	2.57	3.73	7.41	7.52
47	2.04	2.70	3.93	7.79	7.92
48	2.14	2.84	4.15	8.22	8.35
49	2.25	3.00	4.38	8.67	8.81
50	2.37	3.17	4.64	9.15	9.31
51	2.48	3.33	4.88	9.65	9.81
52	2.61	3.50	5.15	10.15	10.32
53	2.74	3.69	5.44	10.69	10.89
54	2.88	3.90	5.74	11.33	11.51
55	3.05	4.13	6.12	12.03	12.27
56	3.25	4.40	6.54	12.88	13.11
57	3.47	4.71	7.01	13.79	14.03
58	3.70	5.04	7.52	14.78	15.05
59	3.95	5.40	8.08	15.87	16.16
60	4.23	5.80	8.69	16.94	17.38
61	4.48	6.17	9.27	17.78	18.56
62	4.73	6.53	9.83	18.66	19.75
63	5.00	6.93	10.47	19.56	21.07
64	5.38	7.47	11.30	20.67	22.73
65	5.91	8.20	12.46	21.95	24.42
66	6.62	9.18	13.93	23.43	26.01
67	7.45	10.34	15.67	25.08	27.85
68	8.40	11.64	17.62	26.88	29.84
69	9.41	13.04	19.76	28.68	31.94
70	10.46	14.52	22.05	30.64	34.12
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

EXN02P91 EXO02P91 EXP02P91 EXQ02P91 EXM02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	4.49	4.64
30-34	1.60	2.05	2.88	5.62	5.77
35-39	1.93	2.49	3.56	7.03	7.20
40	2.06	2.69	3.85	7.66	7.84
41	2.15	2.80	4.03	8.02	8.19
42	2.24	2.93	4.22	8.41	8.56
43	2.34	3.07	4.43	8.80	8.96
44	2.45	3.22	4.66	9.23	9.40
45	2.56	3.38	4.91	9.72	9.89
46	2.69	3.56	5.17	10.24	10.40
47	2.83	3.76	5.46	10.80	10.98
48	2.97	3.96	5.77	11.39	11.60
49	3.13	4.18	6.11	12.04	12.24
50	3.30	4.41	6.46	12.73	12.95
51	3.47	4.65	6.83	13.42	13.64
52	3.64	4.89	7.19	14.14	14.39
53	3.83	5.16	7.60	14.93	15.17
54	4.04	5.45	8.05	15.81	16.08
55	4.28	5.80	8.58	16.83	17.14
56	4.56	6.20	9.19	18.01	18.35
57	4.87	6.63	9.85	19.31	19.67
58	5.21	7.10	10.58	20.73	21.14
59	5.58	7.62	11.39	22.31	22.73
60	5.98	8.19	12.26	24.03	24.48
61	6.35	8.73	13.10	25.72	26.20
62	6.70	9.23	13.90	27.37	27.91
63	7.11	9.82	14.82	29.27	29.84
64	7.66	10.61	16.04	31.65	32.27
65	8.42	11.68	17.71	33.65	35.50
66	9.42	13.07	19.86	35.89	39.46
67	10.61	14.72	22.36	38.50	42.83
68	11.96	16.58	25.20	41.31	45.88
69	13.42	18.63	28.36	44.26	49.15
70	14.96	20.81	31.78	47.26	52.47
71	16.48	23.01	35.24	49.66	55.27
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79

EXB01P92 EXC01P92 EXD01P92 EXE01P92 EXA01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	4.16	4.30
30-34	1.49	1.88	2.65	5.18	5.32
35-39	1.77	2.29	3.26	6.47	6.61
40	1.88	2.46	3.52	7.02	7.16
41	1.96	2.56	3.68	7.35	7.51
42	2.04	2.68	3.85	7.69	7.84
43	2.13	2.80	4.04	8.04	8.19
44	2.23	2.94	4.25	8.45	8.59
45	2.34	3.09	4.48	8.87	9.01
46	2.45	3.24	4.72	9.35	9.50
47	2.57	3.42	4.98	9.85	10.00
48	2.71	3.60	5.26	10.39	10.56
49	2.85	3.80	5.56	10.97	11.16
50	3.00	4.01	5.88	11.60	11.79
51	3.15	4.22	6.20	12.23	12.43
52	3.30	4.44	6.54	12.87	13.09
53	3.47	4.68	6.90	13.58	13.81
54	3.66	4.95	7.31	14.36	14.62
55	3.88	5.26	7.79	15.30	15.57
56	4.14	5.62	8.34	16.37	16.66
57	4.41	6.01	8.94	17.54	17.86
58	4.72	6.43	9.60	18.81	19.17
59	5.05	6.90	10.32	20.21	20.61
60	5.40	7.40	11.10	21.77	22.18
61	5.74	7.89	11.86	23.16	23.72
62	6.05	8.34	12.58	24.31	25.24
63	6.42	8.86	13.40	25.57	26.96
64	6.91	9.57	14.50	26.95	29.12
65	7.59	10.53	15.98	28.62	31.83
66	8.49	11.78	17.89	30.57	33.94
67	9.56	13.26	20.14	32.73	36.34
68	10.77	14.93	22.67	35.08	38.95
69	12.07	16.75	25.46	37.47	41.71
70	13.44	18.69	28.48	40.05	44.59
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57

EXH01P92 EXI01P92 EXJ01P92 EXK01P92 EXG01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	3.74	3.89
30-34	1.34	1.69	2.36	4.63	4.77
35-39	1.57	2.03	2.88	5.72	5.85
40	1.67	2.16	3.10	6.21	6.33
41	1.74	2.26	3.24	6.49	6.63
42	1.81	2.36	3.40	6.79	6.92
43	1.88	2.47	3.55	7.10	7.24
44	1.97	2.58	3.73	7.43	7.56
45	2.06	2.71	3.92	7.81	7.93
46	2.16	2.86	4.14	8.23	8.36
47	2.27	3.00	4.37	8.65	8.80
48	2.38	3.16	4.61	9.13	9.28
49	2.50	3.33	4.87	9.63	9.79
50	2.63	3.52	5.15	10.17	10.34
51	2.76	3.70	5.42	10.72	10.90
52	2.90	3.89	5.72	11.28	11.47
53	3.04	4.10	6.04	11.88	12.10
54	3.20	4.33	6.38	12.59	12.79
55	3.39	4.59	6.80	13.37	13.63
56	3.61	4.89	7.27	14.31	14.57
57	3.85	5.23	7.79	15.32	15.59
58	4.11	5.60	8.36	16.42	16.72
59	4.39	6.00	8.98	17.63	17.96
60	4.70	6.44	9.65	18.82	19.31
61	4.98	6.85	10.30	19.75	20.62
62	5.25	7.25	10.92	20.73	21.94
63	5.56	7.70	11.63	21.73	23.41
64	5.98	8.30	12.56	22.97	25.26
65	6.57	9.11	13.84	24.39	27.13
66	7.35	10.20	15.48	26.03	28.90
67	8.28	11.49	17.41	27.87	30.94
68	9.33	12.93	19.58	29.87	33.16
69	10.46	14.49	21.96	31.87	35.49
70	11.62	16.13	24.50	34.04	37.91
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43
	EXN01P92	EXO01P92	EXP01P92	EXQ01P92	EXM01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	4.04	4.18
30-34	1.44	1.85	2.59	5.06	5.19
35-39	1.74	2.24	3.20	6.33	6.48
40	1.85	2.42	3.47	6.89	7.06
41	1.94	2.52	3.63	7.22	7.37
42	2.02	2.64	3.80	7.57	7.70
43	2.11	2.76	3.99	7.92	8.06
44	2.21	2.90	4.19	8.31	8.46
45	2.30	3.04	4.42	8.75	8.90
46	2.42	3.20	4.65	9.22	9.36
47	2.55	3.38	4.91	9.72	9.88
48	2.67	3.56	5.19	10.25	10.44
49	2.82	3.76	5.50	10.84	11.02
50	2.97	3.97	5.81	11.46	11.66
51	3.12	4.19	6.15	12.08	12.28
52	3.28	4.40	6.47	12.73	12.95
53	3.45	4.64	6.84	13.44	13.65
54	3.64	4.91	7.25	14.23	14.47
55	3.85	5.22	7.72	15.15	15.43
56	4.10	5.58	8.27	16.21	16.52
57	4.38	5.97	8.87	17.38	17.70
58	4.69	6.39	9.52	18.66	19.03
59	5.02	6.86	10.25	20.08	20.46
60	5.38	7.37	11.03	21.63	22.03
61	5.72	7.86	11.79	23.15	23.58
62	6.03	8.31	12.51	24.63	25.12
63	6.40	8.84	13.34	26.34	26.86
64	6.89	9.55	14.44	28.49	29.04
65	7.58	10.51	15.94	30.29	31.95
66	8.48	11.76	17.87	32.30	35.51
67	9.55	13.25	20.12	34.65	38.55
68	10.76	14.92	22.68	37.18	41.29
69	12.08	16.77	25.52	39.83	44.24
70	13.46	18.73	28.60	42.53	47.22
71	14.83	20.71	31.72	44.69	49.74
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71
	EXB02P92	EXC02P92	EXD02P92	EXE02P92	EXA02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	3.74	3.87
30-34	1.34	1.69	2.39	4.66	4.79
35-39	1.59	2.06	2.93	5.82	5.95
40	1.69	2.21	3.17	6.32	6.44
41	1.76	2.30	3.31	6.62	6.76
42	1.84	2.41	3.47	6.92	7.06
43	1.92	2.52	3.64	7.24	7.37
44	2.01	2.65	3.83	7.61	7.73
45	2.11	2.78	4.03	7.98	8.11
46	2.21	2.92	4.25	8.42	8.55
47	2.31	3.08	4.48	8.87	9.00
48	2.44	3.24	4.73	9.35	9.50
49	2.57	3.42	5.00	9.87	10.04
50	2.70	3.61	5.29	10.44	10.61
51	2.84	3.80	5.58	11.01	11.19
52	2.97	4.00	5.89	11.58	11.78
53	3.12	4.21	6.21	12.22	12.43
54	3.29	4.46	6.58	12.92	13.16
55	3.49	4.73	7.01	13.77	14.01
56	3.73	5.06	7.51	14.73	14.99
57	3.97	5.41	8.05	15.79	16.07
58	4.25	5.79	8.64	16.93	17.25
59	4.55	6.21	9.29	18.19	18.55
60	4.86	6.66	9.99	19.59	19.96
61	5.17	7.10	10.67	20.84	21.35
62	5.45	7.51	11.32	21.88	22.72
63	5.78	7.97	12.06	23.01	24.26
64	6.22	8.61	13.05	24.26	26.21
65	6.83	9.48	14.38	25.76	28.65
66	7.64	10.60	16.10	27.51	30.55
67	8.60	11.93	18.13	29.46	32.71
68	9.69	13.44	20.40	31.57	35.06
69	10.86	15.08	22.91	33.72	37.54
70	12.10	16.82	25.63	36.05	40.13
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51
	EXH02P92	EXI02P92	EXJ02P92	EXK02P92	EXG02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	3.37	3.50
30-34	1.21	1.52	2.12	4.17	4.29
35-39	1.41	1.83	2.59	5.15	5.27
40	1.50	1.94	2.79	5.59	5.70
41	1.57	2.03	2.92	5.84	5.97
42	1.63	2.12	3.06	6.11	6.23
43	1.69	2.22	3.20	6.39	6.52
44	1.77	2.32	3.36	6.69	6.80
45	1.85	2.44	3.53	7.03	7.14
46	1.94	2.57	3.73	7.41	7.52
47	2.04	2.70	3.93	7.79	7.92
48	2.14	2.84	4.15	8.22	8.35
49	2.25	3.00	4.38	8.67	8.81
50	2.37	3.17	4.64	9.15	9.31
51	2.48	3.33	4.88	9.65	9.81
52	2.61	3.50	5.15	10.15	10.32
53	2.74	3.69	5.44	10.69	10.89
54	2.88	3.90	5.74	11.33	11.51
55	3.05	4.13	6.12	12.03	12.27
56	3.25	4.40	6.54	12.88	13.11
57	3.47	4.71	7.01	13.79	14.03
58	3.70	5.04	7.52	14.78	15.05
59	3.95	5.40	8.08	15.87	16.16
60	4.23	5.80	8.69	16.94	17.38
61	4.48	6.17	9.27	17.78	18.56
62	4.73	6.53	9.83	18.66	19.75
63	5.00	6.93	10.47	19.56	21.07
64	5.38	7.47	11.30	20.67	22.73
65	5.91	8.20	12.46	21.95	24.42
66	6.62	9.18	13.93	23.43	26.01
67	7.45	10.34	15.67	25.08	27.85
68	8.40	11.64	17.62	26.88	29.84
69	9.41	13.04	19.76	28.68	31.94
70	10.46	14.52	22.05	30.64	34.12
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

EXN02P92 EXO02P92 EXP02P92 EXQ02P92 EXM02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	4.49	4.64
30-34	1.60	2.05	2.88	5.62	5.77
35-39	1.93	2.49	3.56	7.03	7.20
40	2.06	2.69	3.85	7.66	7.84
41	2.15	2.80	4.03	8.02	8.19
42	2.24	2.93	4.22	8.41	8.56
43	2.34	3.07	4.43	8.80	8.96
44	2.45	3.22	4.66	9.23	9.40
45	2.56	3.38	4.91	9.72	9.89
46	2.69	3.56	5.17	10.24	10.40
47	2.83	3.76	5.46	10.80	10.98
48	2.97	3.96	5.77	11.39	11.60
49	3.13	4.18	6.11	12.04	12.24
50	3.30	4.41	6.46	12.73	12.95
51	3.47	4.65	6.83	13.42	13.64
52	3.64	4.89	7.19	14.14	14.39
53	3.83	5.16	7.60	14.93	15.17
54	4.04	5.45	8.05	15.81	16.08
55	4.28	5.80	8.58	16.83	17.14
56	4.56	6.20	9.19	18.01	18.35
57	4.87	6.63	9.85	19.31	19.67
58	5.21	7.10	10.58	20.73	21.14
59	5.58	7.62	11.39	22.31	22.73
60	5.98	8.19	12.26	24.03	24.48
61	6.35	8.73	13.10	25.72	26.20
62	6.70	9.23	13.90	27.37	27.91
63	7.11	9.82	14.82	29.27	29.84
64	7.66	10.61	16.04	31.65	32.27
65	8.42	11.68	17.71	33.65	35.50
66	9.42	13.07	19.86	35.89	39.46
67	10.61	14.72	22.36	38.50	42.83
68	11.96	16.58	25.20	41.31	45.88
69	13.42	18.63	28.36	44.26	49.15
70	14.96	20.81	31.78	47.26	52.47
71	16.48	23.01	35.24	49.66	55.27
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79
	EXB01Q07	EXC01Q07	EXD01Q07	EXE01Q07	EXA01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	4.16	4.30
30-34	1.49	1.88	2.65	5.18	5.32
35-39	1.77	2.29	3.26	6.47	6.61
40	1.88	2.46	3.52	7.02	7.16
41	1.96	2.56	3.68	7.35	7.51
42	2.04	2.68	3.85	7.69	7.84
43	2.13	2.80	4.04	8.04	8.19
44	2.23	2.94	4.25	8.45	8.59
45	2.34	3.09	4.48	8.87	9.01
46	2.45	3.24	4.72	9.35	9.50
47	2.57	3.42	4.98	9.85	10.00
48	2.71	3.60	5.26	10.39	10.56
49	2.85	3.80	5.56	10.97	11.16
50	3.00	4.01	5.88	11.60	11.79
51	3.15	4.22	6.20	12.23	12.43
52	3.30	4.44	6.54	12.87	13.09
53	3.47	4.68	6.90	13.58	13.81
54	3.66	4.95	7.31	14.36	14.62
55	3.88	5.26	7.79	15.30	15.57
56	4.14	5.62	8.34	16.37	16.66
57	4.41	6.01	8.94	17.54	17.86
58	4.72	6.43	9.60	18.81	19.17
59	5.05	6.90	10.32	20.21	20.61
60	5.40	7.40	11.10	21.77	22.18
61	5.74	7.89	11.86	23.16	23.72
62	6.05	8.34	12.58	24.31	25.24
63	6.42	8.86	13.40	25.57	26.96
64	6.91	9.57	14.50	26.95	29.12
65	7.59	10.53	15.98	28.62	31.83
66	8.49	11.78	17.89	30.57	33.94
67	9.56	13.26	20.14	32.73	36.34
68	10.77	14.93	22.67	35.08	38.95
69	12.07	16.75	25.46	37.47	41.71
70	13.44	18.69	28.48	40.05	44.59
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57

EXH01Q07 EXI01Q07 EXJ01Q07 EXK01Q07 EXG01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	3.74	3.89
30-34	1.34	1.69	2.36	4.63	4.77
35-39	1.57	2.03	2.88	5.72	5.85
40	1.67	2.16	3.10	6.21	6.33
41	1.74	2.26	3.24	6.49	6.63
42	1.81	2.36	3.40	6.79	6.92
43	1.88	2.47	3.55	7.10	7.24
44	1.97	2.58	3.73	7.43	7.56
45	2.06	2.71	3.92	7.81	7.93
46	2.16	2.86	4.14	8.23	8.36
47	2.27	3.00	4.37	8.65	8.80
48	2.38	3.16	4.61	9.13	9.28
49	2.50	3.33	4.87	9.63	9.79
50	2.63	3.52	5.15	10.17	10.34
51	2.76	3.70	5.42	10.72	10.90
52	2.90	3.89	5.72	11.28	11.47
53	3.04	4.10	6.04	11.88	12.10
54	3.20	4.33	6.38	12.59	12.79
55	3.39	4.59	6.80	13.37	13.63
56	3.61	4.89	7.27	14.31	14.57
57	3.85	5.23	7.79	15.32	15.59
58	4.11	5.60	8.36	16.42	16.72
59	4.39	6.00	8.98	17.63	17.96
60	4.70	6.44	9.65	18.82	19.31
61	4.98	6.85	10.30	19.75	20.62
62	5.25	7.25	10.92	20.73	21.94
63	5.56	7.70	11.63	21.73	23.41
64	5.98	8.30	12.56	22.97	25.26
65	6.57	9.11	13.84	24.39	27.13
66	7.35	10.20	15.48	26.03	28.90
67	8.28	11.49	17.41	27.87	30.94
68	9.33	12.93	19.58	29.87	33.16
69	10.46	14.49	21.96	31.87	35.49
70	11.62	16.13	24.50	34.04	37.91
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43
	EXN01Q07	EXO01Q07	EXP01Q07	EXQ01Q07	EXM01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	4.04	4.18
30-34	1.44	1.85	2.59	5.06	5.19
35-39	1.74	2.24	3.20	6.33	6.48
40	1.85	2.42	3.47	6.89	7.06
41	1.94	2.52	3.63	7.22	7.37
42	2.02	2.64	3.80	7.57	7.70
43	2.11	2.76	3.99	7.92	8.06
44	2.21	2.90	4.19	8.31	8.46
45	2.30	3.04	4.42	8.75	8.90
46	2.42	3.20	4.65	9.22	9.36
47	2.55	3.38	4.91	9.72	9.88
48	2.67	3.56	5.19	10.25	10.44
49	2.82	3.76	5.50	10.84	11.02
50	2.97	3.97	5.81	11.46	11.66
51	3.12	4.19	6.15	12.08	12.28
52	3.28	4.40	6.47	12.73	12.95
53	3.45	4.64	6.84	13.44	13.65
54	3.64	4.91	7.25	14.23	14.47
55	3.85	5.22	7.72	15.15	15.43
56	4.10	5.58	8.27	16.21	16.52
57	4.38	5.97	8.87	17.38	17.70
58	4.69	6.39	9.52	18.66	19.03
59	5.02	6.86	10.25	20.08	20.46
60	5.38	7.37	11.03	21.63	22.03
61	5.72	7.86	11.79	23.15	23.58
62	6.03	8.31	12.51	24.63	25.12
63	6.40	8.84	13.34	26.34	26.86
64	6.89	9.55	14.44	28.49	29.04
65	7.58	10.51	15.94	30.29	31.95
66	8.48	11.76	17.87	32.30	35.51
67	9.55	13.25	20.12	34.65	38.55
68	10.76	14.92	22.68	37.18	41.29
69	12.08	16.77	25.52	39.83	44.24
70	13.46	18.73	28.60	42.53	47.22
71	14.83	20.71	31.72	44.69	49.74
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71

EXB02Q07 EXC02Q07 EXD02Q07 EXE02Q07 EXA02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	3.74	3.87
30-34	1.34	1.69	2.39	4.66	4.79
35-39	1.59	2.06	2.93	5.82	5.95
40	1.69	2.21	3.17	6.32	6.44
41	1.76	2.30	3.31	6.62	6.76
42	1.84	2.41	3.47	6.92	7.06
43	1.92	2.52	3.64	7.24	7.37
44	2.01	2.65	3.83	7.61	7.73
45	2.11	2.78	4.03	7.98	8.11
46	2.21	2.92	4.25	8.42	8.55
47	2.31	3.08	4.48	8.87	9.00
48	2.44	3.24	4.73	9.35	9.50
49	2.57	3.42	5.00	9.87	10.04
50	2.70	3.61	5.29	10.44	10.61
51	2.84	3.80	5.58	11.01	11.19
52	2.97	4.00	5.89	11.58	11.78
53	3.12	4.21	6.21	12.22	12.43
54	3.29	4.46	6.58	12.92	13.16
55	3.49	4.73	7.01	13.77	14.01
56	3.73	5.06	7.51	14.73	14.99
57	3.97	5.41	8.05	15.79	16.07
58	4.25	5.79	8.64	16.93	17.25
59	4.55	6.21	9.29	18.19	18.55
60	4.86	6.66	9.99	19.59	19.96
61	5.17	7.10	10.67	20.84	21.35
62	5.45	7.51	11.32	21.88	22.72
63	5.78	7.97	12.06	23.01	24.26
64	6.22	8.61	13.05	24.26	26.21
65	6.83	9.48	14.38	25.76	28.65
66	7.64	10.60	16.10	27.51	30.55
67	8.60	11.93	18.13	29.46	32.71
68	9.69	13.44	20.40	31.57	35.06
69	10.86	15.08	22.91	33.72	37.54
70	12.10	16.82	25.63	36.05	40.13
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51

EXH02Q07 EXI02Q07 EXJ02Q07 EXK02Q07 EXG02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	3.37	3.50
30-34	1.21	1.52	2.12	4.17	4.29
35-39	1.41	1.83	2.59	5.15	5.27
40	1.50	1.94	2.79	5.59	5.70
41	1.57	2.03	2.92	5.84	5.97
42	1.63	2.12	3.06	6.11	6.23
43	1.69	2.22	3.20	6.39	6.52
44	1.77	2.32	3.36	6.69	6.80
45	1.85	2.44	3.53	7.03	7.14
46	1.94	2.57	3.73	7.41	7.52
47	2.04	2.70	3.93	7.79	7.92
48	2.14	2.84	4.15	8.22	8.35
49	2.25	3.00	4.38	8.67	8.81
50	2.37	3.17	4.64	9.15	9.31
51	2.48	3.33	4.88	9.65	9.81
52	2.61	3.50	5.15	10.15	10.32
53	2.74	3.69	5.44	10.69	10.89
54	2.88	3.90	5.74	11.33	11.51
55	3.05	4.13	6.12	12.03	12.27
56	3.25	4.40	6.54	12.88	13.11
57	3.47	4.71	7.01	13.79	14.03
58	3.70	5.04	7.52	14.78	15.05
59	3.95	5.40	8.08	15.87	16.16
60	4.23	5.80	8.69	16.94	17.38
61	4.48	6.17	9.27	17.78	18.56
62	4.73	6.53	9.83	18.66	19.75
63	5.00	6.93	10.47	19.56	21.07
64	5.38	7.47	11.30	20.67	22.73
65	5.91	8.20	12.46	21.95	24.42
66	6.62	9.18	13.93	23.43	26.01
67	7.45	10.34	15.67	25.08	27.85
68	8.40	11.64	17.62	26.88	29.84
69	9.41	13.04	19.76	28.68	31.94
70	10.46	14.52	22.05	30.64	34.12
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

EXN02Q07 EXO02Q07 EXP02Q07 EXQ02Q07 EXM02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	4.49	4.64
30-34	1.60	2.05	2.88	5.62	5.77
35-39	1.93	2.49	3.56	7.03	7.20
40	2.06	2.69	3.85	7.66	7.84
41	2.15	2.80	4.03	8.02	8.19
42	2.24	2.93	4.22	8.41	8.56
43	2.34	3.07	4.43	8.80	8.96
44	2.45	3.22	4.66	9.23	9.40
45	2.56	3.38	4.91	9.72	9.89
46	2.69	3.56	5.17	10.24	10.40
47	2.83	3.76	5.46	10.80	10.98
48	2.97	3.96	5.77	11.39	11.60
49	3.13	4.18	6.11	12.04	12.24
50	3.30	4.41	6.46	12.73	12.95
51	3.47	4.65	6.83	13.42	13.64
52	3.64	4.89	7.19	14.14	14.39
53	3.83	5.16	7.60	14.93	15.17
54	4.04	5.45	8.05	15.81	16.08
55	4.28	5.80	8.58	16.83	17.14
56	4.56	6.20	9.19	18.01	18.35
57	4.87	6.63	9.85	19.31	19.67
58	5.21	7.10	10.58	20.73	21.14
59	5.58	7.62	11.39	22.31	22.73
60	5.98	8.19	12.26	24.03	24.48
61	6.35	8.73	13.10	25.72	26.20
62	6.70	9.23	13.90	27.37	27.91
63	7.11	9.82	14.82	29.27	29.84
64	7.66	10.61	16.04	31.65	32.27
65	8.42	11.68	17.71	33.65	35.50
66	9.42	13.07	19.86	35.89	39.46
67	10.61	14.72	22.36	38.50	42.83
68	11.96	16.58	25.20	41.31	45.88
69	13.42	18.63	28.36	44.26	49.15
70	14.96	20.81	31.78	47.26	52.47
71	16.48	23.01	35.24	49.66	55.27
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79

EXB01Q08 EXC01Q08 EXD01Q08 EXE01Q08 EXA01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	4.16	4.30
30-34	1.49	1.88	2.65	5.18	5.32
35-39	1.77	2.29	3.26	6.47	6.61
40	1.88	2.46	3.52	7.02	7.16
41	1.96	2.56	3.68	7.35	7.51
42	2.04	2.68	3.85	7.69	7.84
43	2.13	2.80	4.04	8.04	8.19
44	2.23	2.94	4.25	8.45	8.59
45	2.34	3.09	4.48	8.87	9.01
46	2.45	3.24	4.72	9.35	9.50
47	2.57	3.42	4.98	9.85	10.00
48	2.71	3.60	5.26	10.39	10.56
49	2.85	3.80	5.56	10.97	11.16
50	3.00	4.01	5.88	11.60	11.79
51	3.15	4.22	6.20	12.23	12.43
52	3.30	4.44	6.54	12.87	13.09
53	3.47	4.68	6.90	13.58	13.81
54	3.66	4.95	7.31	14.36	14.62
55	3.88	5.26	7.79	15.30	15.57
56	4.14	5.62	8.34	16.37	16.66
57	4.41	6.01	8.94	17.54	17.86
58	4.72	6.43	9.60	18.81	19.17
59	5.05	6.90	10.32	20.21	20.61
60	5.40	7.40	11.10	21.77	22.18
61	5.74	7.89	11.86	23.16	23.72
62	6.05	8.34	12.58	24.31	25.24
63	6.42	8.86	13.40	25.57	26.96
64	6.91	9.57	14.50	26.95	29.12
65	7.59	10.53	15.98	28.62	31.83
66	8.49	11.78	17.89	30.57	33.94
67	9.56	13.26	20.14	32.73	36.34
68	10.77	14.93	22.67	35.08	38.95
69	12.07	16.75	25.46	37.47	41.71
70	13.44	18.69	28.48	40.05	44.59
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57
	EXH01Q08	EXI01Q08	EXJ01Q08	EXK01Q08	EXG01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	3.74	3.89
30-34	1.34	1.69	2.36	4.63	4.77
35-39	1.57	2.03	2.88	5.72	5.85
40	1.67	2.16	3.10	6.21	6.33
41	1.74	2.26	3.24	6.49	6.63
42	1.81	2.36	3.40	6.79	6.92
43	1.88	2.47	3.55	7.10	7.24
44	1.97	2.58	3.73	7.43	7.56
45	2.06	2.71	3.92	7.81	7.93
46	2.16	2.86	4.14	8.23	8.36
47	2.27	3.00	4.37	8.65	8.80
48	2.38	3.16	4.61	9.13	9.28
49	2.50	3.33	4.87	9.63	9.79
50	2.63	3.52	5.15	10.17	10.34
51	2.76	3.70	5.42	10.72	10.90
52	2.90	3.89	5.72	11.28	11.47
53	3.04	4.10	6.04	11.88	12.10
54	3.20	4.33	6.38	12.59	12.79
55	3.39	4.59	6.80	13.37	13.63
56	3.61	4.89	7.27	14.31	14.57
57	3.85	5.23	7.79	15.32	15.59
58	4.11	5.60	8.36	16.42	16.72
59	4.39	6.00	8.98	17.63	17.96
60	4.70	6.44	9.65	18.82	19.31
61	4.98	6.85	10.30	19.75	20.62
62	5.25	7.25	10.92	20.73	21.94
63	5.56	7.70	11.63	21.73	23.41
64	5.98	8.30	12.56	22.97	25.26
65	6.57	9.11	13.84	24.39	27.13
66	7.35	10.20	15.48	26.03	28.90
67	8.28	11.49	17.41	27.87	30.94
68	9.33	12.93	19.58	29.87	33.16
69	10.46	14.49	21.96	31.87	35.49
70	11.62	16.13	24.50	34.04	37.91
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43

EXN01Q08 EXO01Q08 EXP01Q08 EXQ01Q08 EXM01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	4.04	4.18
30-34	1.44	1.85	2.59	5.06	5.19
35-39	1.74	2.24	3.20	6.33	6.48
40	1.85	2.42	3.47	6.89	7.06
41	1.94	2.52	3.63	7.22	7.37
42	2.02	2.64	3.80	7.57	7.70
43	2.11	2.76	3.99	7.92	8.06
44	2.21	2.90	4.19	8.31	8.46
45	2.30	3.04	4.42	8.75	8.90
46	2.42	3.20	4.65	9.22	9.36
47	2.55	3.38	4.91	9.72	9.88
48	2.67	3.56	5.19	10.25	10.44
49	2.82	3.76	5.50	10.84	11.02
50	2.97	3.97	5.81	11.46	11.66
51	3.12	4.19	6.15	12.08	12.28
52	3.28	4.40	6.47	12.73	12.95
53	3.45	4.64	6.84	13.44	13.65
54	3.64	4.91	7.25	14.23	14.47
55	3.85	5.22	7.72	15.15	15.43
56	4.10	5.58	8.27	16.21	16.52
57	4.38	5.97	8.87	17.38	17.70
58	4.69	6.39	9.52	18.66	19.03
59	5.02	6.86	10.25	20.08	20.46
60	5.38	7.37	11.03	21.63	22.03
61	5.72	7.86	11.79	23.15	23.58
62	6.03	8.31	12.51	24.63	25.12
63	6.40	8.84	13.34	26.34	26.86
64	6.89	9.55	14.44	28.49	29.04
65	7.58	10.51	15.94	30.29	31.95
66	8.48	11.76	17.87	32.30	35.51
67	9.55	13.25	20.12	34.65	38.55
68	10.76	14.92	22.68	37.18	41.29
69	12.08	16.77	25.52	39.83	44.24
70	13.46	18.73	28.60	42.53	47.22
71	14.83	20.71	31.72	44.69	49.74
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71
	EXB02Q08	EXC02Q08	EXD02Q08	EXE02Q08	EXA02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	3.74	3.87
30-34	1.34	1.69	2.39	4.66	4.79
35-39	1.59	2.06	2.93	5.82	5.95
40	1.69	2.21	3.17	6.32	6.44
41	1.76	2.30	3.31	6.62	6.76
42	1.84	2.41	3.47	6.92	7.06
43	1.92	2.52	3.64	7.24	7.37
44	2.01	2.65	3.83	7.61	7.73
45	2.11	2.78	4.03	7.98	8.11
46	2.21	2.92	4.25	8.42	8.55
47	2.31	3.08	4.48	8.87	9.00
48	2.44	3.24	4.73	9.35	9.50
49	2.57	3.42	5.00	9.87	10.04
50	2.70	3.61	5.29	10.44	10.61
51	2.84	3.80	5.58	11.01	11.19
52	2.97	4.00	5.89	11.58	11.78
53	3.12	4.21	6.21	12.22	12.43
54	3.29	4.46	6.58	12.92	13.16
55	3.49	4.73	7.01	13.77	14.01
56	3.73	5.06	7.51	14.73	14.99
57	3.97	5.41	8.05	15.79	16.07
58	4.25	5.79	8.64	16.93	17.25
59	4.55	6.21	9.29	18.19	18.55
60	4.86	6.66	9.99	19.59	19.96
61	5.17	7.10	10.67	20.84	21.35
62	5.45	7.51	11.32	21.88	22.72
63	5.78	7.97	12.06	23.01	24.26
64	6.22	8.61	13.05	24.26	26.21
65	6.83	9.48	14.38	25.76	28.65
66	7.64	10.60	16.10	27.51	30.55
67	8.60	11.93	18.13	29.46	32.71
68	9.69	13.44	20.40	31.57	35.06
69	10.86	15.08	22.91	33.72	37.54
70	12.10	16.82	25.63	36.05	40.13
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51
	EXH02Q08	EXI02Q08	EXJ02Q08	EXK02Q08	EXG02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	3.37	3.50
30-34	1.21	1.52	2.12	4.17	4.29
35-39	1.41	1.83	2.59	5.15	5.27
40	1.50	1.94	2.79	5.59	5.70
41	1.57	2.03	2.92	5.84	5.97
42	1.63	2.12	3.06	6.11	6.23
43	1.69	2.22	3.20	6.39	6.52
44	1.77	2.32	3.36	6.69	6.80
45	1.85	2.44	3.53	7.03	7.14
46	1.94	2.57	3.73	7.41	7.52
47	2.04	2.70	3.93	7.79	7.92
48	2.14	2.84	4.15	8.22	8.35
49	2.25	3.00	4.38	8.67	8.81
50	2.37	3.17	4.64	9.15	9.31
51	2.48	3.33	4.88	9.65	9.81
52	2.61	3.50	5.15	10.15	10.32
53	2.74	3.69	5.44	10.69	10.89
54	2.88	3.90	5.74	11.33	11.51
55	3.05	4.13	6.12	12.03	12.27
56	3.25	4.40	6.54	12.88	13.11
57	3.47	4.71	7.01	13.79	14.03
58	3.70	5.04	7.52	14.78	15.05
59	3.95	5.40	8.08	15.87	16.16
60	4.23	5.80	8.69	16.94	17.38
61	4.48	6.17	9.27	17.78	18.56
62	4.73	6.53	9.83	18.66	19.75
63	5.00	6.93	10.47	19.56	21.07
64	5.38	7.47	11.30	20.67	22.73
65	5.91	8.20	12.46	21.95	24.42
66	6.62	9.18	13.93	23.43	26.01
67	7.45	10.34	15.67	25.08	27.85
68	8.40	11.64	17.62	26.88	29.84
69	9.41	13.04	19.76	28.68	31.94
70	10.46	14.52	22.05	30.64	34.12
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

EXN02Q08 EXO02Q08 EXP02Q08 EXQ02Q08 EXM02Q08

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	5.17	6.52	8.60	8.90
30-34	4.09	6.13	7.76	10.02	10.32
35-39	4.83	7.27	9.26	11.74	12.02
40	5.14	7.81	9.93	12.43	12.71
41	5.35	8.11	10.35	12.97	13.27
42	5.56	8.45	10.80	13.60	13.91
43	5.78	8.80	11.27	14.29	14.60
44	6.03	9.22	11.78	14.99	15.33
45	6.29	9.62	12.35	15.76	16.08
46	6.58	10.10	12.97	16.51	16.84
47	6.92	10.61	13.65	17.28	17.63
48	7.24	11.14	14.35	18.09	18.47
49	7.60	11.69	15.12	18.99	19.35
50	7.97	12.28	15.86	19.94	20.35
51	8.30	12.84	16.62	20.98	21.37
52	8.64	13.36	17.33	22.04	22.47
53	9.00	13.94	18.10	23.20	23.66
54	9.42	14.61	19.00	24.49	24.98
55	9.91	15.40	20.08	25.96	26.51
56	10.50	16.36	21.34	27.63	28.20
57	11.16	17.39	22.73	29.42	30.02
58	11.89	18.54	24.29	31.39	32.03
59	12.68	19.82	25.99	33.53	34.22
60	13.54	21.18	27.80	35.90	36.63
61	14.35	22.51	29.62	38.23	38.99
62	15.16	23.81	31.36	40.51	41.34
63	16.07	25.29	33.34	43.12	43.98
64	17.22	27.15	35.84	46.35	47.26
65	18.70	29.51	39.03	50.57	51.56
66	20.54	32.43	42.93	55.79	56.85
67	22.65	35.80	47.37	61.80	62.93
68	25.03	39.41	52.40	68.54	69.76
69	27.65	41.41	56.24	75.91	77.27
70	30.48	43.41	58.86	79.44	85.39
71	33.33	45.15	61.01	82.34	91.42
72	35.01	46.51	62.63	84.75	94.09
73	36.87	48.18	64.57	87.15	97.01
74	38.98	50.62	67.56	91.17	101.53
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80
	XSB01P90	XSC01P90	XSD01P90	XSE01P90	XSA01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	4.72	5.97	7.98	8.22
30-34	3.77	5.62	7.13	9.26	9.51
35-39	4.42	6.70	8.54	10.80	11.07
40	4.70	7.18	9.14	11.44	11.71
41	4.90	7.44	9.51	11.93	12.23
42	5.08	7.77	9.92	12.51	12.78
43	5.29	8.09	10.37	13.14	13.43
44	5.53	8.45	10.83	13.81	14.09
45	5.77	8.84	11.37	14.50	14.78
46	6.03	9.27	11.92	15.17	15.50
47	6.33	9.74	12.54	15.88	16.20
48	6.64	10.21	13.18	16.62	16.98
49	6.96	10.72	13.86	17.44	17.81
50	7.29	11.26	14.56	18.32	18.71
51	7.60	11.74	15.24	19.26	19.66
52	7.90	12.24	15.89	20.23	20.64
53	8.22	12.76	16.58	21.29	21.73
54	8.60	13.36	17.40	22.46	22.93
55	9.06	14.10	18.39	23.83	24.31
56	9.60	14.96	19.53	25.32	25.86
57	10.19	15.91	20.82	26.96	27.52
58	10.85	16.95	22.21	28.75	29.36
59	11.56	18.11	23.75	30.68	31.34
60	12.32	19.33	25.40	32.82	33.50
61	13.08	20.53	27.04	34.95	35.66
62	13.80	21.72	28.64	37.02	37.79
63	14.64	23.05	30.44	39.39	40.18
64	15.67	24.72	32.66	42.29	43.14
65	17.00	26.87	35.55	46.05	46.95
66	18.66	29.51	39.06	50.71	51.67
67	20.58	32.39	43.07	56.06	57.10
68	22.72	34.08	45.97	62.03	63.16
69	25.06	35.81	48.29	65.16	69.78
70	27.55	37.45	50.51	68.16	75.68
71	28.77	38.71	52.30	70.57	78.35
72	29.91	39.82	53.58	72.29	80.50
73	31.15	41.04	55.16	74.43	82.87
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77

XSH01P90 XSI01P90 XSJ01P90 XSK01P90 XSG01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	4.25	5.36	7.10	7.39
30-34	3.36	5.03	6.36	8.24	8.51
35-39	3.92	5.95	7.56	9.60	9.85
40	4.19	6.34	8.11	10.18	10.41
41	4.35	6.62	8.45	10.62	10.87
42	4.52	6.89	8.81	11.13	11.37
43	4.69	7.18	9.19	11.66	11.92
44	4.90	7.48	9.60	12.25	12.51
45	5.11	7.82	10.06	12.86	13.12
46	5.35	8.21	10.55	13.48	13.73
47	5.60	8.60	11.11	14.08	14.38
48	5.87	9.05	11.67	14.73	15.07
49	6.15	9.48	12.28	15.45	15.77
50	6.44	9.95	12.88	16.24	16.57
51	6.71	10.37	13.46	17.07	17.44
52	6.97	10.80	14.04	17.93	18.30
53	7.25	11.27	14.67	18.84	19.25
54	7.57	11.80	15.36	19.90	20.31
55	7.97	12.41	16.23	21.08	21.52
56	8.44	13.16	17.23	22.41	22.85
57	8.96	13.99	18.32	23.83	24.31
58	9.53	14.91	19.57	25.38	25.91
59	10.15	15.90	20.90	27.07	27.64
60	10.82	16.99	22.34	28.92	29.53
61	11.45	18.02	23.75	30.76	31.39
62	12.10	19.08	25.15	32.60	33.27
63	12.81	20.23	26.73	34.65	35.37
64	13.71	21.68	28.67	37.19	37.92
65	14.87	23.51	31.13	40.43	41.20
66	16.31	25.80	34.19	44.40	45.25
67	17.98	27.97	37.58	48.99	49.89
68	19.85	29.41	39.55	53.37	55.10
69	21.88	30.89	41.52	56.04	60.71
70	23.77	32.32	43.42	58.60	65.07
71	24.62	33.39	44.97	60.68	67.36
72	25.35	34.36	46.09	62.20	69.26
73	26.11	35.42	47.49	64.08	71.34
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

XSN01P90 XSO01P90 XSP01P90 XSQ01P90 XSM01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	4.65	5.87	7.74	8.01
30-34	3.68	5.52	6.98	9.02	9.29
35-39	4.35	6.54	8.33	10.57	10.82
40	4.63	7.03	8.94	11.19	11.44
41	4.82	7.30	9.32	11.67	11.94
42	5.00	7.61	9.72	12.24	12.52
43	5.20	7.92	10.14	12.86	13.14
44	5.43	8.30	10.60	13.49	13.80
45	5.66	8.66	11.12	14.18	14.47
46	5.92	9.09	11.67	14.86	15.16
47	6.23	9.55	12.29	15.55	15.87
48	6.52	10.03	12.92	16.28	16.62
49	6.84	10.52	13.61	17.09	17.42
50	7.17	11.05	14.27	17.95	18.32
51	7.47	11.56	14.96	18.88	19.23
52	7.78	12.02	15.60	19.84	20.22
53	8.10	12.55	16.29	20.88	21.29
54	8.48	13.15	17.10	22.04	22.48
55	8.92	13.86	18.07	23.36	23.86
56	9.45	14.72	19.21	24.87	25.38
57	10.04	15.65	20.46	26.48	27.02
58	10.70	16.69	21.86	28.25	28.83
59	11.41	17.84	23.39	30.18	30.80
60	12.19	19.06	25.02	32.31	32.97
61	12.92	20.26	26.66	34.41	35.09
62	13.64	21.43	28.22	36.46	37.21
63	14.46	22.76	30.01	38.81	39.58
64	15.50	24.44	32.26	41.72	42.53
65	16.83	26.56	35.13	45.51	46.40
66	18.49	29.19	38.64	50.21	51.17
67	20.39	32.22	42.63	55.62	56.64
68	22.53	35.47	47.16	61.69	62.78
69	24.89	37.27	50.62	68.32	69.54
70	27.43	39.07	52.97	71.50	76.85
71	30.00	40.64	54.91	74.11	82.28
72	31.51	41.86	56.37	76.28	84.68
73	33.18	43.36	58.11	78.44	87.31
74	35.08	45.56	60.80	82.05	91.38
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

XSB02P90 XSC02P90 XSD02P90 XSE02P90 XSA02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	4.25	5.37	7.18	7.40
30-34	3.39	5.06	6.42	8.33	8.56
35-39	3.98	6.03	7.69	9.72	9.96
40	4.23	6.46	8.23	10.30	10.54
41	4.41	6.70	8.56	10.74	11.01
42	4.57	6.99	8.93	11.26	11.50
43	4.76	7.28	9.33	11.83	12.09
44	4.98	7.61	9.75	12.43	12.68
45	5.19	7.96	10.23	13.05	13.30
46	5.43	8.34	10.73	13.65	13.95
47	5.70	8.77	11.29	14.29	14.58
48	5.98	9.19	11.86	14.96	15.28
49	6.26	9.65	12.47	15.70	16.03
50	6.56	10.13	13.10	16.49	16.84
51	6.84	10.57	13.72	17.33	17.69
52	7.11	11.02	14.30	18.21	18.58
53	7.40	11.48	14.92	19.16	19.56
54	7.74	12.02	15.66	20.21	20.64
55	8.15	12.69	16.55	21.45	21.88
56	8.64	13.46	17.58	22.79	23.27
57	9.17	14.32	18.74	24.26	24.77
58	9.77	15.26	19.99	25.88	26.42
59	10.40	16.30	21.38	27.61	28.21
60	11.09	17.40	22.86	29.54	30.15
61	11.77	18.48	24.34	31.46	32.09
62	12.42	19.55	25.78	33.32	34.01
63	13.18	20.75	27.40	35.45	36.16
64	14.10	22.25	29.39	38.06	38.83
65	15.30	24.18	32.00	41.45	42.26
66	16.79	26.56	35.15	45.64	46.50
67	18.52	29.15	38.76	50.45	51.39
68	20.45	30.67	41.37	55.83	56.84
69	22.55	32.23	43.46	58.64	62.80
70	24.80	33.71	45.46	61.34	68.11
71	25.89	34.84	47.07	63.51	70.52
72	26.92	35.84	48.22	65.06	72.45
73	28.04	36.94	49.64	66.99	74.58
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

XSH02P90 XSI02P90 XSJ02P90 XSK02P90 XSG02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.83	4.82	6.39	6.65
30-34	3.02	4.53	5.72	7.42	7.66
35-39	3.53	5.36	6.80	8.64	8.87
40	3.77	5.71	7.30	9.16	9.37
41	3.92	5.96	7.61	9.56	9.78
42	4.07	6.20	7.93	10.02	10.23
43	4.22	6.46	8.27	10.49	10.73
44	4.41	6.73	8.64	11.03	11.26
45	4.60	7.04	9.05	11.57	11.81
46	4.82	7.39	9.50	12.13	12.36
47	5.04	7.74	10.00	12.67	12.94
48	5.28	8.15	10.50	13.26	13.56
49	5.54	8.53	11.05	13.91	14.19
50	5.80	8.96	11.59	14.62	14.91
51	6.04	9.33	12.11	15.36	15.70
52	6.27	9.72	12.64	16.14	16.47
53	6.53	10.14	13.20	16.96	17.33
54	6.81	10.62	13.82	17.91	18.28
55	7.17	11.17	14.61	18.97	19.37
56	7.60	11.84	15.51	20.17	20.57
57	8.06	12.59	16.49	21.45	21.88
58	8.58	13.42	17.61	22.84	23.32
59	9.14	14.31	18.81	24.36	24.88
60	9.74	15.29	20.11	26.03	26.58
61	10.31	16.22	21.38	27.68	28.25
62	10.89	17.17	22.64	29.34	29.94
63	11.53	18.21	24.06	31.19	31.83
64	12.34	19.51	25.80	33.47	34.13
65	13.38	21.16	28.02	36.39	37.08
66	14.68	23.22	30.77	39.96	40.73
67	16.18	25.17	33.82	44.09	44.90
68	17.87	26.47	35.60	48.03	49.59
69	19.69	27.80	37.37	50.44	54.64
70	21.39	29.09	39.08	52.74	58.56
71	22.16	30.05	40.47	54.61	60.62
72	22.82	30.92	41.48	55.98	62.33
73	23.50	31.88	42.74	57.67	64.21
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

XSN02P90 XSO02P90 XSP02P90 XSQ02P90 XSM02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	5.17	7.55	10.61	10.98
30-34	4.09	6.13	8.98	12.36	12.73
35-39	4.83	7.27	10.72	14.49	14.83
40	5.14	7.81	11.50	15.34	15.68
41	5.35	8.11	11.98	16.00	16.38
42	5.56	8.45	12.50	16.78	17.16
43	5.78	8.80	13.05	17.63	18.02
44	6.03	9.22	13.64	18.50	18.92
45	6.29	9.62	14.30	19.45	19.84
46	6.58	10.10	15.02	20.37	20.78
47	6.92	10.61	15.80	21.32	21.76
48	7.24	11.14	16.61	22.32	22.79
49	7.60	11.69	17.50	23.43	23.88
50	7.97	12.28	18.36	24.61	25.11
51	8.30	12.84	19.24	25.89	26.37
52	8.64	13.36	20.06	27.20	27.73
53	9.00	13.94	20.95	28.63	29.20
54	9.42	14.61	22.00	30.22	30.83
55	9.91	15.40	23.25	32.03	32.71
56	10.50	16.36	24.70	34.10	34.80
57	11.16	17.39	26.31	36.30	37.04
58	11.89	18.54	28.12	38.74	39.53
59	12.68	19.82	30.09	41.38	42.23
60	13.54	21.18	32.18	44.30	45.20
61	14.35	22.51	34.29	47.18	48.11
62	15.16	23.81	36.30	49.99	51.01
63	16.07	25.29	38.60	53.21	54.27
64	17.22	27.15	41.49	57.20	58.32
65	18.70	29.51	45.18	62.37	63.63
66	20.54	32.43	48.41	65.34	70.15
67	22.65	35.80	50.92	68.72	76.31
68	25.03	39.41	53.61	72.36	80.34
69	27.65	41.41	56.24	75.91	84.42
70	30.48	43.41	58.86	79.44	88.37
71	33.33	45.15	61.01	82.34	91.42
72	35.01	46.51	62.63	84.75	94.09
73	36.87	48.18	64.57	87.15	97.01
74	38.98	50.62	67.56	91.17	101.53
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80

XSB01P91 XSC01P91 XSD01P91 XSE01P91 XSA01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	4.72	6.91	9.85	10.14
30-34	3.77	5.62	8.25	11.43	11.74
35-39	4.42	6.70	9.89	13.33	13.66
40	4.70	7.18	10.58	14.12	14.45
41	4.90	7.44	11.01	14.72	15.09
42	5.08	7.77	11.48	15.44	15.77
43	5.29	8.09	12.01	16.21	16.57
44	5.53	8.45	12.54	17.04	17.39
45	5.77	8.84	13.16	17.89	18.24
46	6.03	9.27	13.80	18.72	19.13
47	6.33	9.74	14.52	19.60	19.99
48	6.64	10.21	15.26	20.51	20.95
49	6.96	10.72	16.05	21.52	21.98
50	7.29	11.26	16.86	22.61	23.09
51	7.60	11.74	17.64	23.77	24.26
52	7.90	12.24	18.40	24.96	25.47
53	8.22	12.76	19.19	26.27	26.81
54	8.60	13.36	20.14	27.72	28.30
55	9.06	14.10	21.29	29.41	30.00
56	9.60	14.96	22.61	31.24	31.91
57	10.19	15.91	24.10	33.27	33.96
58	10.85	16.95	25.71	35.48	36.23
59	11.56	18.11	27.49	37.86	38.67
60	12.32	19.33	29.40	40.50	41.34
61	13.08	20.53	31.30	43.13	44.00
62	13.80	21.72	33.16	45.68	46.63
63	14.64	23.05	35.24	48.61	49.58
64	15.67	24.72	37.81	51.55	53.23
65	17.00	26.87	39.76	53.65	57.94
66	18.66	29.51	41.62	56.17	62.36
67	20.58	32.39	43.76	59.07	65.59
68	22.72	34.08	45.97	62.03	69.00
69	25.06	35.81	48.29	65.16	72.50
70	27.55	37.45	50.51	68.16	75.68
71	28.77	38.71	52.30	70.57	78.35
72	29.91	39.82	53.58	72.29	80.50
73	31.15	41.04	55.16	74.43	82.87
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77

XSH01P91 XSI01P91 XSJ01P91 XSK01P91 XSG01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	4.25	6.21	8.76	9.12
30-34	3.36	5.03	7.36	10.17	10.50
35-39	3.92	5.95	8.75	11.85	12.15
40	4.19	6.34	9.39	12.56	12.85
41	4.35	6.62	9.78	13.11	13.41
42	4.52	6.89	10.20	13.73	14.03
43	4.69	7.18	10.64	14.39	14.71
44	4.90	7.48	11.11	15.12	15.44
45	5.11	7.82	11.65	15.87	16.19
46	5.35	8.21	12.21	16.63	16.94
47	5.60	8.60	12.86	17.37	17.74
48	5.87	9.05	13.51	18.18	18.60
49	6.15	9.48	14.22	19.07	19.46
50	6.44	9.95	14.91	20.04	20.45
51	6.71	10.37	15.58	21.06	21.52
52	6.97	10.80	16.25	22.13	22.58
53	7.25	11.27	16.98	23.25	23.75
54	7.57	11.80	17.78	24.56	25.06
55	7.97	12.41	18.79	26.01	26.56
56	8.44	13.16	19.95	27.65	28.20
57	8.96	13.99	21.21	29.41	30.00
58	9.53	14.91	22.66	31.32	31.97
59	10.15	15.90	24.20	33.40	34.11
60	10.82	16.99	25.86	35.69	36.44
61	11.45	18.02	27.49	37.96	38.74
62	12.10	19.08	29.12	40.23	41.06
63	12.81	20.23	30.94	42.76	43.65
64	13.71	21.68	32.89	44.39	46.79
65	14.87	23.51	34.24	46.20	50.84
66	16.31	25.80	35.82	48.35	53.68
67	17.98	27.97	37.58	50.82	56.42
68	19.85	29.41	39.55	53.37	59.36
69	21.88	30.89	41.52	56.04	62.33
70	23.77	32.32	43.42	58.60	65.07
71	24.62	33.39	44.97	60.68	67.36
72	25.35	34.36	46.09	62.20	69.26
73	26.11	35.42	47.49	64.08	71.34
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

XSN01P91 XSO01P91 XSP01P91 XSQ01P91 XSM01P91

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	4.65	6.80	9.55	9.88
30-34	3.68	5.52	8.08	11.12	11.46
35-39	4.35	6.54	9.65	13.04	13.35
40	4.63	7.03	10.35	13.81	14.11
41	4.82	7.30	10.78	14.40	14.74
42	5.00	7.61	11.25	15.10	15.44
43	5.20	7.92	11.75	15.87	16.22
44	5.43	8.30	12.28	16.65	17.03
45	5.66	8.66	12.87	17.51	17.86
46	5.92	9.09	13.52	18.33	18.70
47	6.23	9.55	14.22	19.19	19.58
48	6.52	10.03	14.95	20.09	20.51
49	6.84	10.52	15.75	21.09	21.49
50	7.17	11.05	16.52	22.15	22.60
51	7.47	11.56	17.32	23.30	23.73
52	7.78	12.02	18.05	24.48	24.96
53	8.10	12.55	18.86	25.77	26.28
54	8.48	13.15	19.80	27.20	27.75
55	8.92	13.86	20.93	28.83	29.44
56	9.45	14.72	22.23	30.69	31.32
57	10.04	15.65	23.68	32.67	33.34
58	10.70	16.69	25.31	34.87	35.58
59	11.41	17.84	27.08	37.24	38.01
60	12.19	19.06	28.96	39.87	40.68
61	12.92	20.26	30.86	42.46	43.30
62	13.64	21.43	32.67	44.99	45.91
63	14.46	22.76	34.74	47.89	48.84
64	15.50	24.44	37.34	51.48	52.49
65	16.83	26.56	40.66	56.13	57.27
66	18.49	29.19	43.57	58.81	63.14
67	20.39	32.22	45.83	61.85	68.68
68	22.53	35.47	48.25	65.12	72.31
69	24.89	37.27	50.62	68.32	75.98
70	27.43	39.07	52.97	71.50	79.53
71	30.00	40.64	54.91	74.11	82.28
72	31.51	41.86	56.37	76.28	84.68
73	33.18	43.36	58.11	78.44	87.31
74	35.08	45.56	60.80	82.05	91.38
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

XSB02P91 XSC02P91 XSD02P91 XSE02P91 XSA02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	4.25	6.22	8.87	9.13
30-34	3.39	5.06	7.43	10.29	10.57
35-39	3.98	6.03	8.90	12.00	12.29
40	4.23	6.46	9.52	12.71	13.01
41	4.41	6.70	9.91	13.25	13.58
42	4.57	6.99	10.33	13.90	14.19
43	4.76	7.28	10.81	14.59	14.91
44	4.98	7.61	11.29	15.34	15.65
45	5.19	7.96	11.84	16.10	16.42
46	5.43	8.34	12.42	16.85	17.22
47	5.70	8.77	13.07	17.64	17.99
48	5.98	9.19	13.73	18.46	18.86
49	6.26	9.65	14.45	19.37	19.78
50	6.56	10.13	15.17	20.35	20.78
51	6.84	10.57	15.88	21.39	21.83
52	7.11	11.02	16.56	22.46	22.92
53	7.40	11.48	17.27	23.64	24.13
54	7.74	12.02	18.13	24.95	25.47
55	8.15	12.69	19.16	26.47	27.00
56	8.64	13.46	20.35	28.12	28.72
57	9.17	14.32	21.69	29.94	30.56
58	9.77	15.26	23.14	31.93	32.61
59	10.40	16.30	24.74	34.07	34.80
60	11.09	17.40	26.46	36.45	37.21
61	11.77	18.48	28.17	38.82	39.60
62	12.42	19.55	29.84	41.11	41.97
63	13.18	20.75	31.72	43.75	44.62
64	14.10	22.25	34.03	46.40	47.91
65	15.30	24.18	35.78	48.29	52.15
66	16.79	26.56	37.46	50.55	56.12
67	18.52	29.15	39.38	53.16	59.03
68	20.45	30.67	41.37	55.83	62.10
69	22.55	32.23	43.46	58.64	65.25
70	24.80	33.71	45.46	61.34	68.11
71	25.89	34.84	47.07	63.51	70.52
72	26.92	35.84	48.22	65.06	72.45
73	28.04	36.94	49.64	66.99	74.58
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

XSH02P91 XSI02P91 XSJ02P91 XSK02P91 XSG02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.83	5.59	7.88	8.21
30-34	3.02	4.53	6.62	9.15	9.45
35-39	3.53	5.36	7.88	10.67	10.94
40	3.77	5.71	8.45	11.30	11.57
41	3.92	5.96	8.80	11.80	12.07
42	4.07	6.20	9.18	12.36	12.63
43	4.22	6.46	9.58	12.95	13.24
44	4.41	6.73	10.00	13.61	13.90
45	4.60	7.04	10.49	14.28	14.57
46	4.82	7.39	10.99	14.97	15.25
47	5.04	7.74	11.57	15.63	15.97
48	5.28	8.15	12.16	16.36	16.74
49	5.54	8.53	12.80	17.16	17.51
50	5.80	8.96	13.42	18.04	18.41
51	6.04	9.33	14.02	18.95	19.37
52	6.27	9.72	14.63	19.92	20.32
53	6.53	10.14	15.28	20.93	21.38
54	6.81	10.62	16.00	22.10	22.55
55	7.17	11.17	16.91	23.41	23.90
56	7.60	11.84	17.96	24.89	25.38
57	8.06	12.59	19.09	26.47	27.00
58	8.58	13.42	20.39	28.19	28.77
59	9.14	14.31	21.78	30.06	30.70
60	9.74	15.29	23.27	32.12	32.80
61	10.31	16.22	24.74	34.16	34.87
62	10.89	17.17	26.21	36.21	36.95
63	11.53	18.21	27.85	38.48	39.29
64	12.34	19.51	29.60	39.95	42.11
65	13.38	21.16	30.82	41.58	45.76
66	14.68	23.22	32.24	43.52	48.31
67	16.18	25.17	33.82	45.74	50.78
68	17.87	26.47	35.60	48.03	53.42
69	19.69	27.80	37.37	50.44	56.10
70	21.39	29.09	39.08	52.74	58.56
71	22.16	30.05	40.47	54.61	60.62
72	22.82	30.92	41.48	55.98	62.33
73	23.50	31.88	42.74	57.67	64.21
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

XSN02P91 XSO02P91 XSP02P91 XSQ02P91 XSM02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	5.17	7.55	13.09	13.55
30-34	4.09	6.13	8.98	15.25	15.71
35-39	4.83	7.27	10.72	17.88	18.30
40	5.14	7.81	11.50	18.93	19.35
41	5.35	8.11	11.98	19.74	20.21
42	5.56	8.45	12.50	20.71	21.18
43	5.78	8.80	13.05	21.76	22.24
44	6.03	9.22	13.64	22.83	23.35
45	6.29	9.62	14.30	24.00	24.48
46	6.58	10.10	15.02	25.14	25.64
47	6.92	10.61	15.80	26.31	26.85
48	7.24	11.14	16.61	27.54	28.12
49	7.60	11.69	17.50	28.91	29.47
50	7.97	12.28	18.36	30.37	30.99
51	8.30	12.84	19.24	31.95	32.54
52	8.64	13.36	20.06	33.56	34.22
53	9.00	13.94	20.95	35.33	36.03
54	9.42	14.61	22.00	37.29	38.04
55	9.91	15.40	23.25	39.53	40.36
56	10.50	16.36	24.70	42.08	42.94
57	11.16	17.39	26.31	44.79	45.71
58	11.89	18.54	28.12	47.81	48.78
59	12.68	19.82	30.09	51.06	52.11
60	13.54	21.18	32.18	52.94	55.78
61	14.35	22.51	34.29	54.49	59.37
62	15.16	23.81	36.30	56.13	62.32
63	16.07	25.29	38.60	57.94	64.33
64	17.22	27.15	41.49	60.05	66.66
65	18.70	29.51	45.18	62.37	69.40
66	20.54	32.43	48.41	65.34	72.67
67	22.65	35.80	50.92	68.72	76.31
68	25.03	39.41	53.61	72.36	80.34
69	27.65	41.41	56.24	75.91	84.42
70	30.48	43.41	58.86	79.44	88.37
71	33.33	45.15	61.01	82.34	91.42
72	35.01	46.51	62.63	84.75	94.09
73	36.87	48.18	64.57	87.15	97.01
74	38.98	50.62	67.56	91.17	101.53
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80

XSB01P92 XSC01P92 XSD01P92 XSE01P92 XSA01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	4.72	6.91	12.15	12.51
30-34	3.77	5.62	8.25	14.10	14.49
35-39	4.42	6.70	9.89	16.45	16.86
40	4.70	7.18	10.58	17.42	17.83
41	4.90	7.44	11.01	18.16	18.62
42	5.08	7.77	11.48	19.05	19.46
43	5.29	8.09	12.01	20.00	20.45
44	5.53	8.45	12.54	21.03	21.46
45	5.77	8.84	13.16	22.08	22.51
46	6.03	9.27	13.80	23.10	23.61
47	6.33	9.74	14.52	24.19	24.67
48	6.64	10.21	15.26	25.31	25.85
49	6.96	10.72	16.05	26.56	27.12
50	7.29	11.26	16.86	27.90	28.49
51	7.60	11.74	17.64	29.33	29.94
52	7.90	12.24	18.40	30.80	31.43
53	8.22	12.76	19.19	32.42	33.08
54	8.60	13.36	20.14	34.21	34.92
55	9.06	14.10	21.29	36.29	37.02
56	9.60	14.96	22.61	38.55	39.38
57	10.19	15.91	24.10	41.06	41.91
58	10.85	16.95	25.71	43.34	44.71
59	11.56	18.11	27.49	44.37	47.72
60	12.32	19.33	29.40	45.59	50.62
61	13.08	20.53	31.30	46.92	52.08
62	13.80	21.72	33.16	48.32	53.65
63	14.64	23.05	35.24	49.86	55.36
64	15.67	24.72	37.81	51.55	57.35
65	17.00	26.87	39.76	53.65	59.67
66	18.66	29.51	41.62	56.17	62.36
67	20.58	32.39	43.76	59.07	65.59
68	22.72	34.08	45.97	62.03	69.00
69	25.06	35.81	48.29	65.16	72.50
70	27.55	37.45	50.51	68.16	75.68
71	28.77	38.71	52.30	70.57	78.35
72	29.91	39.82	53.58	72.29	80.50
73	31.15	41.04	55.16	74.43	82.87
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77
	XSH01P92	XSI01P92	XSJ01P92	XSK01P92	XSG01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	4.25	6.21	10.81	11.25
30-34	3.36	5.03	7.36	12.55	12.96
35-39	3.92	5.95	8.75	14.62	14.99
40	4.19	6.34	9.39	15.50	15.86
41	4.35	6.62	9.78	16.18	16.55
42	4.52	6.89	10.20	16.94	17.31
43	4.69	7.18	10.64	17.76	18.15
44	4.90	7.48	11.11	18.66	19.05
45	5.11	7.82	11.65	19.58	19.98
46	5.35	8.21	12.21	20.52	20.90
47	5.60	8.60	12.86	21.43	21.89
48	5.87	9.05	13.51	22.43	22.95
49	6.15	9.48	14.22	23.53	24.01
50	6.44	9.95	14.91	24.73	25.24
51	6.71	10.37	15.58	25.99	26.56
52	6.97	10.80	16.25	27.31	27.86
53	7.25	11.27	16.98	28.69	29.31
54	7.57	11.80	17.78	30.31	30.92
55	7.97	12.41	18.79	32.10	32.78
56	8.44	13.16	19.95	34.12	34.80
57	8.96	13.99	21.21	36.29	37.02
58	9.53	14.91	22.66	37.35	39.45
59	10.15	15.90	24.20	38.24	42.09
60	10.82	16.99	25.86	39.28	43.61
61	11.45	18.02	27.49	40.41	44.88
62	12.10	19.08	29.12	41.62	46.20
63	12.81	20.23	30.94	42.93	47.67
64	13.71	21.68	32.89	44.39	49.38
65	14.87	23.51	34.24	46.20	51.38
66	16.31	25.80	35.82	48.35	53.68
67	17.98	27.97	37.58	50.82	56.42
68	19.85	29.41	39.55	53.37	59.36
69	21.88	30.89	41.52	56.04	62.33
70	23.77	32.32	43.42	58.60	65.07
71	24.62	33.39	44.97	60.68	67.36
72	25.35	34.36	46.09	62.20	69.26
73	26.11	35.42	47.49	64.08	71.34
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

XSN01P92 XS001P92 XSP01P92 XSQ01P92 XSM01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	4.65	6.80	11.78	12.20
30-34	3.68	5.52	8.08	13.73	14.14
35-39	4.35	6.54	9.65	16.09	16.47
40	4.63	7.03	10.35	17.04	17.42
41	4.82	7.30	10.78	17.77	18.19
42	5.00	7.61	11.25	18.64	19.06
43	5.20	7.92	11.75	19.58	20.02
44	5.43	8.30	12.28	20.55	21.02
45	5.66	8.66	12.87	21.60	22.03
46	5.92	9.09	13.52	22.63	23.08
47	6.23	9.55	14.22	23.68	24.17
48	6.52	10.03	14.95	24.79	25.31
49	6.84	10.52	15.75	26.02	26.52
50	7.17	11.05	16.52	27.33	27.89
51	7.47	11.56	17.32	28.76	29.29
52	7.78	12.02	18.05	30.20	30.80
53	8.10	12.55	18.86	31.80	32.43
54	8.48	13.15	19.80	33.56	34.24
55	8.92	13.86	20.93	35.58	36.32
56	9.45	14.72	22.23	37.87	38.65
57	10.04	15.65	23.68	40.31	41.14
58	10.70	16.69	25.31	43.03	43.90
59	11.41	17.84	27.08	45.95	46.90
60	12.19	19.06	28.96	47.65	50.20
61	12.92	20.26	30.86	49.04	53.43
62	13.64	21.43	32.67	50.52	56.09
63	14.46	22.76	34.74	52.15	57.90
64	15.50	24.44	37.34	54.05	59.99
65	16.83	26.56	40.66	56.13	62.46
66	18.49	29.19	43.57	58.81	65.40
67	20.39	32.22	45.83	61.85	68.68
68	22.53	35.47	48.25	65.12	72.31
69	24.89	37.27	50.62	68.32	75.98
70	27.43	39.07	52.97	71.50	79.53
71	30.00	40.64	54.91	74.11	82.28
72	31.51	41.86	56.37	76.28	84.68
73	33.18	43.36	58.11	78.44	87.31
74	35.08	45.56	60.80	82.05	91.38
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

XSB02P92 XSC02P92 XSD02P92 XSE02P92 XSA02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	4.25	6.22	10.94	11.26
30-34	3.39	5.06	7.43	12.69	13.04
35-39	3.98	6.03	8.90	14.81	15.17
40	4.23	6.46	9.52	15.68	16.05
41	4.41	6.70	9.91	16.34	16.76
42	4.57	6.99	10.33	17.15	17.51
43	4.76	7.28	10.81	18.00	18.41
44	4.98	7.61	11.29	18.93	19.31
45	5.19	7.96	11.84	19.87	20.26
46	5.43	8.34	12.42	20.79	21.25
47	5.70	8.77	13.07	21.77	22.20
48	5.98	9.19	13.73	22.78	23.27
49	6.26	9.65	14.45	23.90	24.41
50	6.56	10.13	15.17	25.11	25.64
51	6.84	10.57	15.88	26.40	26.95
52	7.11	11.02	16.56	27.72	28.29
53	7.40	11.48	17.27	29.18	29.77
54	7.74	12.02	18.13	30.79	31.43
55	8.15	12.69	19.16	32.66	33.32
56	8.64	13.46	20.35	34.70	35.44
57	9.17	14.32	21.69	36.95	37.72
58	9.77	15.26	23.14	39.01	40.24
59	10.40	16.30	24.74	39.93	42.95
60	11.09	17.40	26.46	41.03	45.56
61	11.77	18.48	28.17	42.23	46.87
62	12.42	19.55	29.84	43.49	48.29
63	13.18	20.75	31.72	44.87	49.82
64	14.10	22.25	34.03	46.40	51.62
65	15.30	24.18	35.78	48.29	53.70
66	16.79	26.56	37.46	50.55	56.12
67	18.52	29.15	39.38	53.16	59.03
68	20.45	30.67	41.37	55.83	62.10
69	22.55	32.23	43.46	58.64	65.25
70	24.80	33.71	45.46	61.34	68.11
71	25.89	34.84	47.07	63.51	70.52
72	26.92	35.84	48.22	65.06	72.45
73	28.04	36.94	49.64	66.99	74.58
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

XSH02P92 XSI02P92 XSJ02P92 XSK02P92 XSG02P92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.83	5.59	9.73	10.13
30-34	3.02	4.53	6.62	11.30	11.66
35-39	3.53	5.36	7.88	13.16	13.49
40	3.77	5.71	8.45	13.95	14.27
41	3.92	5.96	8.80	14.56	14.90
42	4.07	6.20	9.18	15.25	15.58
43	4.22	6.46	9.58	15.98	16.34
44	4.41	6.73	10.00	16.79	17.15
45	4.60	7.04	10.49	17.62	17.98
46	4.82	7.39	10.99	18.47	18.81
47	5.04	7.74	11.57	19.29	19.70
48	5.28	8.15	12.16	20.19	20.66
49	5.54	8.53	12.80	21.18	21.61
50	5.80	8.96	13.42	22.26	22.72
51	6.04	9.33	14.02	23.39	23.90
52	6.27	9.72	14.63	24.58	25.07
53	6.53	10.14	15.28	25.82	26.38
54	6.81	10.62	16.00	27.28	27.83
55	7.17	11.17	16.91	28.89	29.50
56	7.60	11.84	17.96	30.71	31.32
57	8.06	12.59	19.09	32.66	33.32
58	8.58	13.42	20.39	33.62	35.51
59	9.14	14.31	21.78	34.42	37.88
60	9.74	15.29	23.27	35.35	39.25
61	10.31	16.22	24.74	36.37	40.39
62	10.89	17.17	26.21	37.46	41.58
63	11.53	18.21	27.85	38.64	42.90
64	12.34	19.51	29.60	39.95	44.44
65	13.38	21.16	30.82	41.58	46.24
66	14.68	23.22	32.24	43.52	48.31
67	16.18	25.17	33.82	45.74	50.78
68	17.87	26.47	35.60	48.03	53.42
69	19.69	27.80	37.37	50.44	56.10
70	21.39	29.09	39.08	52.74	58.56
71	22.16	30.05	40.47	54.61	60.62
72	22.82	30.92	41.48	55.98	62.33
73	23.50	31.88	42.74	57.67	64.21
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

XSN02P92 XSO02P92 XSP02P92 XSQ02P92 XSM02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	5.17	7.55	14.43	14.94
30-34	4.09	6.13	8.98	16.81	17.32
35-39	4.83	7.27	10.72	19.71	20.17
40	5.14	7.81	11.50	20.87	21.33
41	5.35	8.11	11.98	21.76	22.28
42	5.56	8.45	12.50	22.83	23.35
43	5.78	8.80	13.05	23.99	24.52
44	6.03	9.22	13.64	25.17	25.74
45	6.29	9.62	14.30	26.46	26.99
46	6.58	10.10	15.02	27.71	28.26
47	6.92	10.61	15.80	29.00	29.60
48	7.24	11.14	16.61	30.36	31.00
49	7.60	11.69	17.50	31.87	32.49
50	7.97	12.28	18.36	33.48	34.16
51	8.30	12.84	19.24	35.22	35.87
52	8.64	13.36	20.06	37.00	37.72
53	9.00	13.94	20.95	38.95	39.72
54	9.42	14.61	22.00	41.11	41.93
55	9.91	15.40	23.25	43.58	44.49
56	10.50	16.36	24.70	46.39	47.34
57	11.16	17.39	26.31	49.27	50.39
58	11.89	18.54	28.12	50.37	53.77
59	12.68	19.82	30.09	51.60	57.29
60	13.54	21.18	32.18	52.94	58.90
61	14.35	22.51	34.29	54.49	60.61
62	15.16	23.81	36.30	56.13	62.32
63	16.07	25.29	38.60	57.94	64.33
64	17.22	27.15	41.49	60.05	66.66
65	18.70	29.51	45.18	62.37	69.40
66	20.54	32.43	48.41	65.34	72.67
67	22.65	35.80	50.92	68.72	76.31
68	25.03	39.41	53.61	72.36	80.34
69	27.65	41.41	56.24	75.91	84.42
70	30.48	43.41	58.86	79.44	88.37
71	33.33	45.15	61.01	82.34	91.42
72	35.01	46.51	62.63	84.75	94.09
73	36.87	48.18	64.57	87.15	97.01
74	38.98	50.62	67.56	91.17	101.53
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80

XSB01Q07 XSC01Q07 XSD01Q07 XSE01Q07 XSA01Q07

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	4.72	6.91	13.39	13.79
30-34	3.77	5.62	8.25	15.54	15.97
35-39	4.42	6.70	9.89	18.13	18.59
40	4.70	7.18	10.58	19.20	19.66
41	4.90	7.44	11.01	20.02	20.53
42	5.08	7.77	11.48	21.00	21.45
43	5.29	8.09	12.01	22.05	22.54
44	5.53	8.45	12.54	23.18	23.66
45	5.77	8.84	13.16	24.34	24.81
46	6.03	9.27	13.80	25.46	26.03
47	6.33	9.74	14.52	26.67	27.20
48	6.64	10.21	15.26	27.90	28.50
49	6.96	10.72	16.05	29.28	29.90
50	7.29	11.26	16.86	30.76	31.41
51	7.60	11.74	17.64	32.33	33.00
52	7.90	12.24	18.40	33.95	34.65
53	8.22	12.76	19.19	35.74	36.47
54	8.60	13.36	20.14	37.71	38.49
55	9.06	14.10	21.29	40.00	40.81
56	9.60	14.96	22.61	41.54	43.41
57	10.19	15.91	24.10	42.47	46.20
58	10.85	16.95	25.71	43.34	48.20
59	11.56	18.11	27.49	44.37	49.35
60	12.32	19.33	29.40	45.59	50.62
61	13.08	20.53	31.30	46.92	52.08
62	13.80	21.72	33.16	48.32	53.65
63	14.64	23.05	35.24	49.86	55.36
64	15.67	24.72	37.81	51.55	57.35
65	17.00	26.87	39.76	53.65	59.67
66	18.66	29.51	41.62	56.17	62.36
67	20.58	32.39	43.76	59.07	65.59
68	22.72	34.08	45.97	62.03	69.00
69	25.06	35.81	48.29	65.16	72.50
70	27.55	37.45	50.51	68.16	75.68
71	28.77	38.71	52.30	70.57	78.35
72	29.91	39.82	53.58	72.29	80.50
73	31.15	41.04	55.16	74.43	82.87
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77

XSH01Q07 XSI01Q07 XSJ01Q07 XSK01Q07 XSG01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	4.25	6.21	11.92	12.40
30-34	3.36	5.03	7.36	13.83	14.29
35-39	3.92	5.95	8.75	16.12	16.52
40	4.19	6.34	9.39	17.09	17.48
41	4.35	6.62	9.78	17.84	18.24
42	4.52	6.89	10.20	18.67	19.08
43	4.69	7.18	10.64	19.58	20.01
44	4.90	7.48	11.11	20.57	21.00
45	5.11	7.82	11.65	21.58	22.03
46	5.35	8.21	12.21	22.62	23.04
47	5.60	8.60	12.86	23.62	24.13
48	5.87	9.05	13.51	24.73	25.30
49	6.15	9.48	14.22	25.94	26.47
50	6.44	9.95	14.91	27.26	27.82
51	6.71	10.37	15.58	28.65	29.28
52	6.97	10.80	16.25	30.11	30.71
53	7.25	11.27	16.98	31.63	32.31
54	7.57	11.80	17.78	33.41	34.09
55	7.97	12.41	18.79	35.03	36.14
56	8.44	13.16	19.95	35.84	38.36
57	8.96	13.99	21.21	36.62	40.66
58	9.53	14.91	22.66	37.35	41.55
59	10.15	15.90	24.20	38.24	42.54
60	10.82	16.99	25.86	39.28	43.61
61	11.45	18.02	27.49	40.41	44.88
62	12.10	19.08	29.12	41.62	46.20
63	12.81	20.23	30.94	42.93	47.67
64	13.71	21.68	32.89	44.39	49.38
65	14.87	23.51	34.24	46.20	51.38
66	16.31	25.80	35.82	48.35	53.68
67	17.98	27.97	37.58	50.82	56.42
68	19.85	29.41	39.55	53.37	59.36
69	21.88	30.89	41.52	56.04	62.33
70	23.77	32.32	43.42	58.60	65.07
71	24.62	33.39	44.97	60.68	67.36
72	25.35	34.36	46.09	62.20	69.26
73	26.11	35.42	47.49	64.08	71.34
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

XSN01Q07 XSO01Q07 XSP01Q07 XSQ01Q07 XSM01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	4.65	6.80	12.99	13.45
30-34	3.68	5.52	8.08	15.13	15.59
35-39	4.35	6.54	9.65	17.74	18.15
40	4.63	7.03	10.35	18.78	19.20
41	4.82	7.30	10.78	19.58	20.05
42	5.00	7.61	11.25	20.55	21.02
43	5.20	7.92	11.75	21.59	22.07
44	5.43	8.30	12.28	22.65	23.17
45	5.66	8.66	12.87	23.81	24.29
46	5.92	9.09	13.52	24.94	25.43
47	6.23	9.55	14.22	26.10	26.64
48	6.52	10.03	14.95	27.32	27.90
49	6.84	10.52	15.75	28.68	29.24
50	7.17	11.05	16.52	30.13	30.74
51	7.47	11.56	17.32	31.70	32.28
52	7.78	12.02	18.05	33.30	33.95
53	8.10	12.55	18.86	35.06	35.75
54	8.48	13.15	19.80	37.00	37.74
55	8.92	13.86	20.93	39.22	40.04
56	9.45	14.72	22.23	41.75	42.61
57	10.04	15.65	23.68	44.34	45.35
58	10.70	16.69	25.31	45.33	48.39
59	11.41	17.84	27.08	46.44	51.56
60	12.19	19.06	28.96	47.65	53.01
61	12.92	20.26	30.86	49.04	54.55
62	13.64	21.43	32.67	50.52	56.09
63	14.46	22.76	34.74	52.15	57.90
64	15.50	24.44	37.34	54.05	59.99
65	16.83	26.56	40.66	56.13	62.46
66	18.49	29.19	43.57	58.81	65.40
67	20.39	32.22	45.83	61.85	68.68
68	22.53	35.47	48.25	65.12	72.31
69	24.89	37.27	50.62	68.32	75.98
70	27.43	39.07	52.97	71.50	79.53
71	30.00	40.64	54.91	74.11	82.28
72	31.51	41.86	56.37	76.28	84.68
73	33.18	43.36	58.11	78.44	87.31
74	35.08	45.56	60.80	82.05	91.38
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

XSB02Q07 XSC02Q07 XSD02Q07 XSE02Q07 XSA02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	4.25	6.22	12.05	12.41
30-34	3.39	5.06	7.43	13.99	14.37
35-39	3.98	6.03	8.90	16.32	16.73
40	4.23	6.46	9.52	17.28	17.69
41	4.41	6.70	9.91	18.02	18.48
42	4.57	6.99	10.33	18.90	19.31
43	4.76	7.28	10.81	19.85	20.29
44	4.98	7.61	11.29	20.86	21.29
45	5.19	7.96	11.84	21.91	22.33
46	5.43	8.34	12.42	22.91	23.43
47	5.70	8.77	13.07	24.00	24.48
48	5.98	9.19	13.73	25.11	25.65
49	6.26	9.65	14.45	26.35	26.91
50	6.56	10.13	15.17	27.68	28.27
51	6.84	10.57	15.88	29.10	29.70
52	7.11	11.02	16.56	30.56	31.19
53	7.40	11.48	17.27	32.17	32.82
54	7.74	12.02	18.13	33.94	34.64
55	8.15	12.69	19.16	36.00	36.73
56	8.64	13.46	20.35	37.39	39.07
57	9.17	14.32	21.69	38.22	41.58
58	9.77	15.26	23.14	39.01	43.38
59	10.40	16.30	24.74	39.93	44.42
60	11.09	17.40	26.46	41.03	45.56
61	11.77	18.48	28.17	42.23	46.87
62	12.42	19.55	29.84	43.49	48.29
63	13.18	20.75	31.72	44.87	49.82
64	14.10	22.25	34.03	46.40	51.62
65	15.30	24.18	35.78	48.29	53.70
66	16.79	26.56	37.46	50.55	56.12
67	18.52	29.15	39.38	53.16	59.03
68	20.45	30.67	41.37	55.83	62.10
69	22.55	32.23	43.46	58.64	65.25
70	24.80	33.71	45.46	61.34	68.11
71	25.89	34.84	47.07	63.51	70.52
72	26.92	35.84	48.22	65.06	72.45
73	28.04	36.94	49.64	66.99	74.58
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

XSH02Q07 XSI02Q07 XSJ02Q07 XSK02Q07 XSG02Q07

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.83	5.59	10.73	11.16
30-34	3.02	4.53	6.62	12.45	12.86
35-39	3.53	5.36	7.88	14.51	14.87
40	3.77	5.71	8.45	15.38	15.73
41	3.92	5.96	8.80	16.06	16.42
42	4.07	6.20	9.18	16.80	17.17
43	4.22	6.46	9.58	17.62	18.01
44	4.41	6.73	10.00	18.51	18.90
45	4.60	7.04	10.49	19.42	19.83
46	4.82	7.39	10.99	20.36	20.74
47	5.04	7.74	11.57	21.26	21.72
48	5.28	8.15	12.16	22.26	22.77
49	5.54	8.53	12.80	23.35	23.82
50	5.80	8.96	13.42	24.53	25.04
51	6.04	9.33	14.02	25.79	26.35
52	6.27	9.72	14.63	27.10	27.64
53	6.53	10.14	15.28	28.47	29.08
54	6.81	10.62	16.00	30.07	30.68
55	7.17	11.17	16.91	31.53	32.53
56	7.60	11.84	17.96	32.26	34.52
57	8.06	12.59	19.09	32.96	36.59
58	8.58	13.42	20.39	33.62	37.40
59	9.14	14.31	21.78	34.42	38.29
60	9.74	15.29	23.27	35.35	39.25
61	10.31	16.22	24.74	36.37	40.39
62	10.89	17.17	26.21	37.46	41.58
63	11.53	18.21	27.85	38.64	42.90
64	12.34	19.51	29.60	39.95	44.44
65	13.38	21.16	30.82	41.58	46.24
66	14.68	23.22	32.24	43.52	48.31
67	16.18	25.17	33.82	45.74	50.78
68	17.87	26.47	35.60	48.03	53.42
69	19.69	27.80	37.37	50.44	56.10
70	21.39	29.09	39.08	52.74	58.56
71	22.16	30.05	40.47	54.61	60.62
72	22.82	30.92	41.48	55.98	62.33
73	23.50	31.88	42.74	57.67	64.21
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

XSN02Q07 XSO02Q07 XSP02Q07 XSQ02Q07 XSM02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	5.17	7.55	14.43	14.94
30-34	4.09	6.13	8.98	16.81	17.32
35-39	4.83	7.27	10.72	19.71	20.17
40	5.14	7.81	11.50	20.87	21.33
41	5.35	8.11	11.98	21.76	22.28
42	5.56	8.45	12.50	22.83	23.35
43	5.78	8.80	13.05	23.99	24.52
44	6.03	9.22	13.64	25.17	25.74
45	6.29	9.62	14.30	26.46	26.99
46	6.58	10.10	15.02	27.71	28.26
47	6.92	10.61	15.80	29.00	29.60
48	7.24	11.14	16.61	30.36	31.00
49	7.60	11.69	17.50	31.87	32.49
50	7.97	12.28	18.36	33.48	34.16
51	8.30	12.84	19.24	35.22	35.87
52	8.64	13.36	20.06	37.00	37.72
53	9.00	13.94	20.95	38.95	39.72
54	9.42	14.61	22.00	41.11	41.93
55	9.91	15.40	23.25	43.58	44.49
56	10.50	16.36	24.70	46.39	47.34
57	11.16	17.39	26.31	49.27	50.39
58	11.89	18.54	28.12	50.37	53.77
59	12.68	19.82	30.09	51.60	57.29
60	13.54	21.18	32.18	52.94	58.90
61	14.35	22.51	34.29	54.49	60.61
62	15.16	23.81	36.30	56.13	62.32
63	16.07	25.29	38.60	57.94	64.33
64	17.22	27.15	41.49	60.05	66.66
65	18.70	29.51	45.18	62.37	69.40
66	20.54	32.43	48.41	65.34	72.67
67	22.65	35.80	50.92	68.72	76.31
68	25.03	39.41	53.61	72.36	80.34
69	27.65	41.41	56.24	75.91	84.42
70	30.48	43.41	58.86	79.44	88.37
71	33.33	45.15	61.01	82.34	91.42
72	35.01	46.51	62.63	84.75	94.09
73	36.87	48.18	64.57	87.15	97.01
74	38.98	50.62	67.56	91.17	101.53
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80

XSB01Q08 XSC01Q08 XSD01Q08 XSE01Q08 XSA01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	4.72	6.91	13.39	13.79
30-34	3.77	5.62	8.25	15.54	15.97
35-39	4.42	6.70	9.89	18.13	18.59
40	4.70	7.18	10.58	19.20	19.66
41	4.90	7.44	11.01	20.02	20.53
42	5.08	7.77	11.48	21.00	21.45
43	5.29	8.09	12.01	22.05	22.54
44	5.53	8.45	12.54	23.18	23.66
45	5.77	8.84	13.16	24.34	24.81
46	6.03	9.27	13.80	25.46	26.03
47	6.33	9.74	14.52	26.67	27.20
48	6.64	10.21	15.26	27.90	28.50
49	6.96	10.72	16.05	29.28	29.90
50	7.29	11.26	16.86	30.76	31.41
51	7.60	11.74	17.64	32.33	33.00
52	7.90	12.24	18.40	33.95	34.65
53	8.22	12.76	19.19	35.74	36.47
54	8.60	13.36	20.14	37.71	38.49
55	9.06	14.10	21.29	40.00	40.81
56	9.60	14.96	22.61	41.54	43.41
57	10.19	15.91	24.10	42.47	46.20
58	10.85	16.95	25.71	43.34	48.20
59	11.56	18.11	27.49	44.37	49.35
60	12.32	19.33	29.40	45.59	50.62
61	13.08	20.53	31.30	46.92	52.08
62	13.80	21.72	33.16	48.32	53.65
63	14.64	23.05	35.24	49.86	55.36
64	15.67	24.72	37.81	51.55	57.35
65	17.00	26.87	39.76	53.65	59.67
66	18.66	29.51	41.62	56.17	62.36
67	20.58	32.39	43.76	59.07	65.59
68	22.72	34.08	45.97	62.03	69.00
69	25.06	35.81	48.29	65.16	72.50
70	27.55	37.45	50.51	68.16	75.68
71	28.77	38.71	52.30	70.57	78.35
72	29.91	39.82	53.58	72.29	80.50
73	31.15	41.04	55.16	74.43	82.87
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77
	XSH01Q08	XSI01Q08	XSJ01Q08	XSK01Q08	XSG01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	4.25	6.21	11.92	12.40
30-34	3.36	5.03	7.36	13.83	14.29
35-39	3.92	5.95	8.75	16.12	16.52
40	4.19	6.34	9.39	17.09	17.48
41	4.35	6.62	9.78	17.84	18.24
42	4.52	6.89	10.20	18.67	19.08
43	4.69	7.18	10.64	19.58	20.01
44	4.90	7.48	11.11	20.57	21.00
45	5.11	7.82	11.65	21.58	22.03
46	5.35	8.21	12.21	22.62	23.04
47	5.60	8.60	12.86	23.62	24.13
48	5.87	9.05	13.51	24.73	25.30
49	6.15	9.48	14.22	25.94	26.47
50	6.44	9.95	14.91	27.26	27.82
51	6.71	10.37	15.58	28.65	29.28
52	6.97	10.80	16.25	30.11	30.71
53	7.25	11.27	16.98	31.63	32.31
54	7.57	11.80	17.78	33.41	34.09
55	7.97	12.41	18.79	35.03	36.14
56	8.44	13.16	19.95	35.84	38.36
57	8.96	13.99	21.21	36.62	40.66
58	9.53	14.91	22.66	37.35	41.55
59	10.15	15.90	24.20	38.24	42.54
60	10.82	16.99	25.86	39.28	43.61
61	11.45	18.02	27.49	40.41	44.88
62	12.10	19.08	29.12	41.62	46.20
63	12.81	20.23	30.94	42.93	47.67
64	13.71	21.68	32.89	44.39	49.38
65	14.87	23.51	34.24	46.20	51.38
66	16.31	25.80	35.82	48.35	53.68
67	17.98	27.97	37.58	50.82	56.42
68	19.85	29.41	39.55	53.37	59.36
69	21.88	30.89	41.52	56.04	62.33
70	23.77	32.32	43.42	58.60	65.07
71	24.62	33.39	44.97	60.68	67.36
72	25.35	34.36	46.09	62.20	69.26
73	26.11	35.42	47.49	64.08	71.34
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

XSN01Q08 XSO01Q08 XSP01Q08 XSQ01Q08 XSM01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	4.65	6.80	12.99	13.45
30-34	3.68	5.52	8.08	15.13	15.59
35-39	4.35	6.54	9.65	17.74	18.15
40	4.63	7.03	10.35	18.78	19.20
41	4.82	7.30	10.78	19.58	20.05
42	5.00	7.61	11.25	20.55	21.02
43	5.20	7.92	11.75	21.59	22.07
44	5.43	8.30	12.28	22.65	23.17
45	5.66	8.66	12.87	23.81	24.29
46	5.92	9.09	13.52	24.94	25.43
47	6.23	9.55	14.22	26.10	26.64
48	6.52	10.03	14.95	27.32	27.90
49	6.84	10.52	15.75	28.68	29.24
50	7.17	11.05	16.52	30.13	30.74
51	7.47	11.56	17.32	31.70	32.28
52	7.78	12.02	18.05	33.30	33.95
53	8.10	12.55	18.86	35.06	35.75
54	8.48	13.15	19.80	37.00	37.74
55	8.92	13.86	20.93	39.22	40.04
56	9.45	14.72	22.23	41.75	42.61
57	10.04	15.65	23.68	44.34	45.35
58	10.70	16.69	25.31	45.33	48.39
59	11.41	17.84	27.08	46.44	51.56
60	12.19	19.06	28.96	47.65	53.01
61	12.92	20.26	30.86	49.04	54.55
62	13.64	21.43	32.67	50.52	56.09
63	14.46	22.76	34.74	52.15	57.90
64	15.50	24.44	37.34	54.05	59.99
65	16.83	26.56	40.66	56.13	62.46
66	18.49	29.19	43.57	58.81	65.40
67	20.39	32.22	45.83	61.85	68.68
68	22.53	35.47	48.25	65.12	72.31
69	24.89	37.27	50.62	68.32	75.98
70	27.43	39.07	52.97	71.50	79.53
71	30.00	40.64	54.91	74.11	82.28
72	31.51	41.86	56.37	76.28	84.68
73	33.18	43.36	58.11	78.44	87.31
74	35.08	45.56	60.80	82.05	91.38
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

XSB02Q08 XSC02Q08 XSD02Q08 XSE02Q08 XSA02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	4.25	6.22	12.05	12.41
30-34	3.39	5.06	7.43	13.99	14.37
35-39	3.98	6.03	8.90	16.32	16.73
40	4.23	6.46	9.52	17.28	17.69
41	4.41	6.70	9.91	18.02	18.48
42	4.57	6.99	10.33	18.90	19.31
43	4.76	7.28	10.81	19.85	20.29
44	4.98	7.61	11.29	20.86	21.29
45	5.19	7.96	11.84	21.91	22.33
46	5.43	8.34	12.42	22.91	23.43
47	5.70	8.77	13.07	24.00	24.48
48	5.98	9.19	13.73	25.11	25.65
49	6.26	9.65	14.45	26.35	26.91
50	6.56	10.13	15.17	27.68	28.27
51	6.84	10.57	15.88	29.10	29.70
52	7.11	11.02	16.56	30.56	31.19
53	7.40	11.48	17.27	32.17	32.82
54	7.74	12.02	18.13	33.94	34.64
55	8.15	12.69	19.16	36.00	36.73
56	8.64	13.46	20.35	37.39	39.07
57	9.17	14.32	21.69	38.22	41.58
58	9.77	15.26	23.14	39.01	43.38
59	10.40	16.30	24.74	39.93	44.42
60	11.09	17.40	26.46	41.03	45.56
61	11.77	18.48	28.17	42.23	46.87
62	12.42	19.55	29.84	43.49	48.29
63	13.18	20.75	31.72	44.87	49.82
64	14.10	22.25	34.03	46.40	51.62
65	15.30	24.18	35.78	48.29	53.70
66	16.79	26.56	37.46	50.55	56.12
67	18.52	29.15	39.38	53.16	59.03
68	20.45	30.67	41.37	55.83	62.10
69	22.55	32.23	43.46	58.64	65.25
70	24.80	33.71	45.46	61.34	68.11
71	25.89	34.84	47.07	63.51	70.52
72	26.92	35.84	48.22	65.06	72.45
73	28.04	36.94	49.64	66.99	74.58
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

XSH02Q08 XSI02Q08 XSI02Q08 XSK02Q08 XSG02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.83	5.59	10.73	11.16
30-34	3.02	4.53	6.62	12.45	12.86
35-39	3.53	5.36	7.88	14.51	14.87
40	3.77	5.71	8.45	15.38	15.73
41	3.92	5.96	8.80	16.06	16.42
42	4.07	6.20	9.18	16.80	17.17
43	4.22	6.46	9.58	17.62	18.01
44	4.41	6.73	10.00	18.51	18.90
45	4.60	7.04	10.49	19.42	19.83
46	4.82	7.39	10.99	20.36	20.74
47	5.04	7.74	11.57	21.26	21.72
48	5.28	8.15	12.16	22.26	22.77
49	5.54	8.53	12.80	23.35	23.82
50	5.80	8.96	13.42	24.53	25.04
51	6.04	9.33	14.02	25.79	26.35
52	6.27	9.72	14.63	27.10	27.64
53	6.53	10.14	15.28	28.47	29.08
54	6.81	10.62	16.00	30.07	30.68
55	7.17	11.17	16.91	31.53	32.53
56	7.60	11.84	17.96	32.26	34.52
57	8.06	12.59	19.09	32.96	36.59
58	8.58	13.42	20.39	33.62	37.40
59	9.14	14.31	21.78	34.42	38.29
60	9.74	15.29	23.27	35.35	39.25
61	10.31	16.22	24.74	36.37	40.39
62	10.89	17.17	26.21	37.46	41.58
63	11.53	18.21	27.85	38.64	42.90
64	12.34	19.51	29.60	39.95	44.44
65	13.38	21.16	30.82	41.58	46.24
66	14.68	23.22	32.24	43.52	48.31
67	16.18	25.17	33.82	45.74	50.78
68	17.87	26.47	35.60	48.03	53.42
69	19.69	27.80	37.37	50.44	56.10
70	21.39	29.09	39.08	52.74	58.56
71	22.16	30.05	40.47	54.61	60.62
72	22.82	30.92	41.48	55.98	62.33
73	23.50	31.88	42.74	57.67	64.21
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

XSN02Q08 XSO02Q08 XSP02Q08 XSQ02Q08 XSM02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.64	9.76	12.60	17.33	17.83
30-34	8.50	10.88	14.04	18.71	19.21
35-39	9.50	12.17	15.73	20.37	20.87
40	9.92	12.73	16.46	21.00	21.50
41	10.19	13.08	16.92	21.41	21.89
42	10.46	13.44	17.37	21.82	22.30
43	10.76	13.83	17.88	22.27	22.75
44	11.09	14.27	18.44	22.79	23.29
45	11.41	14.70	19.04	23.42	23.91
46	11.80	15.20	19.68	24.15	24.66
47	12.23	15.77	20.39	24.98	25.49
48	12.65	16.33	21.15	25.88	26.42
49	13.09	16.92	21.90	26.83	27.38
50	13.55	17.49	22.64	27.81	28.38
51	13.96	18.02	23.36	28.80	29.37
52	14.33	18.52	24.00	29.79	30.37
53	14.73	19.04	24.70	30.83	31.44
54	15.20	19.66	25.52	32.05	32.69
55	15.77	20.44	26.53	33.50	34.17
56	16.50	21.37	27.78	35.21	35.92
57	17.31	22.42	29.16	37.09	37.85
58	18.21	23.59	30.71	39.18	39.98
59	19.18	24.89	32.40	41.46	42.31
60	20.21	26.26	34.22	43.97	44.84
61	21.21	27.59	35.98	46.47	47.39
62	22.19	28.86	37.67	48.97	49.94
63	23.27	30.33	39.64	51.75	52.79
64	24.66	32.17	42.05	55.16	56.25
65	26.47	34.56	45.23	59.48	60.63
66	28.73	37.54	49.14	64.69	65.91
67	31.36	40.98	53.59	70.61	71.91
68	34.31	44.83	58.64	77.22	78.61
69	37.56	49.10	64.30	84.52	86.00
70	39.76	53.74	70.56	92.46	94.06
71	41.10	55.88	76.03	100.73	102.43
72	42.50	56.84	77.06	104.00	111.12
73	44.08	57.95	78.21	105.52	117.16
74	45.73	59.67	80.10	108.40	120.35
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30

XCB01P90 XCC01P90 XCD01P90 XCE01P90 XCA01P90

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.00	8.91	11.61	15.98	16.45
30-34	7.79	9.97	12.92	17.24	17.71
35-39	8.69	11.18	14.46	18.74	19.21
40	9.07	11.67	15.12	19.31	19.77
41	9.32	11.99	15.54	19.68	20.14
42	9.55	12.34	15.97	20.05	20.51
43	9.83	12.69	16.42	20.47	20.92
44	10.12	13.08	16.93	20.95	21.41
45	10.45	13.49	17.49	21.52	21.98
46	10.80	13.94	18.07	22.19	22.67
47	11.16	14.44	18.73	22.94	23.41
48	11.57	14.96	19.40	23.75	24.26
49	11.97	15.47	20.09	24.62	25.14
50	12.39	16.02	20.78	25.53	26.07
51	12.75	16.49	21.42	26.43	26.96
52	13.08	16.94	22.01	27.31	27.86
53	13.44	17.44	22.63	28.28	28.85
54	13.87	17.98	23.37	29.38	29.97
55	14.39	18.70	24.29	30.71	31.32
56	15.07	19.53	25.43	32.26	32.92
57	15.77	20.51	26.69	33.98	34.68
58	16.60	21.55	28.11	35.86	36.61
59	17.46	22.72	29.63	37.93	38.71
60	18.40	23.94	31.26	40.20	41.02
61	19.31	25.15	32.86	42.46	43.31
62	20.18	26.33	34.42	44.73	45.62
63	21.18	27.64	36.16	47.26	48.20
64	22.42	29.30	38.35	50.31	51.31
65	24.05	31.45	41.20	54.16	55.20
66	26.09	34.13	44.70	58.78	59.87
67	28.47	37.23	48.72	64.02	65.20
68	31.13	40.70	53.25	69.87	71.14
69	33.67	44.52	58.29	76.29	77.64
70	34.69	47.27	63.82	83.23	84.66
71	35.60	48.14	65.26	88.07	91.98
72	36.42	48.76	66.04	89.12	98.95
73	37.25	49.33	66.74	90.31	100.24
74	38.67	50.69	68.51	92.45	102.94
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36

XCH01P90 XCI01P90 XCJ01P90 XCK01P90 XCG01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.21	7.93	10.29	14.20	14.65
30-34	6.90	8.85	11.48	15.33	15.76
35-39	7.68	9.88	12.82	16.66	17.05
40	8.02	10.33	13.39	17.15	17.55
41	8.22	10.61	13.75	17.46	17.88
42	8.45	10.90	14.15	17.79	18.19
43	8.68	11.22	14.55	18.15	18.57
44	8.95	11.56	14.99	18.57	18.97
45	9.23	11.92	15.46	19.08	19.47
46	9.51	12.32	15.99	19.66	20.08
47	9.86	12.75	16.57	20.31	20.74
48	10.19	13.20	17.15	21.04	21.50
49	10.55	13.66	17.78	21.80	22.25
50	10.90	14.13	18.39	22.59	23.05
51	11.22	14.55	18.92	23.40	23.85
52	11.53	14.94	19.45	24.17	24.63
53	11.83	15.36	19.99	25.00	25.52
54	12.19	15.84	20.63	25.96	26.51
55	12.65	16.45	21.43	27.12	27.68
56	13.22	17.19	22.41	28.49	29.06
57	13.86	18.02	23.51	29.99	30.59
58	14.56	18.95	24.75	31.63	32.29
59	15.30	19.95	26.07	33.44	34.12
60	16.14	21.04	27.48	35.40	36.12
61	16.89	22.08	28.86	37.37	38.11
62	17.66	23.10	30.22	39.34	40.15
63	18.52	24.24	31.74	41.55	42.38
64	19.60	25.67	33.61	44.19	45.05
65	21.00	27.52	36.07	47.47	48.37
66	22.79	29.85	39.12	51.43	52.40
67	24.84	32.57	42.60	55.94	56.96
68	27.16	35.58	46.51	60.91	62.02
69	29.17	38.86	50.83	66.34	67.51
70	29.93	40.80	55.12	72.16	73.41
71	30.51	41.57	56.11	75.74	79.51
72	30.93	42.14	56.82	76.70	85.15
73	31.29	42.64	57.45	77.73	86.30
74	32.16	43.77	58.91	79.50	88.52
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76
	XCN01P90	XCO01P90	XCP01P90	XCQ01P90	XCM01P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.88	8.78	11.34	15.60	16.05
30-34	7.65	9.79	12.64	16.84	17.29
35-39	8.55	10.95	14.16	18.33	18.78
40	8.93	11.46	14.81	18.90	19.35
41	9.17	11.77	15.23	19.27	19.70
42	9.41	12.10	15.63	19.64	20.07
43	9.68	12.45	16.09	20.04	20.48
44	9.98	12.84	16.60	20.51	20.96
45	10.27	13.23	17.14	21.08	21.52
46	10.62	13.68	17.71	21.74	22.19
47	11.01	14.19	18.35	22.48	22.94
48	11.39	14.70	19.04	23.29	23.78
49	11.78	15.23	19.71	24.15	24.64
50	12.20	15.74	20.38	25.03	25.54
51	12.56	16.22	21.02	25.92	26.43
52	12.90	16.67	21.60	26.81	27.33
53	13.26	17.14	22.23	27.75	28.30
54	13.68	17.69	22.97	28.85	29.42
55	14.19	18.40	23.88	30.15	30.75
56	14.85	19.23	25.00	31.69	32.33
57	15.58	20.18	26.24	33.38	34.07
58	16.39	21.23	27.64	35.26	35.98
59	17.26	22.40	29.16	37.31	38.08
60	18.19	23.63	30.80	39.57	40.36
61	19.09	24.83	32.38	41.82	42.65
62	19.97	25.97	33.90	44.07	44.95
63	20.94	27.30	35.68	46.58	47.51
64	22.19	28.95	37.85	49.64	50.63
65	23.82	31.10	40.71	53.53	54.57
66	25.86	33.79	44.23	58.22	59.32
67	28.22	36.88	48.23	63.55	64.72
68	30.88	40.35	52.78	69.50	70.75
69	33.80	44.19	57.87	76.07	77.40
70	35.78	48.37	63.50	83.21	84.65
71	36.99	50.29	68.43	90.66	92.19
72	38.25	51.16	69.35	93.60	100.01
73	39.67	52.16	70.39	94.97	105.44
74	41.16	53.70	72.09	97.56	108.32
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77

XCB02P90 XCC02P90 XCD02P90 XCE02P90 XCA02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.30	8.02	10.45	14.38	14.81
30-34	7.01	8.97	11.63	15.52	15.94
35-39	7.82	10.06	13.01	16.87	17.29
40	8.16	10.50	13.61	17.38	17.79
41	8.39	10.79	13.99	17.71	18.13
42	8.60	11.11	14.37	18.05	18.46
43	8.85	11.42	14.78	18.42	18.83
44	9.11	11.77	15.24	18.86	19.27
45	9.41	12.14	15.74	19.37	19.78
46	9.72	12.55	16.26	19.97	20.40
47	10.04	13.00	16.86	20.65	21.07
48	10.41	13.46	17.46	21.38	21.83
49	10.77	13.92	18.08	22.16	22.63
50	11.15	14.42	18.70	22.98	23.46
51	11.48	14.84	19.28	23.79	24.26
52	11.77	15.25	19.81	24.58	25.07
53	12.10	15.70	20.37	25.45	25.97
54	12.48	16.18	21.03	26.44	26.97
55	12.95	16.83	21.86	27.64	28.19
56	13.56	17.58	22.89	29.03	29.63
57	14.19	18.46	24.02	30.58	31.21
58	14.94	19.40	25.30	32.27	32.95
59	15.71	20.45	26.67	34.14	34.84
60	16.56	21.55	28.13	36.18	36.92
61	17.38	22.64	29.57	38.21	38.98
62	18.16	23.70	30.98	40.26	41.06
63	19.06	24.88	32.54	42.53	43.38
64	20.18	26.37	34.52	45.28	46.18
65	21.65	28.31	37.08	48.74	49.68
66	23.48	30.72	40.23	52.90	53.88
67	25.62	33.51	43.85	57.62	58.68
68	28.02	36.63	47.93	62.88	64.03
69	30.30	40.07	52.46	68.66	69.88
70	31.22	42.54	57.44	74.91	76.19
71	32.04	43.33	58.73	79.26	82.78
72	32.78	43.88	59.44	80.21	89.06
73	33.53	44.40	60.07	81.28	90.22
74	34.80	45.62	61.66	83.21	92.65
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42

XCH02P90 XCI02P90 XCJ02P90 XCK02P90 XCG02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 1 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.59	7.14	9.26	12.78	13.19
30-34	6.21	7.97	10.33	13.80	14.18
35-39	6.91	8.89	11.54	14.99	15.35
40	7.22	9.30	12.05	15.44	15.80
41	7.40	9.55	12.38	15.71	16.09
42	7.61	9.81	12.74	16.01	16.37
43	7.81	10.10	13.10	16.34	16.71
44	8.06	10.40	13.49	16.71	17.07
45	8.31	10.73	13.91	17.17	17.52
46	8.56	11.09	14.39	17.69	18.07
47	8.87	11.48	14.91	18.28	18.67
48	9.17	11.88	15.44	18.94	19.35
49	9.50	12.29	16.00	19.62	20.03
50	9.81	12.72	16.55	20.33	20.75
51	10.10	13.10	17.03	21.06	21.47
52	10.38	13.45	17.51	21.75	22.17
53	10.65	13.82	17.99	22.50	22.97
54	10.97	14.26	18.57	23.36	23.86
55	11.39	14.81	19.29	24.41	24.91
56	11.90	15.47	20.17	25.64	26.15
57	12.47	16.22	21.16	26.99	27.53
58	13.10	17.06	22.28	28.47	29.06
59	13.77	17.96	23.46	30.10	30.71
60	14.53	18.94	24.73	31.86	32.51
61	15.20	19.87	25.97	33.63	34.30
62	15.89	20.79	27.20	35.41	36.14
63	16.67	21.82	28.57	37.40	38.14
64	17.64	23.10	30.25	39.77	40.55
65	18.90	24.77	32.46	42.72	43.53
66	20.51	26.87	35.21	46.29	47.16
67	22.36	29.31	38.34	50.35	51.26
68	24.44	32.02	41.86	54.82	55.82
69	26.25	34.97	45.75	59.71	60.76
70	26.94	36.72	49.61	64.94	66.07
71	27.46	37.41	50.50	68.17	71.56
72	27.84	37.93	51.14	69.03	76.64
73	28.16	38.38	51.71	69.96	77.67
74	28.94	39.39	53.02	71.55	79.67
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

XCN02P90 XCO02P90 XCP02P90 XCQ02P90 XCM02P90

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P90 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	9.43	12.04	15.55	21.39	22.00
30-34	10.49	13.43	17.33	23.09	23.71
35-39	11.72	15.02	19.41	25.14	25.75
40	12.24	15.71	20.31	25.91	26.53
41	12.57	16.14	20.88	26.42	27.01
42	12.91	16.58	21.43	26.93	27.52
43	13.28	17.07	22.06	27.48	28.07
44	13.69	17.61	22.75	28.12	28.74
45	14.08	18.14	23.50	28.90	29.50
46	14.56	18.76	24.29	29.80	30.43
47	15.09	19.46	25.16	30.83	31.45
48	15.61	20.15	26.10	31.94	32.60
49	16.15	20.88	27.02	33.11	33.79
50	16.72	21.58	27.94	34.32	35.02
51	17.23	22.24	28.83	35.54	36.24
52	17.68	22.85	29.62	36.76	37.48
53	18.18	23.50	30.48	38.04	38.80
54	18.76	24.26	31.49	39.55	40.34
55	19.46	25.22	32.74	41.34	42.17
56	20.36	26.37	34.28	43.45	44.33
57	21.36	27.67	35.98	45.77	46.71
58	22.47	29.11	37.90	48.35	49.34
59	23.67	30.71	39.98	51.16	52.21
60	24.94	32.40	42.23	54.26	55.33
61	26.17	34.05	44.40	57.34	58.48
62	27.38	35.61	46.48	60.43	61.63
63	28.72	37.43	48.92	63.86	65.14
64	30.43	39.70	51.89	68.07	69.41
65	32.66	42.65	55.81	73.40	74.82
66	35.43	46.32	60.64	79.83	81.33
67	36.31	50.15	66.13	87.13	88.74
68	37.34	51.67	70.67	95.29	97.00
69	38.53	53.25	72.79	98.24	106.12
70	39.76	54.78	74.74	100.87	112.00
71	41.10	55.88	76.03	102.80	114.12
72	42.50	56.84	77.06	104.00	115.67
73	44.08	57.95	78.21	105.52	117.16
74	45.73	59.67	80.10	108.40	120.35
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30

XCB01P91 XCC01P91 XCD01P91 XCE01P91 XCA01P91

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.64	10.99	14.33	19.72	20.30
30-34	9.61	12.30	15.94	21.27	21.85
35-39	10.72	13.80	17.84	23.13	23.71
40	11.19	14.40	18.66	23.83	24.40
41	11.50	14.80	19.18	24.29	24.85
42	11.78	15.23	19.71	24.74	25.31
43	12.13	15.66	20.26	25.26	25.82
44	12.49	16.14	20.89	25.85	26.42
45	12.90	16.65	21.58	26.56	27.12
46	13.33	17.20	22.30	27.38	27.97
47	13.77	17.82	23.11	28.31	28.89
48	14.28	18.46	23.94	29.31	29.94
49	14.77	19.09	24.79	30.38	31.02
50	15.29	19.77	25.64	31.50	32.17
51	15.73	20.35	26.43	32.61	33.27
52	16.14	20.90	27.16	33.70	34.38
53	16.58	21.52	27.93	34.90	35.60
54	17.12	22.19	28.84	36.25	36.98
55	17.76	23.08	29.97	37.90	38.65
56	18.60	24.10	31.38	39.81	40.62
57	19.46	25.31	32.94	41.93	42.80
58	20.48	26.59	34.69	44.25	45.18
59	21.55	28.04	36.56	46.81	47.77
60	22.71	29.54	38.57	49.61	50.62
61	23.83	31.04	40.55	52.40	53.44
62	24.90	32.49	42.47	55.20	56.30
63	26.14	34.11	44.62	58.32	59.48
64	27.67	36.16	47.32	62.08	63.32
65	29.68	38.81	50.84	66.83	68.12
66	30.98	42.12	55.16	72.53	73.88
67	31.80	43.46	58.98	79.00	80.46
68	32.75	44.80	60.79	82.05	87.79
69	33.67	46.13	62.60	84.49	93.80
70	34.69	47.27	64.24	86.71	96.27
71	35.60	48.14	65.26	88.07	97.98
72	36.42	48.76	66.04	89.12	98.95
73	37.25	49.33	66.74	90.31	100.24
74	38.67	50.69	68.51	92.45	102.94
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36

XCH01P91 XCI01P91 XCJ01P91 XCK01P91 XCG01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.66	9.79	12.70	17.52	18.08
30-34	8.51	10.92	14.17	18.92	19.45
35-39	9.48	12.19	15.82	20.56	21.04
40	9.90	12.75	16.52	21.16	21.66
41	10.14	13.09	16.97	21.55	22.06
42	10.43	13.45	17.46	21.95	22.45
43	10.71	13.85	17.95	22.40	22.92
44	11.04	14.27	18.50	22.92	23.41
45	11.39	14.71	19.08	23.54	24.03
46	11.74	15.20	19.73	24.26	24.78
47	12.17	15.73	20.45	25.06	25.59
48	12.57	16.29	21.16	25.96	26.53
49	13.02	16.86	21.94	26.90	27.46
50	13.45	17.44	22.69	27.88	28.44
51	13.85	17.95	23.35	28.88	29.43
52	14.23	18.44	24.00	29.83	30.39
53	14.60	18.95	24.67	30.85	31.49
54	15.04	19.55	25.46	32.03	32.71
55	15.61	20.30	26.44	33.47	34.16
56	16.31	21.21	27.65	35.16	35.86
57	17.10	22.24	29.01	37.01	37.75
58	17.97	23.38	30.54	39.03	39.85
59	18.88	24.62	32.17	41.26	42.10
60	19.92	25.96	33.91	43.68	44.57
61	20.84	27.25	35.61	46.11	47.03
62	21.79	28.51	37.29	48.55	49.55
63	22.85	29.91	39.17	51.27	52.30
64	24.19	31.68	41.47	54.53	55.59
65	25.91	33.96	44.51	58.58	59.69
66	26.79	36.50	48.27	63.46	64.66
67	27.55	37.53	50.74	68.49	70.29
68	28.37	38.67	52.29	70.57	76.53
69	29.17	39.81	53.85	72.66	80.68
70	29.93	40.80	55.12	74.54	82.75
71	30.51	41.57	56.11	75.74	84.24
72	30.93	42.14	56.82	76.70	85.15
73	31.29	42.64	57.45	77.73	86.30
74	32.16	43.77	58.91	79.50	88.52
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76
	XCN01P91	XCO01P91	XCP01P91	XCQ01P91	XCM01P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.49	10.84	14.00	19.25	19.80
30-34	9.44	12.09	15.60	20.78	21.34
35-39	10.55	13.52	17.47	22.63	23.18
40	11.02	14.14	18.28	23.32	23.88
41	11.31	14.53	18.79	23.78	24.31
42	11.62	14.92	19.29	24.24	24.77
43	11.95	15.36	19.85	24.73	25.26
44	12.32	15.85	20.48	25.31	25.87
45	12.67	16.33	21.15	26.01	26.55
46	13.10	16.88	21.86	26.82	27.39
47	13.58	17.51	22.64	27.75	28.31
48	14.05	18.14	23.49	28.75	29.34
49	14.54	18.79	24.32	29.80	30.41
50	15.05	19.42	25.15	30.89	31.52
51	15.51	20.02	25.95	31.99	32.62
52	15.91	20.57	26.66	33.08	33.73
53	16.36	21.15	27.43	34.24	34.92
54	16.88	21.83	28.34	35.60	36.31
55	17.51	22.70	29.47	37.21	37.95
56	18.32	23.73	30.85	39.11	39.90
57	19.22	24.90	32.38	41.19	42.04
58	20.22	26.20	34.11	43.52	44.41
59	21.30	27.64	35.98	46.04	46.99
60	22.45	29.16	38.01	48.83	49.80
61	23.55	30.65	39.96	51.61	52.63
62	24.64	32.05	41.83	54.39	55.47
63	25.85	33.69	44.03	57.47	58.63
64	27.39	35.73	46.70	61.26	62.47
65	29.39	38.39	50.23	66.06	67.34
66	31.89	41.69	54.58	71.85	73.20
67	32.68	45.14	59.52	78.42	79.87
68	33.61	46.50	63.60	85.76	87.30
69	34.68	47.93	65.51	88.42	95.51
70	35.78	49.30	67.27	90.78	100.80
71	36.99	50.29	68.43	92.52	102.71
72	38.25	51.16	69.35	93.60	104.10
73	39.67	52.16	70.39	94.97	105.44
74	41.16	53.70	72.09	97.56	108.32
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77

XCB02P91 XCC02P91 XCD02P91 XCE02P91 XCA02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.78	9.89	12.90	17.75	18.27
30-34	8.65	11.07	14.35	19.14	19.67
35-39	9.65	12.42	16.06	20.82	21.34
40	10.07	12.96	16.79	21.45	21.96
41	10.35	13.32	17.26	21.86	22.37
42	10.60	13.71	17.74	22.27	22.78
43	10.92	14.09	18.23	22.73	23.24
44	11.24	14.53	18.80	23.27	23.78
45	11.61	14.99	19.42	23.90	24.41
46	12.00	15.48	20.07	24.64	25.17
47	12.39	16.04	20.80	25.48	26.00
48	12.85	16.61	21.55	26.38	26.95
49	13.29	17.18	22.31	27.34	27.92
50	13.76	17.79	23.08	28.35	28.95
51	14.16	18.32	23.79	29.35	29.94
52	14.53	18.81	24.44	30.33	30.94
53	14.92	19.37	25.14	31.41	32.04
54	15.41	19.97	25.96	32.63	33.28
55	15.98	20.77	26.97	34.11	34.79
56	16.74	21.69	28.24	35.83	36.56
57	17.51	22.78	29.65	37.74	38.52
58	18.43	23.93	31.22	39.83	40.66
59	19.40	25.24	32.90	42.13	42.99
60	20.44	26.59	34.71	44.65	45.56
61	21.45	27.94	36.50	47.16	48.10
62	22.41	29.24	38.22	49.68	50.67
63	23.53	30.70	40.16	52.49	53.53
64	24.90	32.54	42.59	55.87	56.99
65	26.71	34.93	45.76	60.15	61.31
66	27.88	37.91	49.64	65.28	66.49
67	28.62	39.11	53.08	71.10	72.41
68	29.48	40.32	54.71	73.85	79.01
69	30.30	41.52	56.34	76.04	84.42
70	31.22	42.54	57.82	78.04	86.64
71	32.04	43.33	58.73	79.26	88.18
72	32.78	43.88	59.44	80.21	89.06
73	33.53	44.40	60.07	81.28	90.22
74	34.80	45.62	61.66	83.21	92.65
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42

XCH02P91 XCI02P91 XCJ02P91 XCK02P91 XCG02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 2 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.89	8.81	11.43	15.77	16.27
30-34	7.66	9.83	12.75	17.03	17.51
35-39	8.53	10.97	14.24	18.50	18.94
40	8.91	11.48	14.87	19.04	19.49
41	9.13	11.78	15.27	19.40	19.85
42	9.39	12.11	15.71	19.76	20.21
43	9.64	12.47	16.16	20.16	20.63
44	9.94	12.84	16.65	20.63	21.07
45	10.25	13.24	17.17	21.19	21.63
46	10.57	13.68	17.76	21.83	22.30
47	10.95	14.16	18.41	22.55	23.03
48	11.31	14.66	19.04	23.36	23.88
49	11.72	15.17	19.75	24.21	24.71
50	12.11	15.70	20.42	25.09	25.60
51	12.47	16.16	21.02	25.99	26.49
52	12.81	16.60	21.60	26.85	27.35
53	13.14	17.06	22.20	27.77	28.34
54	13.54	17.60	22.91	28.83	29.44
55	14.05	18.27	23.80	30.12	30.74
56	14.68	19.09	24.89	31.64	32.27
57	15.39	20.02	26.11	33.31	33.98
58	16.17	21.04	27.49	35.13	35.87
59	16.99	22.16	28.95	37.13	37.89
60	17.93	23.36	30.52	39.31	40.11
61	18.76	24.53	32.05	41.50	42.33
62	19.61	25.66	33.56	43.70	44.60
63	20.57	26.92	35.25	46.14	47.07
64	21.77	28.51	37.32	49.08	50.03
65	23.32	30.56	40.06	52.72	53.72
66	24.11	32.85	43.44	57.11	58.19
67	24.80	33.78	45.67	61.64	63.26
68	25.53	34.80	47.06	63.51	68.88
69	26.25	35.83	48.47	65.39	72.61
70	26.94	36.72	49.61	67.09	74.48
71	27.46	37.41	50.50	68.17	75.82
72	27.84	37.93	51.14	69.03	76.64
73	28.16	38.38	51.71	69.96	77.67
74	28.94	39.39	53.02	71.55	79.67
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

XCNO2P91 XCO02P91 XCP02P91 XCQ02P91 XCM02P91

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P91 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	9.95	14.12	19.19	26.40	27.15
30-34	11.07	15.75	21.39	28.49	29.26
35-39	12.37	17.61	23.95	31.02	31.78
40	12.92	18.42	25.06	31.97	32.74
41	13.27	18.93	25.77	32.60	33.33
42	13.63	19.44	26.44	33.23	33.96
43	14.02	20.02	27.22	33.91	34.64
44	14.45	20.65	28.07	34.70	35.47
45	14.86	21.27	29.00	35.66	36.40
46	15.37	22.00	29.97	36.77	37.55
47	15.93	22.82	31.05	38.04	38.81
48	16.48	23.63	32.21	39.41	40.23
49	17.04	24.49	33.34	40.86	41.70
50	17.65	25.31	34.48	42.35	43.21
51	18.18	26.08	35.58	43.86	44.72
52	18.66	26.80	36.55	45.36	46.25
53	19.19	27.56	37.61	46.94	47.88
54	19.80	28.45	38.86	48.80	49.78
55	20.54	29.58	40.40	51.01	52.04
56	21.49	30.92	42.30	53.62	54.70
57	22.54	32.45	44.40	56.48	57.64
58	23.72	34.14	46.77	59.66	60.89
59	24.98	36.01	49.34	63.13	64.43
60	26.32	38.00	52.11	66.96	68.28
61	27.62	39.93	54.79	70.76	72.16
62	28.90	41.76	57.36	74.57	76.05
63	30.31	43.89	60.37	78.80	80.38
64	32.12	46.56	64.03	84.00	85.65
65	34.47	47.74	65.23	88.04	92.33
66	35.43	48.84	66.74	90.08	100.02
67	36.31	50.15	68.67	92.69	102.90
68	37.34	51.67	70.67	95.29	106.10
69	38.53	53.25	72.79	98.24	109.29
70	39.76	54.78	74.74	100.87	112.00
71	41.10	55.88	76.03	102.80	114.12
72	42.50	56.84	77.06	104.00	115.67
73	44.08	57.95	78.21	105.52	117.16
74	45.73	59.67	80.10	108.40	120.35
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30

XCB01P92 XCC01P92 XCD01P92 XCE01P92 XCA01P92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	9.12	12.89	17.68	24.33	25.05
30-34	10.14	14.42	19.67	26.25	26.96
35-39	11.31	16.18	22.01	28.54	29.26
40	11.81	16.89	23.03	29.41	30.11
41	12.14	17.36	23.67	29.97	30.66
42	12.43	17.86	24.32	30.53	31.23
43	12.80	18.36	25.00	31.17	31.86
44	13.18	18.93	25.78	31.90	32.60
45	13.61	19.53	26.63	32.78	33.47
46	14.07	20.17	27.52	33.79	34.51
47	14.53	20.90	28.52	34.93	35.65
48	15.07	21.65	29.54	36.17	36.95
49	15.59	22.39	30.59	37.49	38.28
50	16.14	23.18	31.64	38.87	39.70
51	16.60	23.86	32.61	40.24	41.06
52	17.03	24.51	33.52	41.59	42.42
53	17.50	25.24	34.47	43.07	43.93
54	18.07	26.02	35.59	44.73	45.63
55	18.74	27.07	36.98	46.77	47.69
56	19.63	28.26	38.72	49.13	50.13
57	20.54	29.68	40.65	51.74	52.82
58	21.61	31.18	42.81	54.60	55.75
59	22.74	32.88	45.12	57.76	58.95
60	23.97	34.64	47.60	61.22	62.47
61	25.15	36.40	50.04	64.66	65.94
62	26.28	38.10	52.41	68.12	69.47
63	27.59	40.00	54.68	71.97	73.40
64	29.20	40.69	55.29	74.63	78.14
65	30.36	41.37	56.17	75.83	84.06
66	30.98	42.32	57.45	77.55	86.11
67	31.80	43.46	58.98	79.77	88.55
68	32.75	44.80	60.79	82.05	91.27
69	33.67	46.13	62.60	84.49	93.80
70	34.69	47.27	64.24	86.71	96.27
71	35.60	48.14	65.26	88.07	97.98
72	36.42	48.76	66.04	89.12	98.95
73	37.25	49.33	66.74	90.31	100.24
74	38.67	50.69	68.51	92.45	102.94
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36
	XCH01P92	XCI01P92	XCJ01P92	XCK01P92	XCG01P92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.08	11.48	15.67	21.62	22.31
30-34	8.98	12.81	17.49	23.35	24.00
35-39	10.01	14.30	19.52	25.37	25.96
40	10.45	14.95	20.39	26.11	26.73
41	10.70	15.35	20.94	26.59	27.22
42	11.01	15.77	21.55	27.09	27.70
43	11.30	16.24	22.15	27.64	28.28
44	11.65	16.73	22.83	28.28	28.89
45	12.02	17.25	23.54	29.05	29.65
46	12.39	17.82	24.35	29.94	30.58
47	12.84	18.45	25.24	30.92	31.58
48	13.27	19.10	26.11	32.03	32.74
49	13.74	19.77	27.07	33.19	33.89
50	14.20	20.45	28.00	34.40	35.09
51	14.62	21.05	28.81	35.64	36.32
52	15.02	21.62	29.62	36.81	37.50
53	15.41	22.22	30.44	38.07	38.86
54	15.87	22.93	31.42	39.53	40.36
55	16.48	23.81	32.63	41.30	42.15
56	17.21	24.87	34.12	43.39	44.25
57	18.05	26.08	35.80	45.67	46.58
58	18.97	27.42	37.69	48.16	49.17
59	19.93	28.87	39.70	50.91	51.95
60	21.02	30.44	41.84	53.90	55.00
61	21.99	31.96	43.94	56.90	58.04
62	23.00	33.43	46.02	59.91	61.14
63	24.12	34.76	47.06	63.27	64.54
64	25.53	35.17	47.58	64.23	68.60
65	26.22	35.74	48.35	65.26	72.46
66	26.79	36.50	49.45	66.74	74.10
67	27.55	37.53	50.74	68.49	76.19
68	28.37	38.67	52.29	70.57	78.52
69	29.17	39.81	53.85	72.66	80.68
70	29.93	40.80	55.12	74.54	82.75
71	30.51	41.57	56.11	75.74	84.24
72	30.93	42.14	56.82	76.70	85.15
73	31.29	42.64	57.45	77.73	86.30
74	32.16	43.77	58.91	79.50	88.52
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76
	XCN01P92	XCO01P92	XCP01P92	XCQ01P92	XCM01P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.96	12.71	17.27	23.76	24.44
30-34	9.96	14.18	19.25	25.64	26.33
35-39	11.13	15.85	21.56	27.92	28.60
40	11.63	16.58	22.55	28.77	29.47
41	11.94	17.04	23.19	29.34	30.00
42	12.27	17.50	23.80	29.91	30.56
43	12.62	18.02	24.50	30.52	31.18
44	13.01	18.59	25.26	31.23	31.92
45	13.37	19.14	26.10	32.09	32.76
46	13.83	19.80	26.97	33.09	33.80
47	14.34	20.54	27.95	34.24	34.93
48	14.83	21.27	28.99	35.47	36.21
49	15.34	22.04	30.01	36.77	37.53
50	15.89	22.78	31.03	38.12	38.89
51	16.36	23.47	32.02	39.47	40.25
52	16.79	24.12	32.90	40.82	41.63
53	17.27	24.80	33.85	42.25	43.09
54	17.82	25.61	34.97	43.92	44.80
55	18.49	26.62	36.36	45.91	46.84
56	19.34	27.83	38.07	48.26	49.23
57	20.29	29.21	39.96	50.83	51.88
58	21.35	30.73	42.09	53.69	54.80
59	22.48	32.41	44.41	56.82	57.99
60	23.69	34.20	46.90	60.26	61.45
61	24.86	35.94	49.31	63.68	64.94
62	26.01	37.58	51.62	67.11	68.45
63	27.28	39.50	54.33	70.92	72.34
64	28.91	41.90	57.63	75.60	77.09
65	31.02	42.97	58.71	79.24	83.10
66	31.89	43.96	60.07	81.07	90.02
67	32.68	45.14	61.80	83.42	92.61
68	33.61	46.50	63.60	85.76	95.49
69	34.68	47.93	65.51	88.42	98.36
70	35.78	49.30	67.27	90.78	100.80
71	36.99	50.29	68.43	92.52	102.71
72	38.25	51.16	69.35	93.60	104.10
73	39.67	52.16	70.39	94.97	105.44
74	41.16	53.70	72.09	97.56	108.32
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77
	XCB02P92	XCC02P92	XCD02P92	XCE02P92	XCA02P92

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 3 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.21	11.60	15.91	21.90	22.55
30-34	9.13	12.98	17.70	23.63	24.26
35-39	10.18	14.56	19.81	25.69	26.33
40	10.63	15.20	20.73	26.47	27.10
41	10.93	15.62	21.30	26.97	27.59
42	11.19	16.07	21.89	27.48	28.11
43	11.52	16.52	22.50	28.05	28.67
44	11.86	17.04	23.20	28.71	29.34
45	12.25	17.58	23.97	29.50	30.12
46	12.66	18.15	24.77	30.41	31.06
47	13.08	18.81	25.67	31.44	32.09
48	13.56	19.49	26.59	32.55	33.26
49	14.03	20.15	27.53	33.74	34.45
50	14.53	20.86	28.48	34.98	35.73
51	14.94	21.47	29.35	36.22	36.95
52	15.33	22.06	30.17	37.43	38.18
53	15.75	22.72	31.02	38.76	39.54
54	16.26	23.42	32.03	40.26	41.07
55	16.87	24.36	33.28	42.09	42.92
56	17.67	25.43	34.85	44.22	45.12
57	18.49	26.71	36.59	46.57	47.54
58	19.45	28.06	38.53	49.14	50.18
59	20.47	29.59	40.61	51.98	53.06
60	21.57	31.18	42.84	55.10	56.22
61	22.64	32.76	45.04	58.19	59.35
62	23.65	34.29	47.17	61.31	62.52
63	24.83	36.00	49.21	64.77	66.06
64	26.28	36.62	49.76	67.17	70.33
65	27.32	37.23	50.55	68.25	75.65
66	27.88	38.09	51.71	69.80	77.50
67	28.62	39.11	53.08	71.79	79.70
68	29.48	40.32	54.71	73.85	82.14
69	30.30	41.52	56.34	76.04	84.42
70	31.22	42.54	57.82	78.04	86.64
71	32.04	43.33	58.73	79.26	88.18
72	32.78	43.88	59.44	80.21	89.06
73	33.53	44.40	60.07	81.28	90.22
74	34.80	45.62	61.66	83.21	92.65
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42
	XCH02P92	XCI02P92	XCJ02P92	XCK02P92	XCG02P92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Proposed Rates - Year 3 Increase
Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	7.27	10.33	14.10	19.46	20.08
30-34	8.08	11.53	15.74	21.02	21.60
35-39	9.01	12.87	17.57	22.83	23.36
40	9.41	13.46	18.35	23.50	24.06
41	9.63	13.82	18.85	23.93	24.50
42	9.91	14.19	19.40	24.38	24.93
43	10.17	14.62	19.94	24.88	25.45
44	10.49	15.06	20.55	25.45	26.00
45	10.82	15.53	21.19	26.15	26.69
46	11.15	16.04	21.92	26.95	27.52
47	11.56	16.61	22.72	27.83	28.42
48	11.94	17.19	23.50	28.83	29.47
49	12.37	17.79	24.36	29.87	30.50
50	12.78	18.41	25.20	30.96	31.58
51	13.16	18.95	25.93	32.08	32.69
52	13.52	19.46	26.66	33.13	33.75
53	13.87	20.00	27.40	34.26	34.97
54	14.28	20.64	28.28	35.58	36.32
55	14.83	21.43	29.37	37.17	37.94
56	15.49	22.38	30.71	39.05	39.83
57	16.25	23.47	32.22	41.10	41.92
58	17.07	24.68	33.92	43.34	44.25
59	17.94	25.98	35.73	45.82	46.76
60	18.92	27.40	37.66	48.51	49.50
61	19.79	28.76	39.55	51.21	52.24
62	20.70	30.09	41.42	53.92	55.03
63	21.71	31.28	42.35	56.94	58.09
64	22.98	31.65	42.82	57.81	61.74
65	23.60	32.17	43.52	58.73	65.21
66	24.11	32.85	44.51	60.07	66.69
67	24.80	33.78	45.67	61.64	68.57
68	25.53	34.80	47.06	63.51	70.67
69	26.25	35.83	48.47	65.39	72.61
70	26.94	36.72	49.61	67.09	74.48
71	27.46	37.41	50.50	68.17	75.82
72	27.84	37.93	51.14	69.03	76.64
73	28.16	38.38	51.71	69.96	77.67
74	28.94	39.39	53.02	71.55	79.67
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

XC�02P92 XCO02P92 XCP02P92 XCQ02P92 XCM02P92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table P92 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	9.95	14.12	20.79	28.60	33.50
30-34	11.07	15.75	23.17	30.86	36.11
35-39	12.37	17.61	25.95	33.61	39.22
40	12.92	18.42	27.15	34.63	40.40
41	13.27	18.93	27.92	35.32	41.13
42	13.63	19.44	28.64	36.00	41.91
43	14.02	20.02	29.49	36.74	42.75
44	14.45	20.65	30.41	37.59	43.77
45	14.86	21.27	31.42	38.63	44.92
46	15.37	22.00	32.47	39.84	46.34
47	15.93	22.82	33.64	41.21	47.89
48	16.48	23.63	34.89	42.70	49.64
49	17.04	24.49	36.12	44.27	51.46
50	17.65	25.31	37.35	45.88	53.32
51	18.18	26.08	38.55	47.52	55.18
52	18.66	26.80	39.60	49.14	57.07
53	19.19	27.56	40.75	50.85	59.08
54	19.80	28.45	42.10	52.87	61.43
55	20.54	29.58	43.77	55.26	64.22
56	21.49	30.92	45.83	58.09	67.50
57	22.54	32.45	48.10	61.19	71.13
58	23.72	34.14	50.67	64.63	75.14
59	24.98	36.01	53.45	68.39	79.51
60	26.32	38.00	56.45	72.54	84.26
61	27.62	39.93	59.36	76.66	89.05
62	28.90	41.76	62.14	80.79	93.85
63	30.31	43.89	63.56	85.37	95.27
64	32.12	46.56	64.30	86.78	96.35
65	34.47	47.74	65.23	88.04	97.94
66	35.43	48.84	66.74	90.08	100.02
67	36.31	50.15	68.67	92.69	102.90
68	37.34	51.67	70.67	95.29	106.10
69	38.53	53.25	72.79	98.24	109.29
70	39.76	54.78	74.74	100.87	112.00
71	41.10	55.88	76.03	102.80	114.12
72	42.50	56.84	77.06	104.00	115.67
73	44.08	57.95	78.21	105.52	117.16
74	45.73	59.67	80.10	108.40	120.35
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30
	XCB01Q07	XCC01Q07	XCD01Q07	XCE01Q07	XCA01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates - Year 4 Increase
Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

<u>Issue Age</u>	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	9.12	12.89	19.15	26.36	30.91
30-34	10.14	14.42	21.31	28.44	33.27
35-39	11.31	16.18	23.84	30.92	36.11
40	11.81	16.89	24.95	31.86	37.16
41	12.14	17.36	25.64	32.47	37.83
42	12.43	17.86	26.35	33.07	38.54
43	12.80	18.36	27.08	33.77	39.32
44	13.18	18.93	27.93	34.56	40.23
45	13.61	19.53	28.85	35.51	41.30
46	14.07	20.17	29.81	36.61	42.59
47	14.53	20.90	30.90	37.84	43.99
48	15.07	21.65	32.00	39.19	45.60
49	15.59	22.39	33.14	40.62	47.24
50	16.14	23.18	34.28	42.11	48.99
51	16.60	23.86	35.33	43.59	50.67
52	17.03	24.51	36.31	45.06	52.35
53	17.50	25.24	37.34	46.66	54.21
54	18.07	26.02	38.56	48.46	56.31
55	18.74	27.07	40.06	50.67	58.85
56	19.63	28.26	41.95	53.23	61.86
57	20.54	29.68	44.04	56.05	65.18
58	21.61	31.18	46.38	59.15	68.80
59	22.74	32.88	48.88	62.57	72.74
60	23.97	34.64	51.57	66.32	77.09
61	25.15	36.40	54.14	70.05	81.12
62	26.28	38.10	54.39	73.39	81.49
63	27.59	40.00	54.68	73.93	82.09
64	29.20	40.69	55.29	74.63	83.00
65	30.36	41.37	56.17	75.83	84.33
66	30.98	42.32	57.45	77.55	86.11
67	31.80	43.46	58.98	79.77	88.55
68	32.75	44.80	60.79	82.05	91.27
69	33.67	46.13	62.60	84.49	93.80
70	34.69	47.27	64.24	86.71	96.27
71	35.60	48.14	65.26	88.07	97.98
72	36.42	48.76	66.04	89.12	98.95
73	37.25	49.33	66.74	90.31	100.24
74	38.67	50.69	68.51	92.45	102.94
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36

XCH01Q07 XCI01Q07 XCJ01Q07 XCK01Q07 XCG01Q07

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.08	11.48	16.98	23.42	27.53
30-34	8.98	12.81	18.95	25.30	29.62
35-39	10.01	14.30	21.15	27.48	32.03
40	10.45	14.95	22.09	28.29	32.98
41	10.70	15.35	22.69	28.81	33.59
42	11.01	15.77	23.35	29.35	34.18
43	11.30	16.24	24.00	29.94	34.90
44	11.65	16.73	24.73	30.64	35.65
45	12.02	17.25	25.50	31.47	36.59
46	12.39	17.82	26.38	32.44	37.74
47	12.84	18.45	27.34	33.50	38.97
48	13.27	19.10	28.29	34.70	40.40
49	13.74	19.77	29.33	35.96	41.82
50	14.20	20.45	30.33	37.27	43.30
51	14.62	21.05	31.21	38.61	44.82
52	15.02	21.62	32.09	39.88	46.28
53	15.41	22.22	32.98	41.24	47.95
54	15.87	22.93	34.04	42.83	49.80
55	16.48	23.81	35.35	44.74	52.01
56	17.21	24.87	36.96	47.01	54.60
57	18.05	26.08	38.78	49.48	57.48
58	18.97	27.42	40.83	52.17	60.68
59	19.93	28.87	43.01	55.15	64.11
60	21.02	30.44	45.33	58.39	67.87
61	21.99	31.96	46.63	61.64	69.86
62	23.00	33.43	46.82	63.20	70.17
63	24.12	34.76	47.06	63.65	70.68
64	25.53	35.17	47.58	64.23	71.45
65	26.22	35.74	48.35	65.26	72.46
66	26.79	36.50	49.45	66.74	74.10
67	27.55	37.53	50.74	68.49	76.19
68	28.37	38.67	52.29	70.57	78.52
69	29.17	39.81	53.85	72.66	80.68
70	29.93	40.80	55.12	74.54	82.75
71	30.51	41.57	56.11	75.74	84.24
72	30.93	42.14	56.82	76.70	85.15
73	31.29	42.64	57.45	77.73	86.30
74	32.16	43.77	58.91	79.50	88.52
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76

XC�01Q07 XC001Q07 XCP01Q07 XCQ01Q07 XCM01Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.96	12.71	18.71	25.74	30.15
30-34	9.96	14.18	20.85	27.77	32.50
35-39	11.13	15.85	23.36	30.25	35.30
40	11.63	16.58	24.44	31.17	36.36
41	11.94	17.04	25.13	31.79	37.02
42	12.27	17.50	25.78	32.40	37.72
43	12.62	18.02	26.54	33.07	38.48
44	13.01	18.59	27.37	33.83	39.39
45	13.37	19.14	28.28	34.77	40.43
46	13.83	19.80	29.22	35.86	41.71
47	14.34	20.54	30.28	37.09	43.10
48	14.83	21.27	31.40	38.43	44.68
49	15.34	22.04	32.51	39.84	46.31
50	15.89	22.78	33.62	41.29	47.99
51	16.36	23.47	34.70	42.77	49.66
52	16.79	24.12	35.64	44.23	51.36
53	17.27	24.80	36.68	45.77	53.17
54	17.82	25.61	37.89	47.58	55.29
55	18.49	26.62	39.39	49.73	57.80
56	19.34	27.83	41.25	52.28	60.75
57	20.29	29.21	43.29	55.07	64.02
58	21.35	30.73	45.60	58.17	67.63
59	22.48	32.41	48.11	61.55	71.56
60	23.69	34.20	50.81	65.29	75.83
61	24.86	35.94	53.42	68.99	80.15
62	26.01	37.58	55.93	72.71	84.47
63	27.28	39.50	57.20	76.83	85.74
64	28.91	41.90	57.87	78.10	86.72
65	31.02	42.97	58.71	79.24	88.15
66	31.89	43.96	60.07	81.07	90.02
67	32.68	45.14	61.80	83.42	92.61
68	33.61	46.50	63.60	85.76	95.49
69	34.68	47.93	65.51	88.42	98.36
70	35.78	49.30	67.27	90.78	100.80
71	36.99	50.29	68.43	92.52	102.71
72	38.25	51.16	69.35	93.60	104.10
73	39.67	52.16	70.39	94.97	105.44
74	41.16	53.70	72.09	97.56	108.32
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77

XCB02Q07 XCC02Q07 XCD02Q07 XCE02Q07 XCA02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.21	11.60	17.24	23.72	27.82
30-34	9.13	12.98	19.18	25.60	29.94
35-39	10.18	14.56	21.46	27.83	32.50
40	10.63	15.20	22.46	28.67	33.44
41	10.93	15.62	23.08	29.22	34.05
42	11.19	16.07	23.72	29.76	34.69
43	11.52	16.52	24.37	30.39	35.39
44	11.86	17.04	25.14	31.10	36.21
45	12.25	17.58	25.97	31.96	37.17
46	12.66	18.15	26.83	32.95	38.33
47	13.08	18.81	27.81	34.06	39.59
48	13.56	19.49	28.80	35.27	41.04
49	14.03	20.15	29.83	36.56	42.52
50	14.53	20.86	30.85	37.90	44.09
51	14.94	21.47	31.80	39.23	45.60
52	15.33	22.06	32.68	40.55	47.12
53	15.75	22.72	33.61	41.99	48.79
54	16.26	23.42	34.70	43.61	50.68
55	16.87	24.36	36.05	45.60	52.97
56	17.67	25.43	37.76	47.91	55.67
57	18.49	26.71	39.64	50.45	58.66
58	19.45	28.06	41.74	53.24	61.92
59	20.47	29.59	43.99	56.31	65.47
60	21.57	31.18	46.41	59.69	69.38
61	22.64	32.76	48.73	63.05	73.01
62	23.65	34.29	48.95	66.05	73.34
63	24.83	36.00	49.21	66.54	73.88
64	26.28	36.62	49.76	67.17	74.70
65	27.32	37.23	50.55	68.25	75.90
66	27.88	38.09	51.71	69.80	77.50
67	28.62	39.11	53.08	71.79	79.70
68	29.48	40.32	54.71	73.85	82.14
69	30.30	41.52	56.34	76.04	84.42
70	31.22	42.54	57.82	78.04	86.64
71	32.04	43.33	58.73	79.26	88.18
72	32.78	43.88	59.44	80.21	89.06
73	33.53	44.40	60.07	81.28	90.22
74	34.80	45.62	61.66	83.21	92.65
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42

XCH02Q07 XCI02Q07 XCJ02Q07 XCK02Q07 XCG02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 4 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.27	10.33	15.28	21.08	24.78
30-34	8.08	11.53	17.06	22.77	26.66
35-39	9.01	12.87	19.04	24.73	28.83
40	9.41	13.46	19.88	25.46	29.68
41	9.63	13.82	20.42	25.93	30.23
42	9.91	14.19	21.02	26.42	30.76
43	10.17	14.62	21.60	26.95	31.41
44	10.49	15.06	22.26	27.58	32.09
45	10.82	15.53	22.95	28.32	32.93
46	11.15	16.04	23.74	29.20	33.97
47	11.56	16.61	24.61	30.15	35.07
48	11.94	17.19	25.46	31.23	36.36
49	12.37	17.79	26.40	32.36	37.64
50	12.78	18.41	27.30	33.54	38.97
51	13.16	18.95	28.09	34.75	40.34
52	13.52	19.46	28.88	35.89	41.65
53	13.87	20.00	29.68	37.12	43.16
54	14.28	20.64	30.64	38.55	44.82
55	14.83	21.43	31.82	40.27	46.81
56	15.49	22.38	33.26	42.31	49.14
57	16.25	23.47	34.90	44.53	51.73
58	17.07	24.68	36.75	46.95	54.61
59	17.94	25.98	38.71	49.64	57.70
60	18.92	27.40	40.80	52.55	61.08
61	19.79	28.76	41.97	55.48	62.87
62	20.70	30.09	42.14	56.88	63.15
63	21.71	31.28	42.35	57.29	63.61
64	22.98	31.65	42.82	57.81	64.31
65	23.60	32.17	43.52	58.73	65.21
66	24.11	32.85	44.51	60.07	66.69
67	24.80	33.78	45.67	61.64	68.57
68	25.53	34.80	47.06	63.51	70.67
69	26.25	35.83	48.47	65.39	72.61
70	26.94	36.72	49.61	67.09	74.48
71	27.46	37.41	50.50	68.17	75.82
72	27.84	37.93	51.14	69.03	76.64
73	28.16	38.38	51.71	69.96	77.67
74	28.94	39.39	53.02	71.55	79.67
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

XCN02Q07 XC002Q07 XCP02Q07 XCQ02Q07 XCM02Q07

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q07 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	9.95	14.12	20.79	28.60	41.28
30-34	11.07	15.75	23.17	30.86	44.49
35-39	12.37	17.61	25.95	33.61	48.33
40	12.92	18.42	27.15	34.63	49.78
41	13.27	18.93	27.92	35.32	50.68
42	13.63	19.44	28.64	36.00	51.64
43	14.02	20.02	29.49	36.74	52.68
44	14.45	20.65	30.41	37.59	53.93
45	14.86	21.27	31.42	38.63	55.35
46	15.37	22.00	32.47	39.84	57.10
47	15.93	22.82	33.64	41.21	59.01
48	16.48	23.63	34.89	42.70	61.17
49	17.04	24.49	36.12	44.27	63.41
50	17.65	25.31	37.35	45.88	65.70
51	18.18	26.08	38.55	47.52	67.99
52	18.66	26.80	39.60	49.14	70.32
53	19.19	27.56	40.75	50.85	72.80
54	19.80	28.45	42.10	52.87	75.69
55	20.54	29.58	43.77	55.26	79.13
56	21.49	30.92	45.83	58.09	83.17
57	22.54	32.45	48.10	61.19	87.64
58	23.72	34.14	50.67	64.63	92.59
59	24.98	36.01	53.45	68.39	93.84
60	26.32	38.00	56.45	72.54	93.95
61	27.62	39.93	59.36	76.66	94.26
62	28.90	41.76	62.14	80.79	94.73
63	30.31	43.89	63.56	85.37	95.27
64	32.12	46.56	64.30	86.78	96.35
65	34.47	47.74	65.23	88.04	97.94
66	35.43	48.84	66.74	90.08	100.02
67	36.31	50.15	68.67	92.69	102.90
68	37.34	51.67	70.67	95.29	106.10
69	38.53	53.25	72.79	98.24	109.29
70	39.76	54.78	74.74	100.87	112.00
71	41.10	55.88	76.03	102.80	114.12
72	42.50	56.84	77.06	104.00	115.67
73	44.08	57.95	78.21	105.52	117.16
74	45.73	59.67	80.10	108.40	120.35
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30
	XCB01Q08	XCC01Q08	XCD01Q08	XCE01Q08	XCA01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	9.12	12.89	19.15	26.36	38.09
30-34	10.14	14.42	21.31	28.44	40.99
35-39	11.31	16.18	23.84	30.92	44.49
40	11.81	16.89	24.95	31.86	45.79
41	12.14	17.36	25.64	32.47	46.61
42	12.43	17.86	26.35	33.07	47.49
43	12.80	18.36	27.08	33.77	48.45
44	13.18	18.93	27.93	34.56	49.57
45	13.61	19.53	28.85	35.51	50.89
46	14.07	20.17	29.81	36.61	52.48
47	14.53	20.90	30.90	37.84	54.20
48	15.07	21.65	32.00	39.19	56.19
49	15.59	22.39	33.14	40.62	58.21
50	16.14	23.18	34.28	42.11	60.36
51	16.60	23.86	35.33	43.59	62.43
52	17.03	24.51	36.31	45.06	64.50
53	17.50	25.24	37.34	46.66	66.80
54	18.07	26.02	38.56	48.46	69.38
55	18.74	27.07	40.06	50.67	72.51
56	19.63	28.26	41.95	53.23	76.22
57	20.54	29.68	44.04	56.05	80.31
58	21.61	31.18	46.38	59.15	81.19
59	22.74	32.88	48.88	62.57	80.97
60	23.97	34.64	51.57	66.32	81.03
61	25.15	36.40	54.14	70.05	81.12
62	26.28	38.10	54.39	73.39	81.49
63	27.59	40.00	54.68	73.93	82.09
64	29.20	40.69	55.29	74.63	83.00
65	30.36	41.37	56.17	75.83	84.33
66	30.98	42.32	57.45	77.55	86.11
67	31.80	43.46	58.98	79.77	88.55
68	32.75	44.80	60.79	82.05	91.27
69	33.67	46.13	62.60	84.49	93.80
70	34.69	47.27	64.24	86.71	96.27
71	35.60	48.14	65.26	88.07	97.98
72	36.42	48.76	66.04	89.12	98.95
73	37.25	49.33	66.74	90.31	100.24
74	38.67	50.69	68.51	92.45	102.94
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36

XCH01Q08 XCI01Q08 XCJ01Q08 XCK01Q08 XCG01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.08	11.48	16.98	23.42	33.92
30-34	8.98	12.81	18.95	25.30	36.50
35-39	10.01	14.30	21.15	27.48	39.47
40	10.45	14.95	22.09	28.29	40.64
41	10.70	15.35	22.69	28.81	41.39
42	11.01	15.77	23.35	29.35	42.12
43	11.30	16.24	24.00	29.94	43.00
44	11.65	16.73	24.73	30.64	43.93
45	12.02	17.25	25.50	31.47	45.09
46	12.39	17.82	26.38	32.44	46.50
47	12.84	18.45	27.34	33.50	48.02
48	13.27	19.10	28.29	34.70	49.78
49	13.74	19.77	29.33	35.96	51.53
50	14.20	20.45	30.33	37.27	53.35
51	14.62	21.05	31.21	38.61	55.23
52	15.02	21.62	32.09	39.88	57.02
53	15.41	22.22	32.98	41.24	59.08
54	15.87	22.93	34.04	42.83	61.36
55	16.48	23.81	35.35	44.74	64.09
56	17.21	24.87	36.96	47.01	67.28
57	18.05	26.08	38.78	49.48	70.33
58	18.97	27.42	40.83	52.17	69.97
59	19.93	28.87	43.01	55.15	69.75
60	21.02	30.44	45.33	58.39	69.78
61	21.99	31.96	46.63	61.64	69.86
62	23.00	33.43	46.82	63.20	70.17
63	24.12	34.76	47.06	63.65	70.68
64	25.53	35.17	47.58	64.23	71.45
65	26.22	35.74	48.35	65.26	72.46
66	26.79	36.50	49.45	66.74	74.10
67	27.55	37.53	50.74	68.49	76.19
68	28.37	38.67	52.29	70.57	78.52
69	29.17	39.81	53.85	72.66	80.68
70	29.93	40.80	55.12	74.54	82.75
71	30.51	41.57	56.11	75.74	84.24
72	30.93	42.14	56.82	76.70	85.15
73	31.29	42.64	57.45	77.73	86.30
74	32.16	43.77	58.91	79.50	88.52
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76

XCNO1Q08 XCO01Q08 XCP01Q08 XCQ01Q08 XCM01Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.96	12.71	18.71	25.74	37.15
30-34	9.96	14.18	20.85	27.77	40.04
35-39	11.13	15.85	23.36	30.25	43.50
40	11.63	16.58	24.44	31.17	44.80
41	11.94	17.04	25.13	31.79	45.61
42	12.27	17.50	25.78	32.40	46.48
43	12.62	18.02	26.54	33.07	47.41
44	13.01	18.59	27.37	33.83	48.54
45	13.37	19.14	28.28	34.77	49.82
46	13.83	19.80	29.22	35.86	51.39
47	14.34	20.54	30.28	37.09	53.11
48	14.83	21.27	31.40	38.43	55.05
49	15.34	22.04	32.51	39.84	57.07
50	15.89	22.78	33.62	41.29	59.13
51	16.36	23.47	34.70	42.77	61.19
52	16.79	24.12	35.64	44.23	63.29
53	17.27	24.80	36.68	45.77	65.52
54	17.82	25.61	37.89	47.58	68.12
55	18.49	26.62	39.39	49.73	71.22
56	19.34	27.83	41.25	52.28	74.85
57	20.29	29.21	43.29	55.07	78.88
58	21.35	30.73	45.60	58.17	83.33
59	22.48	32.41	48.11	61.55	84.46
60	23.69	34.20	50.81	65.29	84.56
61	24.86	35.94	53.42	68.99	84.83
62	26.01	37.58	55.93	72.71	85.26
63	27.28	39.50	57.20	76.83	85.74
64	28.91	41.90	57.87	78.10	86.72
65	31.02	42.97	58.71	79.24	88.15
66	31.89	43.96	60.07	81.07	90.02
67	32.68	45.14	61.80	83.42	92.61
68	33.61	46.50	63.60	85.76	95.49
69	34.68	47.93	65.51	88.42	98.36
70	35.78	49.30	67.27	90.78	100.80
71	36.99	50.29	68.43	92.52	102.71
72	38.25	51.16	69.35	93.60	104.10
73	39.67	52.16	70.39	94.97	105.44
74	41.16	53.70	72.09	97.56	108.32
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77

XCB02Q08 XCC02Q08 XCD02Q08 XCE02Q08 XCA02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	8.21	11.60	17.24	23.72	34.28
30-34	9.13	12.98	19.18	25.60	36.89
35-39	10.18	14.56	21.46	27.83	40.04
40	10.63	15.20	22.46	28.67	41.21
41	10.93	15.62	23.08	29.22	41.95
42	11.19	16.07	23.72	29.76	42.74
43	11.52	16.52	24.37	30.39	43.61
44	11.86	17.04	25.14	31.10	44.61
45	12.25	17.58	25.97	31.96	45.80
46	12.66	18.15	26.83	32.95	47.23
47	13.08	18.81	27.81	34.06	48.78
48	13.56	19.49	28.80	35.27	50.57
49	14.03	20.15	29.83	36.56	52.39
50	14.53	20.86	30.85	37.90	54.32
51	14.94	21.47	31.80	39.23	56.19
52	15.33	22.06	32.68	40.55	58.05
53	15.75	22.72	33.61	41.99	60.12
54	16.26	23.42	34.70	43.61	62.44
55	16.87	24.36	36.05	45.60	65.26
56	17.67	25.43	37.76	47.91	68.60
57	18.49	26.71	39.64	50.45	72.28
58	19.45	28.06	41.74	53.24	73.07
59	20.47	29.59	43.99	56.31	72.87
60	21.57	31.18	46.41	59.69	72.93
61	22.64	32.76	48.73	63.05	73.01
62	23.65	34.29	48.95	66.05	73.34
63	24.83	36.00	49.21	66.54	73.88
64	26.28	36.62	49.76	67.17	74.70
65	27.32	37.23	50.55	68.25	75.90
66	27.88	38.09	51.71	69.80	77.50
67	28.62	39.11	53.08	71.79	79.70
68	29.48	40.32	54.71	73.85	82.14
69	30.30	41.52	56.34	76.04	84.42
70	31.22	42.54	57.82	78.04	86.64
71	32.04	43.33	58.73	79.26	88.18
72	32.78	43.88	59.44	80.21	89.06
73	33.53	44.40	60.07	81.28	90.22
74	34.80	45.62	61.66	83.21	92.65
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42

XCH02Q08 XCI02Q08 XCJ02Q08 XCK02Q08 XCG02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates - Year 5 Increase
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	7.27	10.33	15.28	21.08	30.53
30-34	8.08	11.53	17.06	22.77	32.85
35-39	9.01	12.87	19.04	24.73	35.52
40	9.41	13.46	19.88	25.46	36.58
41	9.63	13.82	20.42	25.93	37.25
42	9.91	14.19	21.02	26.42	37.91
43	10.17	14.62	21.60	26.95	38.70
44	10.49	15.06	22.26	27.58	39.54
45	10.82	15.53	22.95	28.32	40.58
46	11.15	16.04	23.74	29.20	41.85
47	11.56	16.61	24.61	30.15	43.22
48	11.94	17.19	25.46	31.23	44.80
49	12.37	17.79	26.40	32.36	46.38
50	12.78	18.41	27.30	33.54	48.02
51	13.16	18.95	28.09	34.75	49.71
52	13.52	19.46	28.88	35.89	51.32
53	13.87	20.00	29.68	37.12	53.17
54	14.28	20.64	30.64	38.55	55.22
55	14.83	21.43	31.82	40.27	57.68
56	15.49	22.38	33.26	42.31	60.55
57	16.25	23.47	34.90	44.53	63.30
58	17.07	24.68	36.75	46.95	62.97
59	17.94	25.98	38.71	49.64	62.78
60	18.92	27.40	40.80	52.55	62.80
61	19.79	28.76	41.97	55.48	62.87
62	20.70	30.09	42.14	56.88	63.15
63	21.71	31.28	42.35	57.29	63.61
64	22.98	31.65	42.82	57.81	64.31
65	23.60	32.17	43.52	58.73	65.21
66	24.11	32.85	44.51	60.07	66.69
67	24.80	33.78	45.67	61.64	68.57
68	25.53	34.80	47.06	63.51	70.67
69	26.25	35.83	48.47	65.39	72.61
70	26.94	36.72	49.61	67.09	74.48
71	27.46	37.41	50.50	68.17	75.82
72	27.84	37.93	51.14	69.03	76.64
73	28.16	38.38	51.71	69.96	77.67
74	28.94	39.39	53.02	71.55	79.67
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

XCN02Q08 XCO02Q08 XCP02Q08 XCQ02Q08 XCM02Q08

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table Q08 - Virginia

State: Virginia	Filing Company: State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: Long Term Care Insurance	
Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/	

Supporting Document Schedules

Bypassed - Item:	Certification of Compliance/Readability
Bypass Reason:	This is not a form filing.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Virginia - Actuarial Memorandum and Certification (Pre-Rate Stability).pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA 97058 Narrative.pdf Long Term Care Insurance Rate Request Summary.pdf Demonstration of Options.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison - Year 1.pdf Rate Table Comparison - Year 2.pdf Rate Table Comparison - Year 3.pdf Rate Table Comparison - Year 4.pdf Rate Table Comparison - Year 5.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual & Projected Experience - VA - Pre-Rate Stability.pdf Actual & Projected Nationwide Experience - VA - Pre-Rate Stability.pdf Actual & Projected - Pre-Rate Stability Only.xlsx
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Rate Increase History by State
Comments:	
Attachment(s):	97058 Inforce Rate Increase History.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Distribution of Business
Comments:	
Attachment(s):	Distribution of Business - 2020 - VA - Pre-Rate Stability.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	97058 VA Policyholder Letter
Comments:	
Attachment(s):	Notification of Use of Form EZEXVA from STLH-132717148.pdf EZEXVA John Doe Format.pdf EZEXVA Statement of Variability.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Actual to Expected Exhibits
Comments:	
Attachment(s):	Nationwide Actual to Expected - VA - Pre-Rate Stability.pdf Actual to Expected - VA - Pre-Rate Stability.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	Current Rate Table - N10.pdf

State: Virginia Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: 2021 VA LTCI 97058 Series (Pre-Rate Stability)/

Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Objection Response 11-04-2021
Comments:	
Attachment(s):	Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx Objection Response Pre-Rate 11-04-2021.pdf
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Objection Response 12-21-2021
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm Active Life Reserves Balance - Pre-Rate Stability.pdf Projections - Pre-Rate Stability.xlsx Prospective PV Rate Increase - Pre-Rate Stability.xlsx 60-80 Test - Pre-Rate Stability.pdf Mortality & Lapse A-E.xlsx Original Assumptions 97058VA.pdf Blended-If-Knew Increase - Pre-Rate Stability.xlsx
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Objection Response 03-03-2022
Comments:	
Attachment(s):	VA 97058 Policyholder Listing - Pre-Rate.xlsx
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

Satisfied - Item:	Objection Response 11-30-2022
Comments:	
Attachment(s):	97058 Series In-Force Rate Increase Filing Status.xlsm
Item Status:	Received & Acknowledged
Status Date:	01/11/2024

State:	Virginia	Filing Company:	State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2021 VA LTCI 97058 Series (Pre-Rate Stability)/		

Attachment Actual & Projected - Pre-Rate Stability Only.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual & Projected - Pre-Rate Stability Only - On-Rate Level.xlsx is not a PDF document and cannot be reproduced here.

Attachment Actual & Projected - Pre-Rate Stability Only - Original Assumptions from Issue.xlsx is not a PDF document and cannot be reproduced here.

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Attachment Projections - Pre-Rate Stability.xlsx is not a PDF document and cannot be reproduced here.

Attachment Prospective PV Rate Increase - Pre-Rate Stability.xlsx is not a PDF document and cannot be reproduced here.

Attachment Mortality & Lapse A-E.xlsx is not a PDF document and cannot be reproduced here.

Attachment Blended-If-Knew Increase - Pre-Rate Stability.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA 97058 Policyholder Listing - Pre-Rate.xlsx is not a PDF document and cannot be reproduced here.

Attachment 97058 Series In-Force Rate Increase Filing Status.xlsm is not a PDF document and cannot be reproduced here.

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	SERFF filing STLH-132777390; Policyholder letter submitted in SERFF filing STLH-132717148
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	Not a form filing
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	Not a form filing
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	Rate revision filing
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	Not a form filing
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	Not a form filing

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	Not a form filing
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	Not a form filing
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	Not a form filing
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	Not a form filing
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	Not a form filing
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	Not a form filing
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	Not a form filing
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	Not a form filing
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	Not a form filing

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	Not a form filing
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	Not a form filing
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	Not a form filing
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	Not a form filing

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	✓
		(ii) All information required by SERFF.	✓
	14 VAC 5-130-70 B	Actuarial Memorandum	
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Actuarial Memorandum Sections II - IV
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Actuarial Memorandum Section I
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Rate table comparisons within the Supporting Documentation
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Actuarial Memorandum Section III
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Actuarial Memorandum Section XI
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	Actuarial Memorandum Section XIII

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	Actuarial Memorandum Sections X and XVI
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Actuarial Memorandum Sections VI - IX
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	N/A
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Actuarial Memorandum Section XIII
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Actuarial Memorandum Section XIV
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	N/A
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	Actuarial Memorandum Section III and Rate-Rule Schedule tab

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Actuarial Memorandum Section XVII
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	✓
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	✓
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	✓
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	✓

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	✓
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	✓
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	✓
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	✓
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	✓

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	✓
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	✓
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	✓
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	
	14VAC5-200-150 B 3	Experienced and projected trends;	
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	
	14VAC5-200-150 B 5	Expected claim fluctuation;	
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	
	14VAC5-200-150 B 7	Renewability features;	
	14VAC5-200-150 B 8	All appropriate expense factors;	
	14VAC5-200-150 B 9	Interest;	
	14VAC5-200-150 B 10	Experimental nature of the coverage;	
	14VAC5-200-150 B 11	Policy reserves;	

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	✓
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	✓
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	✓
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	Not funded by life insurance

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	Not funded by life insurance
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	Not funded by life insurance
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	Not funded by life insurance
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	Not funded by life insurance
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	
		c. Any exclusions, reductions and limitations on benefits of long-term care;	

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5- 200-100 is not available under this policy;	
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	Not funded by life insurance
		a. Any long-term care benefits paid out during the month;	
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	
		c. The amount of long-term care benefits existing or remaining;	
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	Not funded by life insurance
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	Not funded by life insurance
		a. A description of the basis on which the long-term care rates were determined;	
		b. A description of the basis for the reserves;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	
		f. The estimated average annual premium per policy and the average issue age;	
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	No policies applicable to this rate filing are issued on or after 10/1/2003.

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	No policies applicable to this rate filing are issued on or after 10/1/2003.
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	No policies applicable to this rate filing are issued on or after 10/1/2003.
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	
		(3) The projections shall demonstrate compliance with subsection C of this section; and	
		(4) For exceptional increases,	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	No policies applicable to this rate filing are issued on or after 10/1/2003.
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	No policies applicable to this rate filing are issued on or after 10/1/2003.
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	No policies applicable to this rate filing are issued on or after 10/1/2003.
		a. The accumulated value of the initial earned premium times 58%;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times 58%; and	

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	No policies applicable to this rate filing are issued on or after 10/1/2003.
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	No policies applicable to this rate filing are issued on or after 10/1/2003.

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	No policies applicable to this rate filing are issued on or after 9/1/2015
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	No policies applicable to this rate filing are issued on or after 9/1/2015
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	No policies applicable to this rate filing are issued on or after 9/1/2015
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	
		b. The premium rate filing is in compliance with the provisions of this section;	
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	No policies applicable to this rate filing are issued on or after 9/1/2015
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	
		(4) For exceptional increases:	
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	No policies applicable to this rate filing are issued on or after 9/1/2015

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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	No policies applicable to this rate filing are issued on or after 9/1/2015
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	No policies applicable to this rate filing are issued on or after 9/1/2015.
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	No policies applicable to this rate filing are issued on or after 9/1/2015.
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	No policies applicable to this rate filing are issued on or after 9/1/2015.
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	No policies applicable to this rate filing are issued on or after 9/1/2015.
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	No policies applicable to this rate filing are issued on or after 9/1/2015.
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	No policies applicable to this rate filing are issued on or after 9/1/2015.
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	No policies applicable to this rate filing are issued on or after 9/1/2015.

Review Requirements Checklist
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REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		<p>commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.</p>	
	14VAC5-200-154 D	<p>If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.</p>	<p>No policies applicable to this rate filing are issued on or after 9/1/2015.</p>

Review Requirements Checklist
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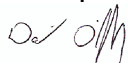
Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is N/A.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed:  _____

Name (please print): David Diffor Title: Actuarial Director I

Company Name: State Farm Mutual Automobile Insurance Company

Date: 9/29/2021 Phone No: (309) 766-2475

E-Mail Address: david.diffor.cy3o@statefarm.com

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS 61710
ACTUARIAL MEMORANDUM – RATE INCREASE**

**STATE FARM TAX QUALIFIED LONG-TERM CARE INSURANCE POLICY FORM 97058 VA
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORM 99572 VA
COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99573**

I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in Virginia. This memorandum is not suitable for other purposes.

II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long-Term Care Insurance Policies.
- B. Renewability: Guaranteed Renewable
- C. Marketing Method: Sold through a captive agency force but are no longer marketed
- D. Issue Ages: ages 18 through 84
- E. Average Issue Age of inforce policies: 52

III. APPLICABILITY

This filing is applicable to all pre-stabilization in-force policies and associated riders issued in Virginia on the above referenced forms. The 97058 VA form was marketed in Virginia between April 1, 2002 and September 30, 2003. These forms are no longer marketed in any state. As of December 31, 2022, there were 834 pre-stabilization policies in Virginia and 20,513 pre-stabilization policies nationwide.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Forms 97058 VA: This form provides comprehensive Long-Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long-Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Forms 99572 VA: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99573: provides compound automatic benefit increases of 5% for each policy year.

V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

The table below compares the present value of future incurred losses using original morbidity assumptions and our current assumptions as outlined below in Section VI. The incurred losses assume no shock lapse from the proposed increase. Current lapse and mortality assumptions are used in the projections for both original and current morbidity assumptions.

PV Future Incurred Losses Original Claim Costs	PV Future Incurred Losses Current Claim Costs	Ratio of Current to Original
718,702,436	1,081,409,328	1.50

VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2017 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research, and judgment. These claim costs were developed based on the benefits provided under these forms.

The table below demonstrates our actual to expected loss ratio experience by year based on the actual distribution of business with claims experience developed through September 30, 2020. State Farm experience shows an overall actual to expected ratio of 105.2%. Experience from 2007 and later is used to be consistent with the morbidity assumption for Asset Adequacy Testing. Experience from 2007-2019 provided a cumulative actual to expected ratio of 102.9%. As a result, 102.8% of the Milliman claim costs was chosen as the ultimate claim cost level.

Using the formula on page 20 of the American Academy of Actuaries Long-Term Care Credibility Monograph that takes into account claim variability, we calculated that we would need 3,135 claims to be fully credible. Since 2007, we have had 2,879 claims on this block of business. Taking the square root of 2,879/3,135 results in an assignment of 95.8% credibility to State Farm experience. This is then applied to the past 13 years A to E of 102.9%. We assign the remaining 4.2% credibility to 100% of the 2017 Milliman claim costs. Combining the two results in our assumption of 102.8% of the 2017 Milliman claim costs.

The expected basis for the table below is the 2017 Milliman claims costs using actual termination information.

Year	Actual Loss Ratio	Expected Loss Ratio Based on 2017 Milliman Claim Costs	Actual to Expected Ratio
2001	0.0%	2.8%	0.0%
2002	0.7%	3.0%	23.9%
2003	6.5%	3.7%	176.8%
2004	6.2%	5.2%	119.7%
2005	12.8%	7.0%	182.6%
2006	13.6%	9.0%	151.4%
2007	12.8%	11.1%	115.3%
2008	13.2%	13.5%	97.5%
2009	19.5%	16.6%	117.7%
2010	18.6%	20.1%	92.2%
2011	19.5%	24.0%	81.4%
2012	32.4%	27.7%	116.9%
2013	30.7%	32.1%	95.4%
2014	48.3%	38.1%	126.8%
2015	43.3%	44.9%	96.3%
2016	59.0%	52.9%	111.5%
2017	58.3%	61.9%	94.1%
2018	75.1%	72.4%	103.7%
2019	87.2%	84.7%	102.9%
Total	32.7%	31.0%	105.2%

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Sex distinct mortality is now assumed to follow the 2012 IAM Static table with the smoothed Actual to Expected factors and Selection Factors shown below. Attained age groupings were selected to achieve 500 actual deaths. Actual and expected deaths include data from all policy forms for credibility purposes. When developing actual to expected ratios by attained age, experience in durations ten and later was used to eliminate the impact of selection. The table below showcases these developed actual to expected ratios considering experience in durations ten and later. Mortality rates between ages are smoothed using linear interpolation (these cells are highlighted in the table below).

Attained Age	Actual Deaths	Expected Deaths Based on 2012 IAM	Actual to Expected Based on 2012 IAM	Actual to Expected using Smoothed Assumptions
0 - 65	714	1192	60%	60%
66 - 70	929	1434	65%	65%
71 - 72	601	772	78%	78%
73 - 74	769	898	86%	86%
75 - 76	887	1024	87%	87%
77 - 78	994	1076	92%	92%
79 - 80	1083	1121	97%	97%
81 - 82	1163	1099	94%	100%
83 - 84	1027	1002	102%	102%
85 - 86	938	866	108%	108%
87 - 88	789	711	111%	111%
89 +	1335	1214	110%	110%

To reflect selection, selection factors were developed to be applied to attained age actual to expected ratios in the first nine durations. The duration 1 selection factor was calculated to achieve a final actual to expected for attained age groups 0-65 and 66-70 that is approximately equal to the overall duration 1 actual to expected across all ages (28%). The selection factor in duration 2 was calculated to maintain a duration 2 over duration 1 ratio equal to that experienced across all age groups. The remaining selection factors were achieved by grading to 100% by duration 10.

Duration	Selection Factors
1	44%
2	77%
3	80%
4	83%
5	85%
6	88%
7	91%
8	94%
9	97%
10+	100%

No future mortality improvement was assumed in the projections.

VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our nationwide long-term care lapse experience. All policy forms are included for credibility purposes except for form 97045. The following chart shows our actual lapse rate by duration through December 31, 2019. Lapse rates were smoothed using linear interpolation (these cells are highlighted in the table below). These lapse rates using smoothed assumptions by duration are used in the projection. Durational groupings were selected to achieve 500 actual lapses (these cells are highlighted in the table below). The lapse rate assumed for projections of lifetime loss ratio in policy years 15+ is 1.06%.

Duration	Actual Exposures	Number of Lapses	Actual Lapse Rate Using Smoothed Assumptions
1	128,618	15,041	11.69%
2	112,722	5,932	5.26%
3	104,385	3,384	3.24%
4	97,114	2,501	2.58%
5	91,744	1,826	1.99%
6	87,769	1,585	1.81%
7	81,617	1,228	1.50%
8	75,121	914	1.22%
9	68,377	702	1.03%
10	61,238	602	0.98%
11	50,448	434	0.99%
12	38,333	316	0.99%
13	32,068	325	0.99%
14	28,736	276	0.99%
15+	61,408	652	1.06%

Smoothed Rate

Grouped Rate

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 2.17% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 2.17% are increased to 2.17% for the year following each year of this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97058 series policies.

Below is a chart showing the number of policyholders who have received a rate increase and the number who have lapsed after an increase on the 97058 policy series as of December 31, 2019.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
102,166	2,214	2.17%

X. HISTORY OF RATE ADJUSTMENTS

On October 16, 2019, a 35.2% average rate increase was approved for in-force policyholders (STLH-130740330). This increase was implemented beginning March 1, 2020.

XI. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to this proposed rate increase is:

Virginia	\$1,589
Nationwide	\$1,432

The average annual premium for this form and associated riders after the rate increase is:

Virginia	\$2,897
Nationwide	\$2,444

The nationwide average annual premium figures were calculated assuming that the rate increases in Virginia are implemented nationwide.

XII. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio for policies issued prior to October 1, 2003 is 60%.

XIII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and Virginia experience are shown in the exhibits entitled Actual & Projected Nationwide Experience – VA – Pre-Rate Stability and Actual & Projected Experience – VA – Pre-Rate Stability. Projected premiums are shown both with and without the proposed rate increase.

Nationwide data is used to justify the proposed rates. The nationwide projection exhibit contains three columns of premiums. The first one titled “Earned Premium Original Rates” reflects the original premium with no rate increases. The second column, “Earned Premium Current Rates”, applies this state’s specific pattern of prior increases to the nationwide original premium. This is done to avoid subsidization amongst states due to the allowance/disallowance of needed rate increases. The final premium column, “Earned Premium With Proposed Increase”, reflects the proposed increase applied nationwide. A summary of the resulting loss ratios is shown below.

The lifetime loss ratio is calculated as the sum of the accumulated value of past incurred claims and the present value of anticipated incurred claims divided by the sum of the accumulated value of past earned premium and the present value of the anticipated earned premium. The present values and accumulated values are calculated at 4.5%.

The cumulative loss ratio is calculated for each calendar year as the sum of the incurred claims divided by the sum of the earned premiums up to that calendar year. In this cumulative loss ratio calculation, earned premium current rates are used until 2020 and projected earned premiums with the proposed increase are used for years 2020 and later.

The following table shows the present and accumulated values of nationwide premiums and claims at the maximum valuation rate of 4.5%. Historical experience is included through December 31, 2019, with claims developed through June 30, 2021.

	Earned Premium Current Rates	Earned Premium with Proposed Increase	Incurred Claims	Loss Ratio Current Rates	Loss Ratio with Proposed Rates
Past	766,982,791	766,982,791	216,166,010	28.2%	28.2%
Anticipated	277,676,765	382,888,600	1,049,454,795	377.9%	274.1%
Lifetime	1,044,659,556	1,149,871,391	1,265,620,805	121.2%	110.1%

XIV. MAXIMUM ALLOWABLE RATE INCREASE

14 VAC 5-200-150 Methodology

The maximum allowable rate increase was calculated so that the sum of:

(a) The accumulated value of actual past incurred claims

plus

(b) The present value of projected incurred claims. No claim cost margins are included.

Is equal to:

(c) The sum of the accumulated value of actual past premium and the present value of future projected premium with the original schedule of rates times the greater of:

- 1. 60%; and
- 2. The lifetime loss ratio consistent with the original filing. The lifetime loss ratio consistent with the original filing is 69.4%.

plus

(d) The sum of the accumulated value of actual past premium and the present value of future projected premium with the current rate schedule in excess of the premium with the original rate schedule times 80%.

plus

(e) The present value of future projected rate increase premium times 80%.

$$216,166,010 + 1,049,454,975 = (976,960,188 * .694) + 0.8*(1,044,659,556 - 976,960,188) + .8*(277,676,764*X)$$

Where X = indicated average rate increase

This methodology results in an indicated average rate increase of 240.1%.

This increase is based on nationwide data and assumes the 35.2% average increase that was implemented on March 1, 2020 was applied nationwide. 240.1% is the indicated rate increase in addition to the 35.2% that has already been implemented.

XV. CONTINGENT BENEFIT UPON LAPSE

All policyholders receiving a rate increase will be offered the contingent non-forfeiture benefit.

XVI. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 70.8% based on the nationwide distribution of business. This results in an average increase of 82.4% in Virginia reflecting differences between the Virginia and nationwide distribution of business.

The proposed increase will vary by benefit period and inflation protection and will range from 0% to 185.7%. This proposed increase is reduced in cases where the maximum proposed increase would cause the new rates to be higher than the corresponding rate on our most recently marketed non-gender distinct long-term care insurance product.

The proposed increase over five years is shown below.

	Virginia - Average	Virginia - Cumulative	Range
Increase 1	19.2%	19.2%	0-23.4%
Increase 2	15.7%	37.9%	0-23.4%
Increase 3	13.7%	56.8%	0-23.4%
Increase 4	9.1%	71.1%	0-23.4%
Increase 5	6.6%	82.4%	0-23.4%

Although a rate increase larger than 82.4% can be justified at this time, State Farm is not currently seeking a higher increase. If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.

Most policyholders will be given the option to reduce coverage in an effort to reduce the rate impact of the proposed increase. Only policyholders who have coverage that is greater than issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

A comparison of rates before and after the proposed change is included in the supporting documentation.

XVII. ACTUARIAL CERTIFICATION

I certify that to the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and rules of this Commonwealth and the premiums are reasonable in relation to the benefits provided. This rate filing complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, “Regulatory Filings for Health Plan Entities” and Actuarial Standard of Practice No. 18, “Long-Term Care”.

I certify that no premium rate schedule increases are anticipated if the requested premium rate schedule is implemented and the underlying assumptions are realized.



Sabrina Weislak, FSA, MAAA

November 21, 2023
Date

Filing Summary Narrative for SERFF Filing # STLH-132777390

State Farm Insurance has filed for an average rate increase of 82.4% with the Virginia Bureau of Insurance. New rates will be implemented over 5 years and will range from 0% to 23.4% for each of the five years. The actual increase will vary by issue age, benefit period, elimination period, and inflation option.

The need for this rate increase is being driven by lower lapses and mortality combined with policyholders' total claims being projected to be greater than expected. In other words, more policyholders are maintaining their policies for longer than originally anticipated and updated data shows these policyholders will be claiming benefits more often and for longer than original assumptions would have projected. Although this is a testament to the value of this coverage, it also has put unanticipated financial pressure on this block of business leading to the need for a premium rate increase.

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Remove the inflation protection benefit or change from compound inflation protection to simple inflation protection where available
- Remove the Nonforfeiture rider

While the company recognizes that a rate increase is unwelcome, we feel it is necessary in order to fulfill our contractual obligations so that a policyholder's benefits are available when they need them most.

If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.

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

Company Name and NAIC Number: State Farm Mutual Automobile Insurance Company: 25178-176

SERFF Tracking Number: STLH-132777390

Revised Rates

Average Annual Premium Per Member: 2897

Average Requested Percentage Rate Change Per Member: 82.4%

Range of Requested Rate Changes: 0-185.7%

Number of Virginia Policyholders Affected: 834

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
97058 VA	State Farm Tax Qualified Long Term Care Insurance Policy Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.
99572 VA	Simple Automatic Increase Benefit Rider Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further rate increases.
99573	Compound Automatic Increase Benefit Rider Form	4/1/2002 - 09/30/2003	10/16/2019 - 35.2%	If the proposed rate increase is approved and future experience emerges as expected, we do not anticipate seeking further 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)

Most policyholders will be given the option to reduce coverage in an effort to mitigate the impact of the proposed increase. Only policyholders who have coverage greater than the minimum issue requirements will be able to exercise several options to reduce coverage, which include the following:

- Reducing the daily benefit amount
- Decreasing the benefit period
- Increasing the elimination period
- Removing an optional rider

Below are three examples of how policyholders may remove optional riders, with details on daily benefit level and calculations of future benefit increases:

Example 1 Policyholder Changes Compound Inflation to Simple Inflation

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.

Policyholder purchases a \$100 daily benefit, 5% compound inflation policy.

10 years later their benefit has increased to \$162.89 /day and they decide to change the compound inflation rider to the simple inflation rider.

They get to keep their \$162.89/day benefit, which will inflate at the simple rate of 5% of the original premium but the new premium is calculated as if they had purchased a \$100 daily benefit with simple inflation.

Under the proposed rate table P90 their new premium would be $100 * 5.14 = \$514$.

Example 2 Policyholder Drops Compound Inflation

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.

Policyholder purchases a \$100 daily benefit, 5% compound inflation policy.

10 years later their benefit has increased to \$162.89 /day and they decide to drop the inflation rider.

They get to keep their \$162.89/day benefit, but the new premium is calculated as if they had purchased a \$100 daily benefit with no inflation.

Under the proposed rate table P90 their new premium would be $100 * 2.06 = \$206$.

Example 3 Policyholder Keeps Compound Inflation and Reduces the Daily Benefit Amount

Assume Issue Age 40, 2 year benefit period, 30 day elimination period, standard rates.

Policyholder purchases a \$125 daily benefit, 5% compound inflation policy.

10 years later their benefit has increased to \$203.61 /day and they decide to drop their daily benefit amount to \$100.

They will drop their daily benefit amount \$25 so the new daily benefit amount is \$178.61. The daily benefit will compound 5% a year from the new amount. The new premium is calculated as if they had purchased a \$100 daily benefit with compound inflation.

Under the proposed rate table P90 their new premium would be $100 * 9.92 = \$992$.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Long Term Care Insurance Policy Form 97058VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	24%	23%
30-34	0%	0%	0%	23%	23%
35-39	0%	0%	0%	23%	23%
40	0%	0%	0%	23%	24%
41	0%	0%	0%	23%	23%
42	0%	0%	0%	23%	23%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	23%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	24%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	23%	23%
59	0%	0%	0%	23%	23%
60	0%	0%	0%	23%	23%
61	0%	0%	0%	23%	23%
62	0%	0%	0%	23%	23%
63	0%	0%	0%	23%	23%
64	0%	0%	0%	23%	23%
65	0%	0%	0%	23%	23%
66	0%	0%	0%	19%	23%
67	0%	0%	0%	15%	23%
68	0%	0%	0%	10%	20%
69	0%	0%	0%	6%	15%
70	0%	0%	0%	1%	10%
71	0%	0%	0%	0%	4%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Long Term Care Insurance Policy Form 97058VA Series

90 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	0%	0%	0%	24%	23%
30-34	0%	0%	0%	23%	23%
35-39	0%	0%	0%	24%	23%
40	0%	0%	0%	23%	23%
41	0%	0%	0%	24%	24%
42	0%	0%	0%	23%	24%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	23%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	23%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	23%	23%
59	0%	0%	0%	23%	23%
60	0%	0%	0%	23%	23%
61	0%	0%	0%	23%	23%
62	0%	0%	0%	23%	23%
63	0%	0%	0%	23%	23%
64	0%	0%	0%	21%	23%
65	0%	0%	0%	17%	23%
66	0%	0%	0%	13%	23%
67	0%	0%	0%	9%	18%
68	0%	0%	0%	4%	14%
69	0%	0%	0%	0%	9%
70	0%	0%	0%	0%	5%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Long Term Care Insurance Policy Form 97058VA Series

180 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	0%	0%	0%	23%	24%
30-34	0%	0%	0%	23%	24%
35-39	0%	0%	0%	23%	23%
40	0%	0%	0%	23%	23%
41	0%	0%	0%	23%	24%
42	0%	0%	0%	24%	23%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	24%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	23%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	23%	23%
59	0%	0%	0%	23%	23%
60	0%	0%	0%	23%	23%
61	0%	0%	0%	23%	23%
62	0%	0%	0%	23%	23%
63	0%	0%	0%	22%	23%
64	0%	0%	0%	19%	23%
65	0%	0%	0%	15%	23%
66	0%	0%	0%	11%	21%
67	0%	0%	0%	7%	17%
68	0%	0%	0%	3%	12%
69	0%	0%	0%	0%	8%
70	0%	0%	0%	0%	4%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	21%	24%	23%	23%
30-34	0%	21%	23%	23%	23%
35-39	0%	21%	24%	23%	23%
40	0%	22%	23%	23%	23%
41	0%	21%	23%	23%	23%
42	0%	21%	23%	23%	23%
43	0%	21%	23%	23%	23%
44	0%	22%	23%	23%	23%
45	0%	22%	23%	23%	23%
46	0%	21%	23%	23%	23%
47	0%	21%	23%	23%	23%
48	0%	22%	23%	23%	23%
49	0%	21%	23%	23%	23%
50	0%	22%	23%	23%	23%
51	0%	22%	23%	23%	23%
52	0%	22%	23%	23%	23%
53	0%	21%	23%	23%	23%
54	0%	21%	23%	23%	23%
55	0%	22%	23%	23%	23%
56	0%	22%	23%	23%	23%
57	0%	21%	23%	23%	23%
58	0%	21%	23%	23%	23%
59	0%	21%	23%	23%	23%
60	0%	21%	23%	23%	23%
61	0%	21%	23%	23%	23%
62	0%	21%	23%	23%	23%
63	0%	21%	23%	23%	23%
64	0%	21%	23%	23%	23%
65	0%	21%	23%	23%	23%
66	0%	21%	23%	23%	23%
67	0%	21%	23%	23%	23%
68	0%	21%	23%	23%	23%
69	0%	15%	20%	23%	23%
70	0%	9%	13%	17%	23%
71	0%	3%	6%	10%	20%
72	0%	0%	0%	4%	13%
73	0%	0%	0%	0%	7%
74	0%	0%	0%	0%	2%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	21%	23%	23%	23%
30-34	0%	21%	23%	24%	23%
35-39	0%	21%	23%	23%	23%
40	0%	22%	23%	23%	23%
41	0%	21%	23%	23%	23%
42	0%	21%	23%	23%	23%
43	0%	22%	24%	23%	23%
44	0%	21%	23%	23%	23%
45	0%	21%	24%	23%	23%
46	0%	22%	23%	23%	23%
47	0%	21%	23%	23%	23%
48	0%	21%	23%	23%	23%
49	0%	21%	23%	23%	23%
50	0%	22%	23%	23%	23%
51	0%	21%	23%	23%	23%
52	0%	21%	23%	23%	23%
53	0%	21%	23%	23%	23%
54	0%	22%	23%	23%	23%
55	0%	21%	23%	23%	23%
56	0%	21%	23%	23%	23%
57	0%	22%	23%	23%	23%
58	0%	21%	23%	23%	23%
59	0%	22%	23%	23%	23%
60	0%	21%	23%	23%	23%
61	0%	21%	23%	23%	23%
62	0%	21%	23%	23%	23%
63	0%	21%	23%	23%	23%
64	0%	21%	23%	23%	23%
65	0%	21%	23%	23%	23%
66	0%	21%	23%	23%	23%
67	0%	21%	23%	23%	23%
68	0%	15%	19%	23%	23%
69	0%	10%	13%	17%	23%
70	0%	4%	7%	11%	21%
71	0%	0%	1%	5%	15%
72	0%	0%	0%	0%	8%
73	0%	0%	0%	0%	2%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	21%	24%	24%	23%
30-34	0%	22%	24%	23%	23%
35-39	0%	21%	23%	23%	23%
40	0%	22%	23%	23%	23%
41	0%	22%	23%	23%	23%
42	0%	22%	23%	23%	24%
43	0%	22%	23%	23%	23%
44	0%	21%	23%	23%	23%
45	0%	21%	23%	23%	23%
46	0%	21%	23%	23%	23%
47	0%	22%	23%	23%	23%
48	0%	22%	23%	23%	23%
49	0%	21%	23%	23%	23%
50	0%	22%	23%	23%	23%
51	0%	21%	23%	23%	23%
52	0%	22%	23%	23%	23%
53	0%	21%	23%	23%	23%
54	0%	21%	23%	23%	23%
55	0%	21%	23%	23%	23%
56	0%	21%	23%	23%	23%
57	0%	21%	23%	23%	23%
58	0%	21%	23%	23%	23%
59	0%	22%	23%	23%	23%
60	0%	21%	23%	23%	23%
61	0%	21%	23%	23%	23%
62	0%	22%	23%	23%	23%
63	0%	21%	23%	23%	23%
64	0%	22%	23%	23%	23%
65	0%	21%	23%	23%	23%
66	0%	21%	23%	23%	23%
67	0%	19%	23%	23%	23%
68	0%	14%	17%	22%	23%
69	0%	8%	12%	16%	23%
70	0%	3%	6%	10%	20%
71	0%	0%	0%	5%	14%
72	0%	0%	0%	0%	8%
73	0%	0%	0%	0%	2%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	23%	23%	23%	23%	23%
30-34	23%	23%	23%	23%	23%
35-39	23%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	23%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	23%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	23%	23%	23%	23%	23%
67	23%	23%	23%	23%	23%
68	23%	23%	23%	23%	23%
69	23%	23%	23%	23%	23%
70	20%	23%	23%	23%	23%
71	14%	18%	22%	23%	23%
72	8%	10%	13%	17%	23%
73	4%	3%	5%	10%	20%
74	0%	0%	0%	3%	13%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	24%	23%	23%	23%	23%
30-34	24%	23%	23%	23%	23%
35-39	23%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	23%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	24%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	23%	23%	23%	23%	23%
67	23%	23%	23%	23%	23%
68	23%	23%	23%	23%	23%
69	22%	23%	23%	23%	23%
70	15%	20%	23%	23%	23%
71	9%	12%	16%	20%	23%
72	3%	5%	8%	12%	23%
73	0%	0%	0%	5%	15%
74	0%	0%	0%	0%	8%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Percentage Increase on Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	24%	23%	23%	23%	23%
30-34	23%	23%	23%	23%	23%
35-39	24%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	24%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	23%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	23%	23%	23%	23%	23%
67	23%	23%	23%	23%	23%
68	23%	23%	23%	23%	23%
69	21%	23%	23%	23%	23%
70	14%	19%	23%	23%	23%
71	7%	11%	15%	20%	23%
72	1%	4%	7%	12%	22%
73	0%	0%	0%	5%	15%
74	0%	0%	0%	0%	9%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 1 Increase) to Current Rates

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	4%	4%
30-34	0%	0%	0%	4%	4%
35-39	0%	0%	0%	4%	4%
40	0%	0%	0%	4%	4%
41	0%	0%	0%	4%	4%
42	0%	0%	0%	4%	4%
43	0%	0%	0%	4%	4%
44	0%	0%	0%	4%	4%
45	0%	0%	0%	4%	4%
46	0%	0%	0%	4%	4%
47	0%	0%	0%	4%	4%
48	0%	0%	0%	4%	4%
49	0%	0%	0%	4%	4%
50	0%	0%	0%	4%	4%
51	0%	0%	0%	4%	4%
52	0%	0%	0%	4%	4%
53	0%	0%	0%	4%	4%
54	0%	0%	0%	4%	4%
55	0%	0%	0%	4%	4%
56	0%	0%	0%	4%	4%
57	0%	0%	0%	4%	4%
58	0%	0%	0%	4%	4%
59	0%	0%	0%	4%	4%
60	0%	0%	0%	4%	4%
61	0%	0%	0%	4%	4%
62	0%	0%	0%	4%	4%
63	0%	0%	0%	4%	4%
64	0%	0%	0%	4%	4%
65	0%	0%	0%	1%	4%
66	0%	0%	0%	0%	4%
67	0%	0%	0%	0%	2%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	4%	4%
30-34	0%	0%	0%	4%	4%
35-39	0%	0%	0%	4%	4%
40	0%	0%	0%	4%	4%
41	0%	0%	0%	4%	4%
42	0%	0%	0%	4%	4%
43	0%	0%	0%	4%	4%
44	0%	0%	0%	4%	4%
45	0%	0%	0%	4%	4%
46	0%	0%	0%	4%	4%
47	0%	0%	0%	4%	4%
48	0%	0%	0%	4%	4%
49	0%	0%	0%	4%	4%
50	0%	0%	0%	4%	4%
51	0%	0%	0%	4%	4%
52	0%	0%	0%	4%	4%
53	0%	0%	0%	4%	4%
54	0%	0%	0%	4%	4%
55	0%	0%	0%	4%	4%
56	0%	0%	0%	4%	4%
57	0%	0%	0%	4%	4%
58	0%	0%	0%	4%	4%
59	0%	0%	0%	4%	4%
60	0%	0%	0%	4%	4%
61	0%	0%	0%	4%	4%
62	0%	0%	0%	2%	4%
63	0%	0%	0%	1%	4%
64	0%	0%	0%	0%	4%
65	0%	0%	0%	0%	4%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	4%	4%
30-34	0%	0%	0%	4%	4%
35-39	0%	0%	0%	4%	4%
40	0%	0%	0%	4%	4%
41	0%	0%	0%	4%	4%
42	0%	0%	0%	4%	4%
43	0%	0%	0%	4%	4%
44	0%	0%	0%	4%	4%
45	0%	0%	0%	4%	4%
46	0%	0%	0%	4%	4%
47	0%	0%	0%	4%	4%
48	0%	0%	0%	4%	4%
49	0%	0%	0%	4%	4%
50	0%	0%	0%	4%	4%
51	0%	0%	0%	4%	4%
52	0%	0%	0%	4%	4%
53	0%	0%	0%	4%	4%
54	0%	0%	0%	4%	4%
55	0%	0%	0%	4%	4%
56	0%	0%	0%	4%	4%
57	0%	0%	0%	4%	4%
58	0%	0%	0%	4%	4%
59	0%	0%	0%	4%	4%
60	0%	0%	0%	4%	4%
61	0%	0%	0%	2%	4%
62	0%	0%	0%	0%	4%
63	0%	0%	0%	0%	4%
64	0%	0%	0%	0%	4%
65	0%	0%	0%	0%	2%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	16%	23%	23%
30-34	0%	0%	16%	23%	23%
35-39	0%	0%	16%	23%	23%
40	0%	0%	16%	23%	23%
41	0%	0%	16%	23%	23%
42	0%	0%	16%	23%	23%
43	0%	0%	16%	23%	23%
44	0%	0%	16%	23%	23%
45	0%	0%	16%	23%	23%
46	0%	0%	16%	23%	23%
47	0%	0%	16%	23%	23%
48	0%	0%	16%	23%	23%
49	0%	0%	16%	23%	23%
50	0%	0%	16%	23%	23%
51	0%	0%	16%	23%	23%
52	0%	0%	16%	23%	23%
53	0%	0%	16%	23%	23%
54	0%	0%	16%	23%	23%
55	0%	0%	16%	23%	23%
56	0%	0%	16%	23%	23%
57	0%	0%	16%	23%	23%
58	0%	0%	16%	23%	23%
59	0%	0%	16%	23%	23%
60	0%	0%	16%	23%	23%
61	0%	0%	16%	23%	23%
62	0%	0%	16%	23%	23%
63	0%	0%	16%	23%	23%
64	0%	0%	16%	23%	23%
65	0%	0%	16%	23%	23%
66	0%	0%	13%	17%	23%
67	0%	0%	8%	11%	21%
68	0%	0%	2%	6%	15%
69	0%	0%	0%	0%	9%
70	0%	0%	0%	0%	4%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	16%	23%	23%
30-34	0%	0%	16%	23%	23%
35-39	0%	0%	16%	23%	23%
40	0%	0%	16%	23%	23%
41	0%	0%	16%	23%	23%
42	0%	0%	16%	23%	23%
43	0%	0%	16%	23%	23%
44	0%	0%	16%	23%	23%
45	0%	0%	16%	23%	23%
46	0%	0%	16%	23%	23%
47	0%	0%	16%	23%	23%
48	0%	0%	16%	23%	23%
49	0%	0%	16%	23%	23%
50	0%	0%	16%	23%	23%
51	0%	0%	16%	23%	23%
52	0%	0%	16%	23%	23%
53	0%	0%	16%	23%	23%
54	0%	0%	16%	23%	23%
55	0%	0%	16%	23%	23%
56	0%	0%	16%	23%	23%
57	0%	0%	16%	23%	23%
58	0%	0%	16%	23%	23%
59	0%	0%	16%	23%	23%
60	0%	0%	16%	23%	23%
61	0%	0%	16%	23%	23%
62	0%	0%	16%	23%	23%
63	0%	0%	16%	23%	23%
64	0%	0%	16%	22%	23%
65	0%	0%	12%	17%	23%
66	0%	0%	7%	11%	21%
67	0%	0%	2%	5%	15%
68	0%	0%	0%	0%	9%
69	0%	0%	0%	0%	4%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	16%	23%	23%
30-34	0%	0%	16%	23%	23%
35-39	0%	0%	16%	23%	23%
40	0%	0%	16%	23%	23%
41	0%	0%	16%	23%	23%
42	0%	0%	16%	23%	23%
43	0%	0%	16%	23%	23%
44	0%	0%	16%	23%	23%
45	0%	0%	16%	23%	23%
46	0%	0%	16%	23%	23%
47	0%	0%	16%	23%	23%
48	0%	0%	16%	23%	23%
49	0%	0%	16%	23%	23%
50	0%	0%	16%	23%	23%
51	0%	0%	16%	23%	23%
52	0%	0%	16%	23%	23%
53	0%	0%	16%	23%	23%
54	0%	0%	16%	23%	23%
55	0%	0%	16%	23%	23%
56	0%	0%	16%	23%	23%
57	0%	0%	16%	23%	23%
58	0%	0%	16%	23%	23%
59	0%	0%	16%	23%	23%
60	0%	0%	16%	23%	23%
61	0%	0%	16%	23%	23%
62	0%	0%	16%	23%	23%
63	0%	0%	16%	23%	23%
64	0%	0%	15%	19%	23%
65	0%	0%	10%	14%	23%
66	0%	0%	5%	9%	19%
67	0%	0%	0%	4%	13%
68	0%	0%	0%	0%	8%
69	0%	0%	0%	0%	3%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	23%	23%	23%	23%	23%
30-34	23%	23%	23%	23%	23%
35-39	23%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	23%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	23%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	23%	23%	23%	23%	23%
67	16%	22%	23%	23%	23%
68	9%	15%	21%	23%	23%
69	3%	9%	13%	16%	23%
70	0%	2%	6%	9%	19%
71	0%	0%	0%	2%	11%
72	0%	0%	0%	0%	4%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	23%	23%	23%	23%	23%
30-34	23%	23%	23%	23%	23%
35-39	23%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	23%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	23%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	19%	23%	23%	23%	23%
67	12%	17%	21%	23%	23%
68	5%	10%	14%	17%	23%
69	0%	4%	7%	11%	21%
70	0%	0%	1%	4%	14%
71	0%	0%	0%	0%	7%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	23%	24%	23%	23%	23%
30-34	23%	23%	23%	23%	23%
35-39	23%	23%	23%	23%	23%
40	23%	23%	23%	23%	23%
41	23%	23%	23%	23%	23%
42	23%	23%	23%	23%	23%
43	23%	23%	23%	23%	23%
44	23%	23%	23%	23%	23%
45	23%	23%	23%	23%	23%
46	23%	23%	23%	23%	23%
47	23%	23%	23%	23%	23%
48	23%	23%	23%	23%	23%
49	23%	23%	23%	23%	23%
50	23%	23%	23%	23%	23%
51	23%	23%	23%	23%	23%
52	23%	23%	23%	23%	23%
53	23%	23%	23%	23%	23%
54	23%	23%	23%	23%	23%
55	23%	23%	23%	23%	23%
56	23%	23%	23%	23%	23%
57	23%	23%	23%	23%	23%
58	23%	23%	23%	23%	23%
59	23%	23%	23%	23%	23%
60	23%	23%	23%	23%	23%
61	23%	23%	23%	23%	23%
62	23%	23%	23%	23%	23%
63	23%	23%	23%	23%	23%
64	23%	23%	23%	23%	23%
65	23%	23%	23%	23%	23%
66	18%	22%	23%	23%	23%
67	11%	15%	19%	22%	23%
68	5%	9%	12%	16%	23%
69	0%	2%	6%	10%	20%
70	0%	0%	0%	3%	13%
71	0%	0%	0%	0%	6%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 2 Increase) to Proposed Rates (Year 1 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	23%	23%
30-34	0%	0%	0%	23%	23%
35-39	0%	0%	0%	23%	23%
40	0%	0%	0%	23%	23%
41	0%	0%	0%	23%	23%
42	0%	0%	0%	23%	23%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	23%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	23%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	23%	23%
59	0%	0%	0%	23%	23%
60	0%	0%	0%	20%	23%
61	0%	0%	0%	16%	23%
62	0%	0%	0%	12%	22%
63	0%	0%	0%	9%	19%
64	0%	0%	0%	5%	14%
65	0%	0%	0%	0%	9%
66	0%	0%	0%	0%	4%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	23%	23%
30-34	0%	0%	0%	23%	23%
35-39	0%	0%	0%	23%	23%
40	0%	0%	0%	23%	23%
41	0%	0%	0%	23%	23%
42	0%	0%	0%	23%	23%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	23%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	23%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	22%	23%
59	0%	0%	0%	17%	23%
60	0%	0%	0%	13%	22%
61	0%	0%	0%	9%	18%
62	0%	0%	0%	6%	15%
63	0%	0%	0%	3%	12%
64	0%	0%	0%	0%	8%
65	0%	0%	0%	0%	3%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	23%	23%
30-34	0%	0%	0%	23%	23%
35-39	0%	0%	0%	23%	23%
40	0%	0%	0%	23%	23%
41	0%	0%	0%	23%	23%
42	0%	0%	0%	23%	23%
43	0%	0%	0%	23%	23%
44	0%	0%	0%	23%	23%
45	0%	0%	0%	23%	23%
46	0%	0%	0%	23%	23%
47	0%	0%	0%	23%	23%
48	0%	0%	0%	23%	23%
49	0%	0%	0%	23%	23%
50	0%	0%	0%	23%	23%
51	0%	0%	0%	23%	23%
52	0%	0%	0%	23%	23%
53	0%	0%	0%	23%	23%
54	0%	0%	0%	23%	23%
55	0%	0%	0%	23%	23%
56	0%	0%	0%	23%	23%
57	0%	0%	0%	23%	23%
58	0%	0%	0%	19%	23%
59	0%	0%	0%	15%	23%
60	0%	0%	0%	10%	20%
61	0%	0%	0%	7%	16%
62	0%	0%	0%	4%	13%
63	0%	0%	0%	0%	9%
64	0%	0%	0%	0%	6%
65	0%	0%	0%	0%	1%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6%	17%	23%	23%	23%
30-34	6%	17%	23%	23%	23%
35-39	6%	17%	23%	23%	23%
40	6%	17%	23%	23%	23%
41	6%	17%	23%	23%	23%
42	6%	17%	23%	23%	23%
43	6%	17%	23%	23%	23%
44	6%	17%	23%	23%	23%
45	6%	17%	23%	23%	23%
46	6%	17%	23%	23%	23%
47	6%	17%	23%	23%	23%
48	6%	17%	23%	23%	23%
49	6%	17%	23%	23%	23%
50	6%	17%	23%	23%	23%
51	6%	17%	23%	23%	23%
52	6%	17%	23%	23%	23%
53	6%	17%	23%	23%	23%
54	6%	17%	23%	23%	23%
55	6%	17%	23%	23%	23%
56	6%	17%	23%	23%	23%
57	6%	17%	23%	23%	23%
58	6%	17%	23%	23%	23%
59	6%	17%	23%	23%	23%
60	6%	17%	23%	23%	23%
61	6%	17%	23%	23%	23%
62	6%	17%	23%	23%	23%
63	6%	17%	23%	23%	23%
64	6%	17%	23%	23%	23%
65	6%	12%	17%	20%	23%
66	0%	5%	10%	13%	23%
67	0%	0%	4%	6%	16%
68	0%	0%	0%	0%	9%
69	0%	0%	0%	0%	3%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6%	17%	23%	23%	23%
30-34	6%	17%	23%	23%	23%
35-39	6%	17%	23%	23%	23%
40	6%	17%	23%	23%	23%
41	6%	17%	23%	23%	23%
42	6%	17%	23%	23%	23%
43	6%	17%	23%	23%	23%
44	6%	17%	23%	23%	23%
45	6%	17%	23%	23%	23%
46	6%	17%	23%	23%	23%
47	6%	17%	23%	23%	23%
48	6%	17%	23%	23%	23%
49	6%	17%	23%	23%	23%
50	6%	17%	23%	23%	23%
51	6%	17%	23%	23%	23%
52	6%	17%	23%	23%	23%
53	6%	17%	23%	23%	23%
54	6%	17%	23%	23%	23%
55	6%	17%	23%	23%	23%
56	6%	17%	23%	23%	23%
57	6%	17%	23%	23%	23%
58	6%	17%	23%	23%	23%
59	6%	17%	23%	23%	23%
60	6%	17%	23%	23%	23%
61	6%	17%	23%	23%	23%
62	6%	17%	23%	23%	23%
63	6%	17%	23%	23%	23%
64	6%	13%	17%	20%	23%
65	2%	7%	11%	14%	23%
66	0%	1%	4%	7%	17%
67	0%	0%	0%	1%	10%
68	0%	0%	0%	0%	4%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6%	17%	23%	23%	23%
30-34	6%	17%	23%	23%	23%
35-39	6%	17%	23%	23%	23%
40	6%	17%	23%	23%	23%
41	6%	17%	23%	23%	23%
42	6%	17%	23%	23%	23%
43	6%	17%	23%	23%	23%
44	6%	17%	23%	23%	23%
45	6%	17%	23%	23%	23%
46	6%	17%	23%	23%	23%
47	6%	17%	23%	23%	23%
48	6%	17%	23%	23%	23%
49	6%	17%	23%	23%	23%
50	6%	17%	23%	23%	23%
51	6%	17%	23%	23%	23%
52	6%	17%	23%	23%	23%
53	6%	17%	23%	23%	23%
54	6%	17%	23%	23%	23%
55	6%	17%	23%	23%	23%
56	6%	17%	23%	23%	23%
57	6%	17%	23%	23%	23%
58	6%	17%	23%	23%	23%
59	6%	17%	23%	23%	23%
60	6%	17%	23%	23%	23%
61	6%	17%	23%	23%	23%
62	6%	17%	23%	23%	23%
63	6%	16%	20%	23%	23%
64	6%	11%	15%	18%	23%
65	1%	5%	9%	11%	21%
66	0%	0%	2%	5%	15%
67	0%	0%	0%	0%	8%
68	0%	0%	0%	0%	3%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 3 Increase) to Proposed Rates (Year 2 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

180 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	10%	10%
30-34	0%	0%	0%	10%	10%
35-39	0%	0%	0%	10%	10%
40	0%	0%	0%	10%	10%
41	0%	0%	0%	10%	10%
42	0%	0%	0%	10%	10%
43	0%	0%	0%	10%	10%
44	0%	0%	0%	10%	10%
45	0%	0%	0%	10%	10%
46	0%	0%	0%	10%	10%
47	0%	0%	0%	10%	10%
48	0%	0%	0%	10%	10%
49	0%	0%	0%	10%	10%
50	0%	0%	0%	10%	10%
51	0%	0%	0%	10%	10%
52	0%	0%	0%	10%	10%
53	0%	0%	0%	10%	10%
54	0%	0%	0%	10%	10%
55	0%	0%	0%	10%	10%
56	0%	0%	0%	10%	10%
57	0%	0%	0%	10%	10%
58	0%	0%	0%	5%	10%
59	0%	0%	0%	1%	10%
60	0%	0%	0%	0%	6%
61	0%	0%	0%	0%	2%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	10%	10%
30-34	0%	0%	0%	10%	10%
35-39	0%	0%	0%	10%	10%
40	0%	0%	0%	10%	10%
41	0%	0%	0%	10%	10%
42	0%	0%	0%	10%	10%
43	0%	0%	0%	10%	10%
44	0%	0%	0%	10%	10%
45	0%	0%	0%	10%	10%
46	0%	0%	0%	10%	10%
47	0%	0%	0%	10%	10%
48	0%	0%	0%	10%	10%
49	0%	0%	0%	10%	10%
50	0%	0%	0%	10%	10%
51	0%	0%	0%	10%	10%
52	0%	0%	0%	10%	10%
53	0%	0%	0%	10%	10%
54	0%	0%	0%	10%	10%
55	0%	0%	0%	10%	10%
56	0%	0%	0%	8%	10%
57	0%	0%	0%	3%	10%
58	0%	0%	0%	0%	8%
59	0%	0%	0%	0%	3%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	10%	10%
30-34	0%	0%	0%	10%	10%
35-39	0%	0%	0%	10%	10%
40	0%	0%	0%	10%	10%
41	0%	0%	0%	10%	10%
42	0%	0%	0%	10%	10%
43	0%	0%	0%	10%	10%
44	0%	0%	0%	10%	10%
45	0%	0%	0%	10%	10%
46	0%	0%	0%	10%	10%
47	0%	0%	0%	10%	10%
48	0%	0%	0%	10%	10%
49	0%	0%	0%	10%	10%
50	0%	0%	0%	10%	10%
51	0%	0%	0%	10%	10%
52	0%	0%	0%	10%	10%
53	0%	0%	0%	10%	10%
54	0%	0%	0%	10%	10%
55	0%	0%	0%	9%	10%
56	0%	0%	0%	5%	10%
57	0%	0%	0%	1%	10%
58	0%	0%	0%	0%	5%
59	0%	0%	0%	0%	1%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	8%	8%	23%
30-34	0%	0%	8%	8%	23%
35-39	0%	0%	8%	8%	23%
40	0%	0%	8%	8%	23%
41	0%	0%	8%	8%	23%
42	0%	0%	8%	8%	23%
43	0%	0%	8%	8%	23%
44	0%	0%	8%	8%	23%
45	0%	0%	8%	8%	23%
46	0%	0%	8%	8%	23%
47	0%	0%	8%	8%	23%
48	0%	0%	8%	8%	23%
49	0%	0%	8%	8%	23%
50	0%	0%	8%	8%	23%
51	0%	0%	8%	8%	23%
52	0%	0%	8%	8%	23%
53	0%	0%	8%	8%	23%
54	0%	0%	8%	8%	23%
55	0%	0%	8%	8%	23%
56	0%	0%	8%	8%	23%
57	0%	0%	8%	8%	23%
58	0%	0%	8%	8%	23%
59	0%	0%	8%	8%	23%
60	0%	0%	8%	8%	23%
61	0%	0%	8%	8%	23%
62	0%	0%	8%	8%	23%
63	0%	0%	5%	8%	19%
64	0%	0%	0%	3%	13%
65	0%	0%	0%	0%	6%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	8%	8%	23%
30-34	0%	0%	8%	8%	23%
35-39	0%	0%	8%	8%	23%
40	0%	0%	8%	8%	23%
41	0%	0%	8%	8%	23%
42	0%	0%	8%	8%	23%
43	0%	0%	8%	8%	23%
44	0%	0%	8%	8%	23%
45	0%	0%	8%	8%	23%
46	0%	0%	8%	8%	23%
47	0%	0%	8%	8%	23%
48	0%	0%	8%	8%	23%
49	0%	0%	8%	8%	23%
50	0%	0%	8%	8%	23%
51	0%	0%	8%	8%	23%
52	0%	0%	8%	8%	23%
53	0%	0%	8%	8%	23%
54	0%	0%	8%	8%	23%
55	0%	0%	8%	8%	23%
56	0%	0%	8%	8%	23%
57	0%	0%	8%	8%	23%
58	0%	0%	8%	8%	23%
59	0%	0%	8%	8%	23%
60	0%	0%	8%	8%	23%
61	0%	0%	8%	8%	23%
62	0%	0%	4%	8%	17%
63	0%	0%	0%	3%	12%
64	0%	0%	0%	0%	6%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	8%	8%	23%
30-34	0%	0%	8%	8%	23%
35-39	0%	0%	8%	8%	23%
40	0%	0%	8%	8%	23%
41	0%	0%	8%	8%	23%
42	0%	0%	8%	8%	23%
43	0%	0%	8%	8%	23%
44	0%	0%	8%	8%	23%
45	0%	0%	8%	8%	23%
46	0%	0%	8%	8%	23%
47	0%	0%	8%	8%	23%
48	0%	0%	8%	8%	23%
49	0%	0%	8%	8%	23%
50	0%	0%	8%	8%	23%
51	0%	0%	8%	8%	23%
52	0%	0%	8%	8%	23%
53	0%	0%	8%	8%	23%
54	0%	0%	8%	8%	23%
55	0%	0%	8%	8%	23%
56	0%	0%	8%	8%	23%
57	0%	0%	8%	8%	23%
58	0%	0%	8%	8%	23%
59	0%	0%	8%	8%	23%
60	0%	0%	8%	8%	23%
61	0%	0%	6%	8%	20%
62	0%	0%	2%	6%	15%
63	0%	0%	0%	1%	10%
64	0%	0%	0%	0%	4%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 4 Increase) to Proposed Rates (Year 3 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Long Term Care Insurance Policy Form 97058VA Series

180 Day Elimination Period

Issue Age	<u>2 Year Benefit Period</u>	<u>3 Year Benefit Period</u>	<u>5 Year Benefit Period</u>	<u>10 Year Benefit Period</u>	<u>Lifetime Benefit Period</u>
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	0%
30-34	0%	0%	0%	0%	0%
35-39	0%	0%	0%	0%	0%
40	0%	0%	0%	0%	0%
41	0%	0%	0%	0%	0%
42	0%	0%	0%	0%	0%
43	0%	0%	0%	0%	0%
44	0%	0%	0%	0%	0%
45	0%	0%	0%	0%	0%
46	0%	0%	0%	0%	0%
47	0%	0%	0%	0%	0%
48	0%	0%	0%	0%	0%
49	0%	0%	0%	0%	0%
50	0%	0%	0%	0%	0%
51	0%	0%	0%	0%	0%
52	0%	0%	0%	0%	0%
53	0%	0%	0%	0%	0%
54	0%	0%	0%	0%	0%
55	0%	0%	0%	0%	0%
56	0%	0%	0%	0%	0%
57	0%	0%	0%	0%	0%
58	0%	0%	0%	0%	0%
59	0%	0%	0%	0%	0%
60	0%	0%	0%	0%	0%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	23%
30-34	0%	0%	0%	0%	23%
35-39	0%	0%	0%	0%	23%
40	0%	0%	0%	0%	23%
41	0%	0%	0%	0%	23%
42	0%	0%	0%	0%	23%
43	0%	0%	0%	0%	23%
44	0%	0%	0%	0%	23%
45	0%	0%	0%	0%	23%
46	0%	0%	0%	0%	23%
47	0%	0%	0%	0%	23%
48	0%	0%	0%	0%	23%
49	0%	0%	0%	0%	23%
50	0%	0%	0%	0%	23%
51	0%	0%	0%	0%	23%
52	0%	0%	0%	0%	23%
53	0%	0%	0%	0%	23%
54	0%	0%	0%	0%	23%
55	0%	0%	0%	0%	23%
56	0%	0%	0%	0%	23%
57	0%	0%	0%	0%	23%
58	0%	0%	0%	0%	23%
59	0%	0%	0%	0%	18%
60	0%	0%	0%	0%	12%
61	0%	0%	0%	0%	6%
62	0%	0%	0%	0%	1%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	23%
30-34	0%	0%	0%	0%	23%
35-39	0%	0%	0%	0%	23%
40	0%	0%	0%	0%	23%
41	0%	0%	0%	0%	23%
42	0%	0%	0%	0%	23%
43	0%	0%	0%	0%	23%
44	0%	0%	0%	0%	23%
45	0%	0%	0%	0%	23%
46	0%	0%	0%	0%	23%
47	0%	0%	0%	0%	23%
48	0%	0%	0%	0%	23%
49	0%	0%	0%	0%	23%
50	0%	0%	0%	0%	23%
51	0%	0%	0%	0%	23%
52	0%	0%	0%	0%	23%
53	0%	0%	0%	0%	23%
54	0%	0%	0%	0%	23%
55	0%	0%	0%	0%	23%
56	0%	0%	0%	0%	23%
57	0%	0%	0%	0%	23%
58	0%	0%	0%	0%	18%
59	0%	0%	0%	0%	11%
60	0%	0%	0%	0%	5%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0%	0%	0%	0%	23%
30-34	0%	0%	0%	0%	23%
35-39	0%	0%	0%	0%	23%
40	0%	0%	0%	0%	23%
41	0%	0%	0%	0%	23%
42	0%	0%	0%	0%	23%
43	0%	0%	0%	0%	23%
44	0%	0%	0%	0%	23%
45	0%	0%	0%	0%	23%
46	0%	0%	0%	0%	23%
47	0%	0%	0%	0%	23%
48	0%	0%	0%	0%	23%
49	0%	0%	0%	0%	23%
50	0%	0%	0%	0%	23%
51	0%	0%	0%	0%	23%
52	0%	0%	0%	0%	23%
53	0%	0%	0%	0%	23%
54	0%	0%	0%	0%	23%
55	0%	0%	0%	0%	23%
56	0%	0%	0%	0%	23%
57	0%	0%	0%	0%	22%
58	0%	0%	0%	0%	15%
59	0%	0%	0%	0%	9%
60	0%	0%	0%	0%	3%
61	0%	0%	0%	0%	0%
62	0%	0%	0%	0%	0%
63	0%	0%	0%	0%	0%
64	0%	0%	0%	0%	0%
65	0%	0%	0%	0%	0%
66	0%	0%	0%	0%	0%
67	0%	0%	0%	0%	0%
68	0%	0%	0%	0%	0%
69	0%	0%	0%	0%	0%
70	0%	0%	0%	0%	0%
71	0%	0%	0%	0%	0%
72	0%	0%	0%	0%	0%
73	0%	0%	0%	0%	0%
74	0%	0%	0%	0%	0%
75	0%	0%	0%	0%	0%
76	0%	0%	0%	0%	0%
77	0%	0%	0%	0%	0%
78	0%	0%	0%	0%	0%
79	0%	0%	0%	0%	0%
80	0%	0%	0%	0%	0%
81	0%	0%	0%	0%	0%
82	0%	0%	0%	0%	0%
83	0%	0%	0%	0%	0%
84	0%	0%	0%	0%	0%

Rate Table Comparison - Proposed Rates (Year 5 Increase) to Proposed Rates (Year 4 Increase)

Actual and Projected Virginia Experience - Pre-Rate Stability Only

Actual

Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Claims Paid	Claim Reserves	Loss Ratio Original Rates	Loss Ratio Current Rates	Cumulative Loss Ratio Current Rates
2001	0	0	0	0	0	0.0%	0.0%	-
2002	273,985	273,985	0	0	0	0.0%	0.0%	0.0%
2003	1,198,339	1,198,339	0	0	0	0.0%	0.0%	0.0%
2004	1,333,981	1,333,981	4,846	4,846	0	0.4%	0.4%	0.2%
2005	1,284,928	1,284,928	0	0	0	0.0%	0.0%	0.1%
2006	1,254,575	1,254,575	332,662	332,662	0	26.5%	26.5%	6.3%
2007	1,227,401	1,227,401	0	0	0	0.0%	0.0%	5.1%
2008	1,202,545	1,202,545	0	0	0	0.0%	0.0%	4.3%
2009	1,166,331	1,166,331	61,020	61,020	0	5.2%	5.2%	4.5%
2010	1,153,783	1,153,783	44,331	44,331	0	3.8%	3.8%	4.4%
2011	1,134,407	1,134,407	55,384	55,384	0	4.9%	4.9%	4.4%
2012	1,113,261	1,113,261	310,861	310,861	0	27.9%	27.9%	6.6%
2013	1,088,856	1,088,856	87,461	87,461	0	8.0%	8.0%	6.7%
2014	1,070,408	1,070,408	889,922	889,922	0	83.1%	83.1%	12.3%
2015	1,055,085	1,055,085	288,189	288,189	0	27.3%	27.3%	13.3%
2016	1,037,608	1,037,608	1,017,404	697,273	320,131	98.1%	98.1%	18.6%
2017	1,027,837	1,027,837	952,337	497,001	455,336	92.7%	92.7%	22.9%
2018	1,014,300	1,014,300	367,753	238,107	129,646	36.3%	36.3%	23.7%
2019	993,273	993,273	1,243,562	575,227	668,335	125.2%	125.2%	28.8%
Total	19,630,904	19,630,904	5,655,731	4,082,283	1,573,448	28.8%	28.8%	

Projection

Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase	Loss Ratio With Proposed Increase
2020	970,490	1,166,900	1,166,900	1,268,838	130.7%	108.7%	108.7%	33.3%
2021	934,922	1,249,703	1,249,703	1,418,587	151.7%	113.5%	113.5%	37.8%
2022	898,695	1,203,071	1,203,071	1,589,657	176.9%	132.1%	132.1%	42.7%
2023	861,758	1,155,006	1,155,006	1,775,638	206.0%	153.7%	153.7%	48.0%
2024	824,091	1,105,785	1,105,785	1,972,948	239.4%	178.4%	165.0%	53.4%
2025	785,803	1,055,548	1,055,548	2,168,189	275.9%	205.4%	162.2%	58.8%
2026	747,011	1,004,460	1,004,460	2,373,392	317.7%	236.3%	162.8%	64.2%
2027	707,796	952,646	952,646	2,581,011	364.7%	270.9%	167.3%	69.5%
2028	668,251	900,249	900,249	2,790,937	417.6%	310.0%	177.0%	74.9%
2029	628,519	847,465	847,465	3,008,681	478.7%	355.0%	194.6%	80.5%
2030	588,718	794,472	794,472	3,227,340	548.2%	406.2%	221.2%	86.4%
2031	549,078	741,586	741,586	3,437,753	626.1%	463.6%	250.7%	92.7%
2032	509,855	689,157	689,157	3,627,819	711.5%	526.4%	282.9%	99.3%
2033	471,215	637,416	637,416	3,799,656	806.4%	596.1%	318.2%	106.1%
2034	433,372	586,649	586,649	3,950,183	911.5%	673.3%	357.2%	113.1%
2035	396,559	537,185	537,185	4,075,375	1027.7%	758.7%	399.9%	120.3%
2036	361,034	489,379	489,379	4,172,169	1155.6%	852.5%	446.7%	127.7%
2037	326,962	443,465	443,465	4,233,970	1294.9%	954.7%	497.4%	135.1%
2038	294,487	399,644	399,644	4,251,326	1443.6%	1063.8%	551.1%	142.6%
2039	263,818	358,205	358,205	4,230,906	1603.7%	1181.1%	608.7%	150.0%
2040	235,058	319,302	319,302	4,177,692	1777.3%	1308.4%	671.0%	157.3%
2041	208,325	283,099	283,099	4,092,115	1964.3%	1445.5%	737.9%	164.5%
2042	183,632	249,627	249,627	3,971,644	2162.8%	1591.0%	808.8%	171.4%
2043	160,968	218,879	218,879	3,816,944	2371.2%	1743.9%	883.1%	178.1%
2044	140,345	190,878	190,878	3,640,460	2593.9%	1907.2%	962.5%	184.6%
2045	121,718	165,568	165,568	3,451,242	2835.4%	2084.5%	1048.8%	190.7%
2046	105,030	142,880	142,880	3,250,559	3094.9%	2275.0%	1141.9%	196.4%
2047	90,178	122,676	122,676	3,044,076	3375.6%	2481.4%	1243.0%	201.9%
2048	77,016	104,766	104,766	2,831,465	3676.5%	2702.7%	1352.0%	207.0%
2049	65,437	89,006	89,006	2,610,659	3989.6%	2933.1%	1466.1%	211.7%
2050	55,310	75,219	75,219	2,391,993	4324.7%	3180.0%	1589.5%	216.1%
2051	46,515	63,243	63,243	2,170,676	4666.6%	3432.3%	1716.8%	220.0%
2052	38,914	52,894	52,894	1,951,068	5013.8%	3688.6%	1847.9%	223.6%
2053	32,359	43,970	43,970	1,731,621	5351.3%	3938.2%	1977.3%	226.8%
2054	26,739	36,321	36,321	1,523,073	5696.1%	4193.4%	2111.9%	229.7%
2055	21,950	29,805	29,805	1,327,566	6048.1%	4454.2%	2251.7%	232.1%
2056	17,897	24,292	24,292	1,140,982	6375.3%	4696.9%	2385.2%	234.3%
2057	14,481	19,648	19,648	969,780	6696.9%	4935.8%	2519.8%	236.1%
2058	11,616	15,755	15,755	814,750	7014.0%	5171.4%	2655.3%	237.7%
2059	9,232	12,517	12,517	677,669	7340.4%	5414.0%	2796.9%	238.9%
2060	7,269	9,852	9,852	555,582	7643.2%	5639.3%	2932.3%	240.0%
2061	5,670	7,682	7,682	446,855	7881.0%	5816.9%	3045.6%	240.8%
2062	4,376	5,927	5,927	355,148	8115.8%	5992.0%	3158.6%	241.5%
2063	3,339	4,522	4,522	278,872	8352.0%	6167.0%	3273.5%	242.1%
2064	2,517	3,409	3,409	215,681	8569.0%	6326.8%	3379.5%	242.5%
2065	1,873	2,536	2,536	163,947	8753.2%	6464.8%	3474.2%	242.8%
2066	1,376	1,863	1,863	122,099	8873.5%	6553.9%	3539.1%	243.0%
2067	997	1,351	1,351	89,164	8943.2%	6599.9%	3582.3%	243.2%
2068	712	965	965	63,666	8941.9%	6597.5%	3590.9%	243.3%
2069	500	678	678	44,997	8999.4%	6636.7%	3620.0%	243.4%
Total	13,913,783	18,617,121	28,654,473	111,876,420	804.1%	600.9%	390.4%	

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	19,630,904	19,630,904	19,630,904	5,655,731	28.8%	28.8%	28.8%
Anticipated Experience	13,913,783	18,617,121	28,654,473	111,876,420	804.1%	600.9%	390.4%
Lifetime Experience	33,544,687	38,248,025	48,285,377	117,532,151	350.4%	307.3%	243.4%
Past Experience@4.5%	30,560,158	30,560,158	30,560,158	6,956,358	22.8%	22.8%	22.8%
Anticipated Experience@4.5%	9,623,731	12,815,286	18,332,547	53,224,080	553.1%	415.3%	290.3%
Lifetime Experience@4.5%	40,183,889	43,375,444	48,892,705	60,180,438	149.8%	138.7%	123.1%



97058 Series In-Force Rate Increase Filing Status

State	Years Sold	Policies in Force (as of year-end 2020)	Annualized Premiums (as of year-end 2020)	First Round					Second Round				
				Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented
Alabama	2001-2004	688	1,146,801	12/10/2012	Mar-13	Aug-13	33.0%	33%*	7/14/2015	Oct-15	Jul-16	28.2%	15.7%
Alaska	2001-2004	122	287,140	12/10/2012	Dec-12	Jul-13	31.0%	31%	4/22/2014	Apr-14	Sep-14	36.5%	36.5%
Arizona	2002-2004	501	982,876	3/28/2013	May-13	Oct-13	33.0%	33%	5/22/2014	Jul-14	Dec-14	36.5%	36.5%
Arkansas	2002-2004	259	363,928	2/21/2013	Apr-13	Sep-13	31.0%	5%	5/7/2015	Jul-15	Dec-15	30.4%	6.1%
California	2002-2012	10,610	23,166,551	5/22/2013	Dec-15	May-16	30.0%	16.1%	10/2/2018	Withdrawn		71.7%	
Colorado	2001-2004	889	1,732,554	4/4/2013	Apr-13	Sep-13	33.0%	33%	7/24/2015	Sep-15	Feb-16	31.7%	20.7%
Connecticut	2003-2013	82	179,508						N/A				
Delaware	2002-2004	66	147,288	1/31/2013	Mar-13	Jul-13	21.0%	21%	4/22/2014	Apr-14	Sep-14	23.5%	23.5%
District of Columbia	2001-2004	9	28,520	3/7/2013	May-13	Oct-13	9.0%	9%	5/12/2014	Jul-14	Dec-14	10.0%	10%
Florida	2001-2004	2,127	4,287,517	2/8/2013	Mar-14	Aug-14	30.0%	18.1%	4/3/2015	Jul-15	Mar-16	33.0%	15.5%
Georgia	2002-2004	1,176	2,231,112	1/31/2013	Mar-13	Aug-13	33.0%	14%	4/22/2014	Jul-14	Dec-14	37.4%	14.6%
Hawaii	2001-2004	364	795,593	3/18/2013	Sep-14	Mar-15	31.0%	31%	7/28/2015	Feb-18	Aug-18	30.1%	30.1%**
Idaho	2002-2004	235	419,874	2/28/2013	Sep-13	Apr-14	27.0%	21%	5/12/2014	Sep-14	Apr-15	34.9%	18.7%
Illinois	2001-2004	1,789	3,258,309	11/2/2012	Withdrawn		32.0%		6/15/2017	Oct-17	Apr-18	138.6%	138.6%**
Indiana	2002-2012	1,390	2,651,311	7/29/2013	Disapproved	N/A	33.0%		3/7/2016	Disapproved	N/A	37.6%	
Iowa	2001-2004	623	1,169,077	2/18/2013	Jul-13	Jan-14	31.0%	31%*	8/27/2015	Nov-15	Apr-16	28.3%	22.1%*
Kansas	2001-2004	716	1,291,504	2/18/2013	Disapproved	N/A	32.0%		2/26/2016	Jul-16	Dec-16	66.9%	
Kentucky	2001-2004	380	776,028	2/18/2013	May-13	Oct-13	31.0%	31%	7/7/2015	Sep-15	Feb-16	28.6%	14.3%
Louisiana	2002-2004	1,118	1,651,486	3/20/2013	Aug-13	Jan-14	23.0%	23%	4/22/2014	Disapproved		24.2%	
Maine	2001-2004	73	137,761	4/22/2013	Jun-13	Jan-14	33.0%	28%*	10/15/2015	1/6/16	Jun-16	32.6%	27.3%*
Maryland	2001-2004	337	829,467	1/31/2013	Apr-13	Sep-13	14.0%	14%	5/12/2014	Aug-14	Jan-15	14.9%	14.9%
Michigan	2001-2004	616	1,175,334	12/11/2012	Dec-12	Jul-13	31.0%	31%	4/22/2014	Apr-14	Sep-14	35.4%	35.4%
Minnesota	2001-2004	886	1,596,598	5/24/2016	Aug-16	Jan-17	36.2%	36.2%**	2/21/2020	Apr-20	Oct-20	33.3%	33.3%**
Mississippi	2001-2004	590	820,809	2/21/2013	Apr-13	Sep-13	21.0%	21%	4/22/2014	Apr-14	Sep-14	23.8%	23.8%
Missouri	2001-2004	1,153	2,625,993	2/19/2013	Jul-13	Jan-14	33.0%	33%*	8/10/2015	Aug-15	Jan-16	31.1%	31.13%
Montana	2001-2004	173	343,118	1/31/2013	Mar-13	Aug-13	32.0%	18%	4/22/2014	Jul-14	Dec-14	36.3%	12.4%
Nebraska	2001-2004	503	1,144,203	12/10/2012	Apr-13	Sep-13	34.0%	34%	5/22/2014	Jan-15	Jun-15	36.7%	36.7%
Nevada	2001-2004	323	607,996	12/10/2012	May-13	Oct-13	32.0%	10%	5/12/2014	Feb-15	Jul-15	37.8%	37.8%*
New Hampshire	2001-2004	66	105,147	2/18/2013	Mar-13	Jul-13	37.0%	37%	5/12/2014	Withdrawn		37.9%	
New Mexico	2002-2004	318	520,798	1/30/2014	May-14	Sep-14	14.0%	14%	5/25/2017	Jul-17	Dec-17	7.7%	7.7%
New York	2002-2006	436	871,977	4/23/2013	Oct-13	Jun-14	33.0%	5%	10/31/2014	Disapproved		57.1%	
North Carolina	2002-2004	695	1,456,476	3/20/2013	Jul-13	Nov-13	31.0%	31%	6/18/2014	Aug-14	Jun-15	35.6%	19.2%
North Dakota	2001-2004	132	311,825	12/17/2012	Jan-13	Jul-13	34.0%	14%	4/22/2014	May-14	Oct-14	37.3%	14.4%
Ohio	2002-2004	835	1,518,262	2/18/2013	Sep-13	Feb-14	32.0%	26%	7/7/2015	Feb-16	Jul-16	29.6%	11.2%
Oklahoma	2001-2004	737	1,271,829	2/7/2013	Apr-13	Sep-13	31.0%	21%	5/12/2014	Jul-14	Dec-14	24.0%	24%
Oregon	2001-2004	1,284	2,656,274	3/29/2013	Oct-13	Apr-14	33.0%	33%	6/20/2014	Mar-15	Aug-15	33.5%	26.1%
Pennsylvania	2001-2004	918	1,724,429	3/13/2013	Sep-13	Feb-14	32.0%	14%	6/17/2014	Oct-14	Mar-15	36.7%	14.4%
South Carolina	2001-2004	648	911,969	2/5/2013	May-13	Oct-13	32.0%	19%	4/22/2014	Aug-14	Jan-15	19.3%	19.3%
South Dakota	2002-2004	235	617,391	2/18/2013	Mar-13	Jul-13	32.0%	32%	5/12/2014	May-14	Oct-14	37.1%	37.1%
Tennessee	2001-2004	878	1,683,479	12/19/2012	Jul-13	Jan-14	33.0%	33%*	8/26/2015	Nov-15	Sep-16	28.4%	28.4%
Texas	2002-2005	3,670	6,909,210	4/24/2013	Disapproved	N/A	30.0%		6/15/2017	Jun-18	Feb-19	134.1%	134.1%**
Utah	2001-2004	147	245,113	2/18/2013	Jun-13	Nov-13	31.0%	31%	6/18/2014	Sep-14	Mar-15	36.1%	14.5%
Vermont	2002-2004	43	69,165	4/22/2013	Disapproved	N/A	36.0%		N/A				
Virginia	2002-2004	1,106	1,807,356	11/6/2013	Disapproved		34.0%		6/15/2017	Oct-19	Mar-20	34.8%	34.8%
Washington	2002-2004	901	2,346,642	3/7/2013	Apr-13	Sep-13	34.0%	34%	5/22/2014	Jul-14	Dec-14	36.4%	36.4%
West Virginia	2001-2004	168	310,327	1/31/2013	Jun-13	Jan-14	31.0%	31%*	11/9/2015	Jan-16	Jun-16	25.2%	25.19%
Wisconsin	2001-2004	333	688,584	2/18/2013	Mar-13	Aug-13	25.0%	25%	2/22/2016	Aug-16	Dec-16	21.8%	21.8%
Wyoming	2001-2004	97	238,574	12/7/2012	Mar-13	Jul-13	31.0%	31%	5/12/2014	May-14	Oct-14	36.2%	36.2%

*Rate increase phased-in over two years

**Rate increase phased-in over three or more years



97058 Series In-Force Rate Increase Filing Status

State	Years Sold	Third Round					Fourth Round					Fifth Round				
		Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented
Alabama	2001-2004	2/14/2017	Apr-17	Nov-18	20.6%	20.6%	12/23/2019	Jun-21	Dec-21	12.4%	5.9%					
Alaska	2001-2004	2/5/2016	Feb-16	Jul-16	17.2%	17.2%	10/31/2017	Nov-17	May-18	8.5%	8.5%					
Arizona	2002-2004	2/17/2016	Disapproved	N/A	21.2%											
Arkansas	2002-2004	5/10/2016	Jun-16	Dec-16	29.4%	11.9%	4/19/2017	May-17	Dec-17	27.2%	11.7%					
California	2002-2012	6/22/2020	Pending		118.4%											
Colorado	2001-2004	6/6/2017	Disapproved		24.7%		7/13/2020	Pending		48.6%						
Connecticut	2003-2013															
Delaware	2002-2004	11/9/2015	Dec-15	May-16	18.5%	11.4%	10/18/2016	Dec-16	Sep-17	10.9%	10.9%					
District of Columbia	2001-2004	8/10/2015	Sep-15	Feb-16	9.1%	9.1%	10/4/2016	Oct-16	Mar-17	9.2%	9.2%	12/5/2017	Jan-18	Sep-18	10.6%	10.6%
Florida	2001-2004	5/23/2016	Oct-16	Mar-17	32.4%	12.9%	11/23/2017	Oct-18	Apr-19	21.1%	21.1%**	10/18/2017	Oct-17	Mar-18	9.2%	9.2%
Georgia	2002-2004	7/14/2015	Oct-15	Mar-16	29.8%	8%	10/4/2016	Dec-16	Sep-17	27.2%	9.5%	12/28/2017	Feb-18	Sep-18	23.5%	10.7%
Hawaii	2001-2004															
Idaho	2002-2004	8/4/2015	Jan-16	Jun-16	22.7%	9.2%	8/28/2018	Oct-20	Mar-21	19.7%	19.7%					
Illinois	2001-2004															
Indiana	2002-2012	2/14/2017	Disapproved	N/A	37.6%											
Iowa	2001-2004	10/20/2017	Dec-17	May-18	24.1%	11.3%	8/22/2018	Nov-18	May-19	20.5%	10.7%	5/15/2020	Aug-20	Jan-21	12.4%	12.4%*
Kansas	2001-2004															
Kentucky	2001-2004	10/4/2016	Dec-16	Sep-17	24.5%	10.7%	12/22/2017	Feb-18	Sep-18	19.2%	19.2%	5/5/2020	Jul-20	Jan-21	8.7%	8.7%
Louisiana	2002-2004	7/22/2015	Nov-15	Apr-16	18.4%	7.4%	10/10/2016	Jun-17	Nov-17	18.5%	10.4%	3/30/2018	Disapproved			
Maine	2001-2004	12/1/2017	Dec-17	Jul-18	9.0%	9%										
Maryland	2001-2004	9/22/2015	Nov-15	Apr-16	13.4%	13.35%	7/13/2018	Dec-18	May-19	12.8%	9.9%					
Michigan	2001-2004	2/5/2016	Feb-16	Jul-16	14.6%	14.6%	10/31/2017	Nov-17	Jun-18	5.0%	5%					
Minnesota	2001-2004															
Mississippi	2001-2004	8/4/2015	Sep-15	Feb-16	13.1%	13.11%	10/3/2016	Oct-16	Mar-17	7.6%	7.58%	9/18/2017	Mar-18	Aug-18	5.6%	5.6%
Missouri	2001-2004	8/2/2016	Aug-16	Jan-17	20.8%	20.8%*	5/21/2018	Jun-18	Jan-19	7.6%	4.7%	11/4/2019	Nov-19	May-20	2.6%	2.6%
Montana	2001-2004	7/28/2015	Disapproved		27.7%		2/21/2017	Aug-17	Jan-18	28.2%	28.2%	8/15/2018	Oct-18	Mar-19	23.2%	19.1%
Nebraska	2001-2004	12/8/2015	Mar-16	Aug-16	20.5%	20.5%	11/3/2017	Feb-18	Aug-18	10.0%	10%					
Nevada	2001-2004	2/20/2017	May-17	Dec-17	24.4%	24.4%*										
New Hampshire	2001-2004															
New Mexico	2002-2004	4/17/2018	Jun-18	Jan-19	35.2%	7.6%										
New York	2002-2006	11/16/2016	Apr-17	Sep-17	5.0%	5%	5/2/2018	Mar-19	Aug-19	5.0%	5%					
North Carolina	2002-2004	2/17/2017	Jun-17	Dec-17	20.9%	20.9%*	2/20/2020	Pending		15.6%						
North Dakota	2001-2004	7/28/2015	Aug-15	Jan-16	33.0%	12.6%	10/3/2016	Oct-16	Mar-17	31.9%	13%	10/31/2017	Nov-17	Apr-18	12.1%	12.1%
Ohio	2002-2004	1/23/2017	Feb-17	Jul-17	11.4%	11.4%	11/3/2017	Nov-17	Jul-18	10.6%	10.6%	5/26/2020	Pending			
Oklahoma	2001-2004	7/28/2015	Jan-16	Jun-16	14.8%	6.9%	10/18/2016	Nov-16	Jun-17	5.7%	5.7%	10/30/2017	Jan-18	Jun-18	4.7%	4.7%
Oregon	2001-2004	2/17/2016	Apr-16	Sep-16	24.1%	24.1%										
Pennsylvania	2001-2004	8/14/2015	Nov-15	Apr-16	27.4%	14.7%	1/26/2017	May-17	Oct-17	21.8%	12.7%	4/17/2018	Jun-18	Nov-18	16.9%	16.9%
South Carolina	2001-2004	8/17/2015	Dec-15	Jul-16	22.4%	13.2%	2/20/2017	Mar-17	Dec-17	16.3%	9.3%	4/4/2018	Jun-18	Dec-18	13.6%	7.3%
South Dakota	2002-2004	3/2/2016	Mar-16	Aug-16	20.8%	20.8%	10/30/2017	Nov-17	Jun-18	11.0%	11%					
Tennessee	2001-2004	4/3/2017	May-17	Oct-17	17.2%	2.8%	9/5/2018	Apr-19	Sep-19	15.5%	9.1%					
Texas	2002-2005															
Utah	2001-2004	7/3/2018	Sep-18	Feb-19	11.7%	11.7%	6/2/2021	Pending		31.4%*						
Vermont	2002-2004															
Virginia	2002-2004															
Washington	2002-2004	2/5/2016	Sep-16	Feb-17	19.9%	19.9%	8/16/2018	Feb-20	Oct-20	12.0%	12%					
West Virginia	2001-2004	9/13/2018	Withdrawn		14.4%											
Wisconsin	2001-2004	11/14/2018	Dec-18	May-19	19.1%	19.1%										
Wyoming	2001-2004	3/2/2016	Apr-16	Sep-16	14.8%	14.8%	10/25/2017	Dec-17	Jun-18	7.2%	7.2%					

*Rate increase phased-in over two years
 **Rate increase phased-in over three or more years



97058 Series In-Force Rate Increase Filing Status

State	Years Sold	Sixth Round					Seventh Round					Cumulative Increase
		Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	Filing Date	Disposition Date	Date Implemented	Average % Requested	Average % Implemented	
Alabama	2001-2004											96.5%
Alaska	2001-2004											127.4%
Arizona	2002-2004											81.5%
Arkansas	2002-2004	10/16/2019	Jan-20	Oct-20	18.8%	8.7%						67.4%
California	2002-2012											16.1%
Colorado	2001-2004											60.5%
Connecticut	2003-2013											0.0%
Delaware	2002-2004	9/14/2020	Oct-20	Apr-21	20.7%	20.7%**						146.5%
District of Columbia	2001-2004	8/28/2018	Disapproved		9.3%							56.0%
Florida	2001-2004											86.5%
Georgia	2002-2004	3/6/2020	Apr-20	Oct-20	31.9%	6.9%						82.8%
Hawaii	2001-2004											70.4%
Idaho	2002-2004											87.7%
Illinois	2001-2004											138.6%
Indiana	2002-2012											0.0%
Iowa	2001-2004											121.5%
Kansas	2001-2004											66.9%
Kentucky	2001-2004											114.8%
Louisiana	2002-2004	5/28/2019	Sep-19	Mar-20	19.4%	15%	2/15/2021	Jun-21	Nov-21	26.5%	15%	92.9%
Maine	2001-2004											77.6%
Maryland	2001-2004											63.2%
Michigan	2001-2004											113.4%
Minnesota	2001-2004											81.6%
Mississippi	2001-2004	1/31/2020	Disapproved		1.4%							92.5%
Missouri	2001-2004											126.3%
Montana	2001-2004											102.5%
Nebraska	2001-2004											142.8%
Nevada	2001-2004											88.6%
New Hampshire	2001-2004											37.0%
New Mexico	2002-2004											32.1%
New York	2002-2006											15.8%
North Carolina	2002-2004											88.8%
North Dakota	2001-2004	8/22/2018	Sep-18	Apr-19	11.0%	11%	10/13/2020	Nov-20	May-21	36.3%	36.2%*	181.2%
Ohio	2002-2004											72.6%
Oklahoma	2001-2004	11/13/2018	Jan-19	Jun-19	4.4%	4.4%	1/28/2021	Feb-21	Jul-21	5.7%	5.7%	95.9%
Oregon	2001-2004											108.1%
Pennsylvania	2001-2004	9/29/2020	Jan-21	Jun-21	8.7%	4.6%						106.1%
South Carolina	2001-2004	2/9/2021	Apr-21	Oct-21	8.5%	5.8%						99.4%
South Dakota	2002-2004											142.7%
Tennessee	2001-2004											91.5%
Texas	2002-2005											134.1%
Utah	2001-2004											67.5%
Vermont	2002-2004											0.0%
Virginia	2002-2004											34.8%
Washington	2002-2004											145.4%
West Virginia	2001-2004											64.0%
Wisconsin	2001-2004											81.3%
Wyoming	2001-2004											119.6%

*Rate increase phased-in over two years
 **Rate increase phased-in over three or more years

Distribution of Business as of 12/31/2020 - Form 97058 Series

Countrywide

<u>Benefit Period</u>	<u>% of PIF</u>
2 Year	11%
3 Year	21%
5 Year	31%
10 Year	3%
Lifetime	35%

<u>Elimination Period</u>	<u>% of PIF</u>
30 Day	42%
90 Day	46%
180 Day	12%

<u>Inflation Protection</u>	<u>% of PIF</u>
None	43%
Simple	30%
Compound	26%

<u>Gender</u>	<u>% of PIF</u>
Male	42%
Female	58%

<u>Issue Age</u>	<u>% of PIF</u>
<30	2%
30-34	5%
35-39	6%
40-44	9%
45-49	13%
50-54	20%
55-59	22%
60-64	16%
65-69	7%
70-75	2%
>75	0%

<u>Benefit Amount</u>	<u>% of PIF</u>
<100	14%
100-149	54%
150-199	22%
200-250	8%
>250	1%

Virginia

<u>Benefit Period</u>	<u>% of PIF</u>
2 Year	8%
3 Year	20%
5 Year	34%
10 Year	1%
Lifetime	36%

<u>Elimination Period</u>	<u>% of PIF</u>
30 Day	47%
90 Day	43%
180 Day	10%

<u>Inflation Protection</u>	<u>% of PIF</u>
None	36%
Simple	34%
Compound	30%

<u>Gender</u>	<u>% of PIF</u>
Male	41%
Female	59%

<u>Issue Age</u>	<u>% of PIF</u>
<30	1%
30-34	3%
35-39	5%
40-44	9%
45-49	14%
50-54	24%
55-59	22%
60-64	15%
65-69	6%
70-75	2%
>75	0%

<u>Benefit Amount</u>	<u>% of PIF</u>
<100	11%
100-149	48%
150-199	33%
200-250	7%
>250	2%

Distribution of Business as of 12/31/2020 - Form 97058 Series

Countrywide

<u>Underwriting Class</u>	<u>% of PIF</u>
Preferred	57%
Standard	43%

<u>Spousal Discount</u>	<u>% of PIF</u>
Yes	74%
No	26%

<u>Non-Forfeiture Rider</u>	<u>% of PIF</u>
Yes	2%
No	98%

Virginia

<u>Underwriting Class</u>	<u>% of PIF</u>
Preferred	56%
Standard	44%

<u>Spousal Discount</u>	<u>% of PIF</u>
Yes	76%
No	24%

<u>Non-Forfeiture Rider</u>	<u>% of PIF</u>
Yes	1%
No	99%

The purpose of this notification is to confirm the Company's intent to use the Form EZEXVA from STLH-132717148. Once Form EZEXVA is approved under the referenced SERFF tracking number, it will also apply to policyholders impacted by this filing.



State Farm Mutual Automobile Insurance Company

State Farm Insurance – Health
PO Box 2360
Bloomington, IL 61702-2360

December 8, 2023

John Doe
1234 First Road
Arlington, Virginia

Re: L123456 46
Form Number: 97058 VA

Dear John Doe:

As a valued State Farm Mutual Automobile Insurance Company (State Farm) customer, we are proud to serve your insurance and financial service needs. With Long-Term Care Insurance (LTCI), you have coverage to help pay for care when you can no longer care for yourself. Our goal is to provide you with the coverage you need when you need it most.

Lower than expected lapse rates and lower than expected mortality mean that State Farm anticipates paying more claims than originally expected. In addition, higher than expected claim costs means that State Farm expects to pay more on those claims than originally expected. These trends have led to pricing challenges for Long-Term Care insurance providers including State Farm. While these trends reinforce the value of this product, they have led to the need for premium increases. As a result, your State Farm Long-Term Care Insurance policy premium needs to be increased to ensure that sufficient funds are available to meet the anticipated claims.

This increase will be taken over five years. This letter is for the first of the increase. Depending on policy benefits, some policyholders will not receive all five years of the increase. Based on your policy's current benefit selections, your policy will receive five premium increase(s), for an overall rate increase of 186%. Therefore, a premium increase will be applied and effective at your next policy renewal.

Your current Semi-Annual premium is \$1,115. Your new Semi-Annual premium will be \$1,375, effective on the next renewal date of your policy, October 6, 2024. Your billing notice will reflect the new premium.

Your Semi-Annual premium for October 6, 2025 will be \$1,697.50.

Your Semi-Annual premium for October 6, 2026 will be \$2,093.75.

Your Semi-Annual premium for October 6, 2027 will be \$2,585.00.

Your Semi-Annual premium for October 6, 2028 will be \$3,183.75.

John Doe
L123456 46
December 8, 2023
Page 2 of 5

All premiums are calculated assuming no changes are made to the policy benefits.

We hope you continue to value the protection this policy provides and maintain this coverage. We realize this premium increase may be financially difficult for some policyholders to absorb. Please consider visiting with your State Farm agent to discuss your current benefit selections as well as options that may be available to assist with affordability and how the changes in the policy's current benefits may be used to reduce the rate increase. **Available options may not be of equal value.** These options will be available in the event of a future increase and changes in the current benefits may be made at any time to reduce the rate increase.

You have the right to a new policy schedule reflecting the new premium rate schedule. Please contact your State Farm agent to obtain a new policy schedule. Please be sure to attach it to your policy.

Your current benefit selections include:

- Current daily benefit: \$348.32
- Benefit factor: Lifetime
- Elimination period: 90 days
- Inflation protection: Compound

Long-Term Care Insurance premium rates are not guaranteed. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase letter.

Because of this premium increase, you qualify for a contingent benefit upon lapse that may be elected at any time within 120 days of the increase premium due date. This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise this option.

The Question and Answer section of this letter provides additional information regarding this rate increase. If you have other questions, please contact your State Farm agent.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

John Doe
L123456 46
December 8, 2023
Page 3 of 5

We appreciate your business and value you as a Long-Term Care customer.

Sincerely,

Policyholder Service
Health Insurance Division
State Farm Mutual Automobile Insurance Company
cc: Agent: Jane Doe, 1234-46
(123) 465-7890

Questions and Answers

1. Why does State Farm need to raise premium rates - can you explain further?

Both the cost of Long-Term Care, as well as Long-Term Care claims experience, are trending higher than anticipated. The industry, and State Farm, are not immune to these trends and therefore must adjust rates in order to appropriately manage the business and adequately fund anticipated claims.

2. Is there an alternative to paying higher premiums?

Several options may exist to assist with maintaining the affordability of your LTCI coverage including: (1) Reducing the daily benefit. (2) Reducing the benefit factor. (3) Increasing the elimination period. (4) Removing the inflation protection benefit or changing from compound inflation protection to simple inflation protection where available. (5) Removing or exercising the non-forfeiture benefit rider.

These are options that can be considered and should be discussed with your State Farm Agent in order to make the best decision for your individual circumstances.

3. Does my Long-Term Care policy allow State Farm to raise my premiums?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual.

4. If I no longer live in the state where I purchased my policy, does the increase still apply?

Yes, the rate increase will apply to the state in which the policy was issued.

5. My policy is currently in claim status and I am receiving benefits. Do I have to pay the increased premium?

Premiums will be waived when an insured meets waiver of premium benefit eligibility requirements and is receiving claim benefits. Premiums at the new rate would begin if and when the insured's premium is no longer being waived.

6. What happens if I still cannot afford the premium even after reviewing my options as stated above?

After careful evaluation and discussion with your State Farm Agent, you will need to determine your insurance needs based on your individual circumstances and then make a decision regarding this policy. If premium is not received by the established due date, the policy will lapse

for nonpayment of premium, unless you purchased a Nonforfeiture Benefit rider. You may also be eligible for a contingent benefit upon lapse. This option will be triggered if the policy lapses within 120 days of the due date of the new increased premium. If you qualify for contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

7. How can I tell if I purchased a Nonforfeiture Benefit rider and what benefit does this rider provide?

If you purchased a Nonforfeiture benefit rider, it would be listed in your policy's Schedule of Benefits. In general, the Nonforfeiture benefit rider allows you to retain a reduced amount of coverage and not have to continue paying premiums. You may also be eligible for a contingent benefit upon lapse. If you qualify for a contingent benefit upon lapse, you'll be notified on your billing notice and in this policyholder letter.

8. Will State Farm raise my premium on this policy again in the future?

Your Long-Term Care policy states that premiums are subject to change and that while we cannot change your policy benefits without your consent, we may change premium rates provided the rate change is for a defined group of policyholders and not a single individual. Your Long-Term Care Insurance premium rates are guaranteed for a period of 12 months following the effective date of this rate increase. After that, premium rates could be increased again if rates are determined to be inadequate to support future claims obligations (subject to review and approval by the Virginia State Corporation Commission). If a future premium increase is enacted, all current options to maintain the affordability of LTCI coverage as listed in Question 2 will also be available to you. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter.

9. When will my premium increase be effective?

The increased premium will be effective on the next renewal date of your policy.

10. A family member and I bought the same policy. Why is the percentage of premium increase on my policy different than theirs?

The amount of the premium increase needed varies based on several factors such as issue date, issue age, policy series, benefit period and additional riders. The basic policy purchased by you and your family member may be the same, however, the premium increase may differ if you were different ages when you purchased the policy or if you selected different policy benefits.

State Farm Mutual Automobile Insurance Company
State Farm Plaza (B-1)
Bloomington, IL 61710-0001

11/21/2023

Statement of Variability

Brackets are being used on the following items to denote variable material on Policyholder letter form EZEXVA.

- The company logo and placement of the logo is subject to change.
- The company address shown on page 1 is subject to change.
- All Insured/Policyholder and policy information (Insured name & address, policy number, form number, policyholder name, payment mode, modal premium, renewal amount, new renewal amount, anniversary date, new renewal effective date, current year plus 12 months, second year renewal amount, current year plus 24 months, third year renewal amount, current year plus 36 months, fourth year renewal amount, current year plus 48 months, fifth year renewal amount) will vary to align with the in-force policy.
- All agent information (agent name, agent code, and agent phone) will vary to align with the agent servicing the in-force policy
- The date will vary to indicate the date the letter is printed
- VARIABLE 1 will print only if the policyholder is currently receiving benefits under the provisions of the Waiver of Premium benefit.

NOTE: We are required by law to notify you when the premium on your Long-Term Care Insurance policy is changing. However, because you are currently on Claim and your policy is currently eligible for the Waiver of Premium provision, no premium payment is due from you at this time.

- VARIABLE 2 will print only if the approved rate increase is a multi-year increase and will vary as follows (i.e., the TOTAL YEARS variable within the statement will be greater than one).
 - If the letter is for the first year of a rate increase.

This increase will be taken over [TOTAL YEARS] years. This letter is for the [YEAR OF INCREASE] of the increase. Depending on policy benefits, some policyholders will not receive all [TOTAL YEARS] years of the increase. Based on your policy's current benefit selections, your policy will receive [NUMBER OF INCREASES] premium increase(s), for an overall rate increase of [TOTAL PERCENTAGE]%. Therefore, a premium increase will be applied and effective at your next policy [ANNIV OR RENEWL TEXT].
 - If the letter is for any year after the first year of a rate increase.

As a reminder, Long-Term Care policies like yours (Form Number [FORM NUMBER]) issued in Virginia are receiving a rate increase over [TOTAL YEARS] years. This letter is for the [YEAR OF INCREASE] year of the increase. Depending on policy benefits, some policyholders are not receiving all [TOTAL YEARS] years of the increase. Based on your policy's current benefit selections, your policy is receiving [NUMBER OF

INCREASES] premium increase(s) and the remaining rate increase is [REMAINING PERCENT]%. Therefore, a premium increase will be applied and effective at your next policy [ANNIV OR RENEWL TEXT].

- VARIABLE 3 will vary as follows, dependent upon the policy form in-force.
 - If the in-force policy is form 97045, then the new premium becomes effective on the policy anniversary date.

Your current [PAYMENT MODE] premium is [MODAL PREMIUM]. Your new [PAYMENT MODE] premium will be \$[NEW RENEWAL AMOUNT], effective on the next anniversary date of your policy, [ANNIVERSARY DATE]. Your billing notice will reflect the new premium.
 - If the in-force policy is form 97058 or 97059, then the new premium becomes effective on the policy renewal date.

Your current [PAYMENT MODE] premium is [RENEWAL AMOUNT]. Your new [PAYMENT MODE] premium will be \$[NEW RENEWAL AMOUNT], effective on the next renewal date of your policy, [NEW RENEWAL EFFECTIVE DATE]. Your billing notice will reflect the new premium.
- VARIABLE 4 will print only if the policyholder will receive at least one more round of approved increases.

Your [PAYMENT MODE] premium for [CURRENT YEAR PLUS 12 MONTHS] will be \$[SECONDYEAR RENEWAL AMOUNT].
- VARIABLE 5 will print only if the policyholder will receive at least two more rounds of approved increases.

Your [PAYMENT MODE] premium for [CURRENT YEAR PLUS 24 MONTHS] will be \$[THIRDYEAR RENEWAL AMOUNT].
- VARIABLE 6 will print only if the policyholder will receive at least three more rounds of approved increases.

Your [PAYMENT MODE] premium for [CURRENT YEAR PLUS 36 MONTHS] will be \$[FOURTHYEAR RENEWAL AMOUNT].
- VARIABLE 7 will print only if the policyholder will receive at least four more rounds of approved increases.

Your [PAYMENT MODE] premium for [CURRENT YEAR PLUS 48 MONTHS] will be \$[FIFTHYEAR RENEWAL AMOUNT].
- TOTAL YEARS will vary to indicate the number of years over which the approved rate increase will be taken.
- YEAR OF INCREASE will indicate “first”, “second”, “third”, etc. to align with the round of rate increase the letter is pertaining to.
- NUMBER OF INCREASES will indicate the number of rate increases the policy will receive with current benefit selections.
- TOTAL PERCENTAGE will indicate the overall rate increase percentage being applied to the policy over the stated number of increases/total years.
- ANNIV/RENEWL will vary as appropriate to the in-force policy. Either the word “anniversary” or “renewal” will be stated within the letter.
- REMAINING PERCENT will indicate the rate increase percentage remaining for a policy based on the round of increase for the given letter.

- PAYMENT MODE will vary to align with the in-force policy.
- MODAL PREMIUM will vary to align with the in-force policy.
- NEW RENEWAL AMOUNT will vary to align with the in-force policy.
- ANNIVERSARY DATE will vary to align with the in-force policy.
- NEW RENEWAL EFFECTIVE DATE will vary to align with the in-force policy.
- Page # of # will vary dependent upon the length of applicable variable information included within the letter.
- Current benefit selections (current daily benefit, benefit factor, elimination period, and inflation protection) will vary to align with the in-force policy.
- "Non-Forfeiture rider: Yes" will only appear if the rider is included in the in-force policy.
- VARIABLE 8 will vary as follows, dependent upon State Farm's anticipation of seeking future rate increases.
 - If State Farm anticipates seeking further rate increases.
Long-Term Care Insurance premium rates are not guaranteed and we anticipate seeking further rate increases in the future as experience continues to emerge.
 - If State Farm does not anticipate seeking further rate increases.
Long-Term Care Insurance premium rates are not guaranteed. If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in this rate increase letter.
- VARIABLE 9 will print only if the policyholder is eligible for a contingent non-forfeiture benefit offer.

Because of this premium increase, you qualify for a contingent benefit upon lapse that may be elected at any time within 120 days of the increase premium due date. This benefit would provide a paid up policy based on premiums paid to date. The paid-up benefit will equal 100% of the sum of all premiums paid to date but in no case less than 30 times the daily nursing home benefit at the time of lapse not to exceed the maximum benefits which would be payable if the policy had remained in premium paying status. Your billing notice will provide additional detail as well as the opportunity to exercise this option.
- VARIABLE 10 will vary as follows, dependent upon State Farm's anticipation of seeking future rate increases.
 - If State Farm anticipates seeking further rate increases.
We anticipate seeking further rate increases in the future as experience continues to emerge (subject to regulatory approval)
 - If State Farm does not anticipate seeking further rate increases.
If future experience emerges as expected, we do not anticipate seeking further rate increases from that which is specified in your rate increase notification letter.

I certify that any change or modification to a variable item shall be administered in accordance with the requirement in the Variability of Information section, including any requirements for prior approval of a change or modification.

A handwritten signature in black ink that reads "Tammy Ford". The signature is written in a cursive, flowing style.

Tammy Ford

Assistant Secretary

State Farm – Life/Health Product Management

Nationwide A to E Experience - Based on Earned Rate Increases in Virginia

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	291,903	0	0.0%	3.8%	0.0%
	Total	291,903	0	0.0%	3.8%	0.0%
2002	2001	2,017,719	0	0.0%	4.3%	0.0%
	2002	8,620,973	84,807	1.0%	3.6%	27.3%
	Total	10,638,692	84,807	0.8%	3.7%	21.4%
2003	2001	1,812,972	24,478	1.4%	7.2%	18.8%
	2002	19,768,507	1,155,362	5.8%	4.9%	119.1%
	2003	5,766,946	0	0.0%	3.4%	0.0%
	Total	27,348,425	1,179,840	4.3%	4.7%	91.3%
2004	2001	1,734,152	26,101	1.5%	9.2%	16.3%
	2002	18,426,739	1,169,395	6.3%	7.4%	85.2%
	2003	9,983,122	798,264	8.0%	5.1%	156.6%
	2004	2,185,033	0	0.0%	3.2%	0.0%
	Total	32,329,046	1,993,760	6.2%	6.5%	94.3%
2005	2001	1,679,223	312,746	18.6%	11.6%	160.6%
	2002	17,789,692	3,945,705	22.2%	9.5%	233.2%
	2003	9,524,132	662,864	7.0%	7.5%	93.0%
	2004	2,760,125	0	0.0%	5.2%	0.0%
	2005	210,668	0	0.0%	2.7%	0.0%
	Total	31,963,841	4,921,315	15.4%	8.6%	178.7%
2006	2001	1,646,450	1,028,409	62.5%	14.2%	439.8%
	2002	17,248,446	3,198,062	18.5%	11.8%	156.8%
	2003	9,253,095	387,018	4.2%	9.5%	43.9%
	2004	2,689,384	16,430	0.6%	7.1%	8.6%
	2005	488,962	0	0.0%	3.7%	0.0%
	2006	187,256	0	0.0%	2.7%	0.0%
	Total	31,513,593	4,629,919	14.7%	10.7%	137.2%
2007	2001	1,604,259	57,848	3.6%	17.2%	21.0%
	2002	16,768,757	2,741,059	16.3%	14.5%	113.0%
	2003	9,016,560	871,647	9.7%	11.8%	81.9%
	2004	2,616,720	13,160	0.5%	9.1%	5.5%
	2005	434,657	0	0.0%	5.6%	0.0%
	2006	299,825	0	0.0%	4.0%	0.0%
	2007	133,180	0	0.0%	2.8%	0.0%
	Total	30,873,958	3,683,715	11.9%	13.1%	91.0%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2008	2001	1,578,856	306,753	19.4%	20.9%	92.9%
	2002	16,436,573	2,389,267	14.5%	17.7%	82.3%
	2003	8,787,297	373,764	4.3%	14.5%	29.4%
	2004	2,556,605	128,784	5.0%	11.3%	44.5%
	2005	429,021	0	0.0%	7.3%	0.0%
	2006	281,566	0	0.0%	5.6%	0.0%
	2007	267,435	0	0.0%	3.9%	0.0%
	2008	182,834	0	0.0%	2.7%	0.0%
	Total	30,520,188	3,198,569	10.5%	15.9%	65.8%
2009	2001	1,543,972	318,111	20.6%	25.2%	81.8%
	2002	15,989,062	2,606,345	16.3%	21.6%	75.6%
	2003	8,543,320	1,723,833	20.2%	17.8%	113.5%
	2004	2,506,073	7,538	0.3%	14.1%	2.1%
	2005	419,684	0	0.0%	9.3%	0.0%
	2006	273,612	0	0.0%	7.1%	0.0%
	2007	252,298	0	0.0%	6.0%	0.0%
	2008	324,349	0	0.0%	3.9%	0.0%
	2009	101,869	0	0.0%	2.4%	0.0%
Total	29,954,238	4,655,827	15.5%	19.4%	80.3%	
2010	2001	1,509,767	710,854	47.1%	29.5%	159.6%
	2002	15,634,296	4,177,954	26.7%	25.8%	103.4%
	2003	8,376,497	1,456,870	17.4%	21.8%	79.6%
	2004	2,458,712	0	0.0%	17.5%	0.0%
	2005	415,376	0	0.0%	11.9%	0.0%
	2006	267,514	0	0.0%	8.8%	0.0%
	2007	241,018	0	0.0%	8.0%	0.0%
	2008	302,981	0	0.0%	5.7%	0.0%
	2009	271,967	0	0.0%	3.1%	0.0%
	2010	186,412	0	0.0%	2.7%	0.0%
	Total	29,664,541	6,345,678	21.4%	23.1%	92.5%
2011	2001	1,487,004	421,441	28.3%	34.3%	82.6%
	2002	15,275,271	3,142,760	20.6%	30.4%	67.7%
	2003	8,200,572	2,755,716	33.6%	26.2%	128.3%
	2004	2,431,532	407,887	16.8%	21.7%	77.3%
	2005	405,736	0	0.0%	15.0%	0.0%
	2006	260,624	0	0.0%	11.3%	0.0%
	2007	237,101	0	0.0%	10.4%	0.0%
	2008	299,247	0	0.0%	7.5%	0.0%
	2009	249,222	0	0.0%	4.7%	0.0%
	2010	435,974	0	0.0%	3.6%	0.0%
	2011	156,893	0	0.0%	2.3%	0.0%
	Total	29,439,175	6,727,804	22.9%	27.1%	84.3%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2012	2001	1,468,251	379,079	25.8%	39.0%	66.3%
	2002	14,951,012	5,493,685	36.7%	35.3%	104.2%
	2003	8,044,733	2,107,949	26.2%	31.0%	84.5%
	2004	2,371,092	1,013,761	42.8%	26.0%	164.5%
	2005	402,613	0	0.0%	19.0%	0.0%
	2006	257,962	0	0.0%	14.5%	0.0%
	2007	235,267	0	0.0%	13.1%	0.0%
	2008	298,215	0	0.0%	9.6%	0.0%
	2009	234,803	0	0.0%	6.1%	0.0%
	2010	428,791	0	0.0%	5.4%	0.0%
	2011	313,901	0	0.0%	3.2%	0.0%
	2012	188,500	0	0.0%	2.5%	0.0%
	Total		29,195,140	8,994,474	30.8%	31.3%
2013	2001	1,430,937	627,752	43.9%	44.2%	99.2%
	2002	14,581,929	5,176,118	35.5%	40.3%	88.1%
	2003	7,839,805	1,499,174	19.1%	36.0%	53.1%
	2004	2,322,063	332,369	14.3%	31.0%	46.2%
	2005	394,655	0	0.0%	23.3%	0.0%
	2006	254,046	0	0.0%	18.5%	0.0%
	2007	228,696	0	0.0%	16.4%	0.0%
	2008	292,585	0	0.0%	12.3%	0.0%
	2009	228,650	0	0.0%	7.8%	0.0%
	2010	406,233	0	0.0%	7.1%	0.0%
	2011	292,518	542,346	185.4%	4.7%	3904.0%
	2012	381,838	0	0.0%	3.6%	0.0%
	2013	12,300	0	0.0%	1.4%	0.0%
Total		28,666,253	8,177,760	28.5%	35.9%	79.5%
2014	2001	1,382,325	1,279,031	92.5%	50.1%	184.5%
	2002	14,086,766	6,689,257	47.5%	46.0%	103.3%
	2003	7,651,444	6,575,987	85.9%	41.4%	207.8%
	2004	2,282,772	1,357,569	59.5%	35.9%	165.7%
	2005	347,409	92,221	26.5%	28.0%	94.8%
	2006	225,236	183,651	81.5%	22.8%	357.9%
	2007	204,552	0	0.0%	20.5%	0.0%
	2008	257,834	0	0.0%	15.6%	0.0%
	2009	201,984	0	0.0%	9.9%	0.0%
	2010	363,507	0	0.0%	9.1%	0.0%
	2011	259,520	0	0.0%	6.2%	0.0%
	2012	327,822	0	0.0%	5.5%	0.0%
	2013	10,305	0	0.0%	1.8%	0.0%
Total		27,601,476	16,177,717	58.6%	41.2%	142.3%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2015	2001	1,322,434	350,937	26.5%	56.8%	46.7%
	2002	13,442,040	10,125,701	75.3%	52.4%	143.6%
	2003	7,370,644	2,422,070	32.9%	47.5%	69.2%
	2004	2,193,218	961,397	43.8%	41.4%	106.0%
	2005	306,006	555,364	181.5%	33.1%	549.0%
	2006	198,059	0	0.0%	27.6%	0.0%
	2007	181,858	0	0.0%	25.1%	0.0%
	2008	226,647	771	0.3%	19.9%	1.7%
	2009	185,085	0	0.0%	12.5%	0.0%
	2010	322,717	0	0.0%	11.9%	0.0%
	2011	224,965	0	0.0%	8.1%	0.0%
	2012	282,612	0	0.0%	7.2%	0.0%
	2013	9,109	0	0.0%	2.1%	0.0%
	Total		26,265,394	14,416,240	54.9%	47.2%
2016	2001	1,273,852	1,101,112	86.4%	64.3%	134.4%
	2002	12,871,741	10,757,630	83.6%	59.7%	139.9%
	2003	7,107,673	3,804,643	53.5%	54.5%	98.3%
	2004	2,115,369	1,185,952	56.1%	47.7%	117.6%
	2005	275,081	0	0.0%	38.5%	0.0%
	2006	179,110	0	0.0%	32.7%	0.0%
	2007	163,547	0	0.0%	30.2%	0.0%
	2008	209,289	0	0.0%	24.6%	0.0%
	2009	163,670	327,786	200.3%	15.8%	1268.7%
	2010	295,275	0	0.0%	15.6%	0.0%
	2011	204,171	0	0.0%	10.6%	0.0%
	2012	258,537	0	0.0%	9.3%	0.0%
	2013	8,414	0	0.0%	2.4%	0.0%
	Total		25,125,729	17,177,124	68.4%	54.0%
2017	2001	1,227,560	1,142,629	93.1%	72.8%	127.8%
	2002	12,347,128	10,469,562	84.8%	67.9%	124.8%
	2003	6,762,253	2,487,052	36.8%	62.4%	58.9%
	2004	2,014,841	1,858,178	92.2%	54.9%	168.1%
	2005	249,624	0	0.0%	44.7%	0.0%
	2006	160,384	0	0.0%	38.3%	0.0%
	2007	150,069	0	0.0%	35.6%	0.0%
	2008	193,341	0	0.0%	30.0%	0.0%
	2009	151,708	0	0.0%	19.6%	0.0%
	2010	269,744	0	0.0%	20.2%	0.0%
	2011	187,696	0	0.0%	13.9%	0.0%
	2012	236,874	0	0.0%	12.1%	0.0%
	2013	7,772	0	0.0%	2.7%	0.0%
	Total		23,958,995	15,957,421	66.6%	61.7%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2018	2001	1,178,176	990,701	84.1%	83.0%	101.4%
	2002	11,900,035	12,080,472	101.5%	77.5%	131.0%
	2003	6,431,010	5,539,072	86.1%	71.4%	120.7%
	2004	1,920,239	1,733,375	90.3%	63.1%	143.1%
	2005	236,706	11,814	5.0%	51.8%	9.6%
	2006	152,148	0	0.0%	44.9%	0.0%
	2007	143,326	0	0.0%	41.5%	0.0%
	2008	182,591	0	0.0%	35.8%	0.0%
	2009	145,349	0	0.0%	24.0%	0.0%
	2010	254,625	76,217	29.9%	25.3%	118.2%
	2011	176,818	0	0.0%	18.0%	0.0%
	2012	218,486	0	0.0%	16.0%	0.0%
	2013	7,423	0	0.0%	3.1%	0.0%
		Total	22,946,930	20,431,650	89.0%	70.5%
2019	2001	1,135,713	3,282,444	289.0%	94.3%	306.5%
	2002	11,444,806	14,641,517	127.9%	88.6%	144.3%
	2003	6,113,576	5,244,517	85.8%	82.0%	104.6%
	2004	1,829,427	2,179,369	119.1%	72.4%	164.5%
	2005	225,109	655,800	291.3%	59.8%	487.2%
	2006	143,468	272,105	189.7%	52.6%	360.7%
	2007	134,561	36,697	27.3%	48.4%	56.4%
	2008	169,424	0	0.0%	42.1%	0.0%
	2009	137,480	0	0.0%	28.8%	0.0%
	2010	239,859	225,710	94.1%	30.6%	307.3%
	2011	168,723	0	0.0%	22.6%	0.0%
	2012	207,296	289,396	139.6%	20.8%	670.6%
	2013	7,082	0	0.0%	3.5%	0.0%
		Total	21,956,523	26,827,554	122.2%	80.9%
All Calendar Years	2001	27,325,523	12,360,424	45.2%	31.4%	144.2%
	2002	267,583,772	100,044,659	37.4%	29.8%	125.5%
	2003	134,772,677	38,710,442	28.7%	27.9%	102.8%
	2004	37,253,206	11,195,771	30.1%	25.3%	118.9%
	2005	5,241,308	1,315,199	25.1%	21.4%	117.0%
	2006	3,140,811	455,756	14.5%	18.9%	76.8%
	2007	2,572,908	36,697	1.4%	18.7%	7.6%
	2008	2,939,337	771	0.0%	16.3%	0.2%
	2009	2,071,788	327,786	15.8%	11.8%	134.4%
	2010	3,203,137	301,927	9.4%	12.7%	74.1%
	2011	1,985,205	542,346	27.3%	9.7%	281.5%
	2012	2,101,965	289,396	13.8%	9.5%	145.2%
	2013	62,404	0	0.0%	2.4%	0.0%
		Total	490,254,040	165,581,174	33.8%	28.3%

*This policy series was sold until 2004 in most states. Exceptions include the following:
TX (2005), VT (2005), NY (2006), CA (2012), IN(2012), CT (2013)

Virginia A to E Experience

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	0	0	-	-	-
	Total	0	0	-	-	-
2002	2001	0	0	-	-	-
	2002	273,985	0	0.0%	3.1%	0.0%
	Total	273,985	0	0.0%	3.1%	0.0%
2003	2001	0	0	-	-	-
	2002	821,071	0	0.0%	4.2%	0.0%
	2003	377,269	0	0.0%	2.9%	0.0%
	Total	1,198,339	0	0.0%	3.8%	0.0%
2004	2001	0	0	-	-	-
	2002	791,181	4,846	0.6%	6.5%	9.4%
	2003	542,800	0	0.0%	4.5%	0.0%
	2004	0	0	-	-	-
	Total	1,333,981	4,846	0.4%	5.7%	6.4%
2005	2001	0	0	-	-	-
	2002	757,104	0	0.0%	8.3%	0.0%
	2003	527,825	0	0.0%	6.3%	0.0%
	2004	0	0	-	-	-
	Total	1,284,928	0	0.0%	7.5%	0.0%
2006	2001	0	0	-	-	-
	2002	743,260	332,662	44.8%	10.3%	434.7%
	2003	511,315	0	0.0%	8.0%	0.0%
	2004	0	0	-	-	-
	Total	1,254,575	332,662	26.5%	9.4%	283.0%
2007	2001	0	0	-	-	-
	2002	724,626	0	0.0%	12.7%	0.0%
	2003	502,775	0	0.0%	10.1%	0.0%
	2004	0	0	-	-	-
	Total	1,227,401	0	0.0%	11.6%	0.0%
2008	2001	0	0	-	-	-
	2002	710,646	0	0.0%	15.6%	0.0%
	2003	491,899	0	0.0%	12.6%	0.0%
	2004	0	0	-	-	-
	Total	1,202,545	0	0.0%	14.4%	0.0%
2009	2001	0	0	-	-	-
	2002	691,223	61,020	8.8%	19.1%	46.1%
	2003	475,108	0	0.0%	15.9%	0.0%
	2004	0	0	-	-	-
	Total	1,166,331	61,020	5.2%	17.8%	29.4%
2010	2001	0	0	-	-	-
	2002	688,096	1,372	0.2%	23.3%	0.9%
	2003	465,687	42,960	9.2%	19.9%	46.4%
	2004	0	0	-	-	-
	Total	1,153,783	44,331	3.8%	21.9%	17.6%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2011	2001	0	0	-	-	-
	2002	671,261	55,384	8.3%	27.7%	29.8%
	2003	463,146	0	0.0%	24.2%	0.0%
	2004	0	0	-	-	-
	Total	1,134,407	55,384	4.9%	26.3%	18.6%
2012	2001	0	0	-	-	-
	2002	654,256	307,816	47.0%	32.6%	144.3%
	2003	459,005	3,045	0.7%	29.2%	2.3%
	2004	0	0	-	-	-
	Total	1,113,261	310,861	27.9%	31.2%	89.5%
2013	2001	0	0	-	-	-
	2002	638,496	21,869	3.4%	37.5%	9.1%
	2003	450,360	65,592	14.6%	34.1%	42.7%
	2004	0	0	-	-	-
	Total	1,088,856	87,461	8.0%	36.1%	22.2%
2014	2001	0	0	-	-	-
	2002	627,673	324,443	51.7%	43.2%	119.8%
	2003	442,736	565,478	127.7%	39.6%	322.7%
	2004	0	0	-	-	-
	Total	1,070,408	889,922	83.1%	41.7%	199.4%
2015	2001	0	0	-	-	-
	2002	622,075	288,189	46.3%	49.6%	93.3%
	2003	433,011	0	0.0%	45.9%	0.0%
	2004	0	0	-	-	-
	Total	1,055,085	288,189	27.3%	48.1%	56.8%
2016	2001	0	0	-	-	-
	2002	611,384	619,162	101.3%	57.1%	177.3%
	2003	426,224	398,242	93.4%	53.1%	175.8%
	2004	0	0	-	-	-
	Total	1,037,608	1,017,404	98.1%	55.5%	176.7%
2017	2001	0	0	-	-	-
	2002	603,558	952,337	157.8%	65.6%	240.4%
	2003	424,279	0	0.0%	61.5%	0.0%
	2004	0	0	-	-	-
	Total	1,027,837	952,337	92.7%	63.9%	145.0%
2018	2001	0	0	-	-	-
	2002	594,996	298,277	50.1%	75.6%	66.3%
	2003	419,304	69,476	16.6%	71.0%	23.3%
	2004	0	0	-	-	-
	Total	1,014,300	367,753	36.3%	73.7%	49.2%
2019	2001	0	0	-	-	-
	2002	579,058	745,434	128.7%	87.4%	147.3%
	2003	414,215	498,128	120.3%	82.4%	146.0%
	2004	0	0	-	-	-
	Total	993,273	1,243,562	125.2%	85.3%	146.8%
All Calendar Years	2001	0	0	-	-	-
	2002	11,803,948	4,012,810	34.0%	28.2%	120.6%
	2003	7,826,956	1,642,921	21.0%	26.7%	78.6%
	2004	0	0	-	-	-
	Total	19,630,904	5,655,731	28.8%	27.6%	104.4%

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.33	1.68	2.33	3.49	3.61
30-34	1.60	2.05	2.88	4.37	4.49
35-39	1.93	2.49	3.56	5.47	5.60
40	2.06	2.69	3.85	5.96	6.09
41	2.15	2.80	4.03	6.24	6.37
42	2.24	2.93	4.22	6.54	6.66
43	2.34	3.07	4.43	6.85	6.97
44	2.45	3.22	4.66	7.18	7.31
45	2.56	3.38	4.91	7.56	7.69
46	2.69	3.56	5.17	7.97	8.09
47	2.83	3.76	5.46	8.40	8.54
48	2.97	3.96	5.77	8.86	9.02
49	3.13	4.18	6.11	9.37	9.52
50	3.30	4.41	6.46	9.90	10.07
51	3.47	4.65	6.83	10.44	10.61
52	3.64	4.89	7.19	11.00	11.19
53	3.83	5.16	7.60	11.61	11.80
54	4.04	5.45	8.05	12.29	12.50
55	4.28	5.80	8.58	13.09	13.33
56	4.56	6.20	9.19	14.01	14.27
57	4.87	6.63	9.85	15.02	15.30
58	5.21	7.10	10.58	16.13	16.44
59	5.58	7.62	11.39	17.35	17.68
60	5.98	8.19	12.26	18.69	19.04
61	6.35	8.73	13.10	20.01	20.38
62	6.70	9.23	13.90	21.29	21.71
63	7.11	9.82	14.82	22.76	23.21
64	7.66	10.61	16.04	24.63	25.10
65	8.42	11.68	17.71	27.09	27.61
66	9.42	13.07	19.86	30.11	30.69
67	10.61	14.72	22.36	33.59	34.20
68	11.96	16.58	25.20	37.52	38.19
69	13.42	18.63	28.36	41.96	42.69
70	14.96	20.81	31.78	46.93	47.73
71	16.48	23.01	35.24	49.66	53.07
72	18.00	25.22	38.35	51.76	57.46
73	19.68	27.69	40.18	54.21	60.20
74	21.67	30.62	43.05	58.10	64.50
75	24.12	34.22	47.55	64.17	71.25
76	27.22	38.81	55.29	74.61	82.83
77	30.87	44.23	63.04	85.06	94.42
78	34.79	50.02	70.80	95.51	106.03
79	38.65	55.79	78.65	106.07	117.77
80	42.18	61.07	86.43	116.79	129.66
81	45.80	66.58	94.74	130.57	144.94
82	49.42	72.09	103.04	144.34	160.24
83	53.04	77.61	111.36	158.12	175.51
84	56.67	83.13	119.66	171.90	190.79

Modes Other Than Annual
 Semiannual Mode: 51% of Annual
 Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
 Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
 22% of the resulting modal premium shown above after application of Spousal Discount.

Current Rate Table - N10

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.54	2.16	3.23	3.35
30-34	1.49	1.88	2.65	4.03	4.14
35-39	1.77	2.29	3.26	5.03	5.14
40	1.88	2.46	3.52	5.46	5.57
41	1.96	2.56	3.68	5.71	5.84
42	2.04	2.68	3.85	5.98	6.09
43	2.13	2.80	4.04	6.26	6.37
44	2.23	2.94	4.25	6.57	6.68
45	2.34	3.09	4.48	6.90	7.01
46	2.45	3.24	4.72	7.27	7.39
47	2.57	3.42	4.98	7.66	7.78
48	2.71	3.60	5.26	8.08	8.22
49	2.85	3.80	5.56	8.53	8.68
50	3.00	4.01	5.88	9.02	9.17
51	3.15	4.22	6.20	9.51	9.67
52	3.30	4.44	6.54	10.01	10.18
53	3.47	4.68	6.90	10.56	10.74
54	3.66	4.95	7.31	11.17	11.37
55	3.88	5.26	7.79	11.90	12.11
56	4.14	5.62	8.34	12.73	12.96
57	4.41	6.01	8.94	13.64	13.89
58	4.72	6.43	9.60	14.63	14.91
59	5.05	6.90	10.32	15.72	16.03
60	5.40	7.40	11.10	16.93	17.25
61	5.74	7.89	11.86	18.10	18.45
62	6.05	8.34	12.58	19.25	19.63
63	6.42	8.86	13.40	20.57	20.97
64	6.91	9.57	14.50	22.22	22.65
65	7.59	10.53	15.98	24.40	24.86
66	8.49	11.78	17.89	27.09	27.59
67	9.56	13.26	20.14	30.17	30.72
68	10.77	14.93	22.67	33.66	34.26
69	12.07	16.75	25.46	37.47	38.22
70	13.44	18.69	28.48	40.05	42.62
71	14.78	20.62	31.36	42.32	46.99
72	16.12	22.56	32.84	44.29	49.19
73	17.59	24.72	34.55	46.62	51.76
74	19.32	27.25	37.54	50.65	56.22
75	21.44	30.35	41.93	56.58	62.82
76	24.12	34.27	48.43	65.33	72.54
77	27.28	38.88	54.92	74.09	82.26
78	30.65	43.83	61.42	82.84	91.98
79	33.97	48.71	68.04	91.79	101.92
80	36.99	53.15	74.52	100.59	111.69
81	40.04	57.72	81.26	111.61	123.90
82	43.10	62.29	87.99	122.63	136.12
83	46.15	66.84	94.74	133.64	148.35
84	49.21	71.41	101.48	144.67	160.57

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.41	1.94	2.91	3.02
30-34	1.34	1.69	2.36	3.60	3.71
35-39	1.57	2.03	2.88	4.45	4.55
40	1.67	2.16	3.10	4.83	4.93
41	1.74	2.26	3.24	5.05	5.15
42	1.81	2.36	3.40	5.28	5.38
43	1.88	2.47	3.55	5.52	5.63
44	1.97	2.58	3.73	5.78	5.88
45	2.06	2.71	3.92	6.08	6.17
46	2.16	2.86	4.14	6.40	6.50
47	2.27	3.00	4.37	6.73	6.85
48	2.38	3.16	4.61	7.10	7.22
49	2.50	3.33	4.87	7.49	7.62
50	2.63	3.52	5.15	7.91	8.04
51	2.76	3.70	5.42	8.34	8.48
52	2.90	3.89	5.72	8.78	8.92
53	3.04	4.10	6.04	9.24	9.41
54	3.20	4.33	6.38	9.79	9.95
55	3.39	4.59	6.80	10.40	10.60
56	3.61	4.89	7.27	11.13	11.33
57	3.85	5.23	7.79	11.91	12.12
58	4.11	5.60	8.36	12.77	13.01
59	4.39	6.00	8.98	13.71	13.97
60	4.70	6.44	9.65	14.73	15.02
61	4.98	6.85	10.30	15.75	16.04
62	5.25	7.25	10.92	16.73	17.07
63	5.56	7.70	11.63	17.86	18.21
64	5.98	8.30	12.56	19.28	19.64
65	6.57	9.11	13.84	21.13	21.52
66	7.35	10.20	15.48	23.41	23.84
67	8.28	11.49	17.41	26.04	26.50
68	9.33	12.93	19.58	28.99	29.51
69	10.46	14.49	21.96	31.87	32.84
70	11.62	16.13	24.50	34.04	36.50
71	12.75	17.75	26.65	35.95	39.93
72	13.88	19.37	27.89	37.64	41.80
73	15.10	21.16	29.34	39.60	43.96
74	16.53	23.24	31.78	42.88	47.61
75	18.27	25.78	35.33	47.67	52.93
76	20.48	28.97	40.48	54.62	60.64
77	23.06	32.72	45.64	61.57	68.36
78	25.82	36.72	50.80	68.51	76.06
79	28.53	40.65	56.14	75.69	84.04
80	30.98	44.21	61.22	82.52	91.61
81	33.40	47.78	66.37	90.83	100.81
82	35.83	51.35	71.51	99.14	110.02
83	38.26	54.92	76.66	107.44	119.23
84	40.69	58.47	81.80	115.75	128.43

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.47	4.26	5.28	6.97	7.21
30-34	4.09	5.05	6.29	8.12	8.36
35-39	4.83	5.99	7.50	9.51	9.74
40	5.14	6.43	8.05	10.07	10.30
41	5.35	6.68	8.39	10.51	10.75
42	5.56	6.96	8.75	11.02	11.27
43	5.78	7.25	9.13	11.58	11.83
44	6.03	7.59	9.55	12.15	12.42
45	6.29	7.92	10.01	12.77	13.03
46	6.58	8.32	10.51	13.38	13.65
47	6.92	8.74	11.06	14.00	14.29
48	7.24	9.17	11.63	14.66	14.97
49	7.60	9.63	12.25	15.39	15.68
50	7.97	10.11	12.85	16.16	16.49
51	8.30	10.57	13.47	17.00	17.32
52	8.64	11.00	14.04	17.86	18.21
53	9.00	11.48	14.67	18.80	19.17
54	9.42	12.03	15.40	19.85	20.24
55	9.91	12.68	16.27	21.04	21.48
56	10.50	13.47	17.29	22.39	22.85
57	11.16	14.32	18.42	23.84	24.33
58	11.89	15.27	19.68	25.44	25.96
59	12.68	16.32	21.06	27.17	27.73
60	13.54	17.44	22.53	29.09	29.68
61	14.35	18.54	24.00	30.98	31.60
62	15.16	19.61	25.41	32.83	33.50
63	16.07	20.83	27.02	34.94	35.64
64	17.22	22.36	29.04	37.56	38.30
65	18.70	24.30	31.63	40.98	41.78
66	20.54	26.71	34.79	45.21	46.07
67	22.65	29.48	38.39	50.08	51.00
68	25.03	32.59	42.46	55.54	56.53
69	27.65	36.04	47.01	61.53	62.62
70	30.48	39.80	52.07	68.04	69.20
71	33.33	43.75	57.41	74.73	75.99
72	35.01	46.51	62.63	81.68	83.01
73	36.87	48.18	64.57	87.15	90.71
74	38.98	50.62	67.56	91.17	99.54
75	41.75	54.18	71.50	96.48	107.13
76	45.34	59.54	78.51	105.96	117.63
77	48.94	64.92	85.53	115.40	128.12
78	52.56	70.30	92.50	124.80	138.54
79	56.16	75.77	100.68	135.82	150.80
80	60.76	82.18	109.62	147.97	164.27
81	65.69	89.16	119.62	162.52	180.40
82	70.63	96.15	129.60	177.07	196.55
83	75.55	103.13	139.60	191.62	212.68
84	80.50	110.12	149.58	206.18	228.80

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Current Rate Table - N10

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.21	3.89	4.84	6.47	6.66
30-34	3.77	4.63	5.78	7.50	7.71
35-39	4.42	5.52	6.92	8.75	8.97
40	4.70	5.91	7.41	9.27	9.49
41	4.90	6.13	7.71	9.67	9.91
42	5.08	6.40	8.04	10.14	10.36
43	5.29	6.66	8.40	10.65	10.88
44	5.53	6.96	8.78	11.19	11.42
45	5.77	7.28	9.21	11.75	11.98
46	6.03	7.63	9.66	12.29	12.56
47	6.33	8.02	10.16	12.87	13.13
48	6.64	8.41	10.68	13.47	13.76
49	6.96	8.83	11.23	14.13	14.43
50	7.29	9.27	11.80	14.85	15.16
51	7.60	9.67	12.35	15.61	15.93
52	7.90	10.08	12.88	16.39	16.73
53	8.22	10.51	13.44	17.25	17.61
54	8.60	11.00	14.10	18.20	18.58
55	9.06	11.61	14.90	19.31	19.70
56	9.60	12.32	15.83	20.52	20.96
57	10.19	13.10	16.87	21.85	22.30
58	10.85	13.96	18.00	23.30	23.79
59	11.56	14.91	19.25	24.86	25.40
60	12.32	15.92	20.58	26.60	27.15
61	13.08	16.91	21.91	28.32	28.90
62	13.80	17.89	23.21	30.00	30.62
63	14.64	18.98	24.67	31.92	32.56
64	15.67	20.36	26.47	34.27	34.96
65	17.00	22.13	28.81	37.32	38.05
66	18.66	24.30	31.65	41.09	41.87
67	20.58	26.80	34.90	45.43	46.27
68	22.72	29.61	38.54	50.27	51.18
69	25.06	32.69	42.62	55.57	56.55
70	27.55	36.04	47.08	61.26	62.33
71	28.77	38.71	51.80	67.14	68.26
72	29.91	39.82	53.58	72.29	74.44
73	31.15	41.04	55.16	74.43	81.16
74	32.85	42.95	57.71	77.86	86.44
75	34.88	45.77	61.15	82.51	91.60
76	38.08	50.47	67.52	91.10	101.15
77	41.31	55.14	73.71	99.45	110.43
78	44.51	59.83	80.76	108.96	120.97
79	47.74	64.91	88.03	118.76	131.86
80	51.51	70.18	95.52	128.79	143.00
81	55.49	75.81	103.65	140.48	155.94
82	59.48	81.44	111.78	152.15	168.87
83	63.46	87.08	119.93	163.82	181.82
84	67.45	92.71	128.06	175.50	194.77

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.87	3.50	4.34	5.75	5.99
30-34	3.36	4.14	5.15	6.68	6.90
35-39	3.92	4.90	6.13	7.78	7.98
40	4.19	5.22	6.57	8.25	8.44
41	4.35	5.45	6.85	8.61	8.81
42	4.52	5.67	7.14	9.02	9.21
43	4.69	5.91	7.45	9.45	9.66
44	4.90	6.16	7.78	9.93	10.14
45	5.11	6.44	8.15	10.42	10.63
46	5.35	6.76	8.55	10.92	11.13
47	5.60	7.08	9.00	11.41	11.65
48	5.87	7.45	9.46	11.94	12.21
49	6.15	7.81	9.95	12.52	12.78
50	6.44	8.19	10.44	13.16	13.43
51	6.71	8.54	10.91	13.83	14.13
52	6.97	8.89	11.38	14.53	14.83
53	7.25	9.28	11.89	15.27	15.60
54	7.57	9.72	12.45	16.13	16.46
55	7.97	10.22	13.15	17.08	17.44
56	8.44	10.84	13.96	18.16	18.52
57	8.96	11.52	14.85	19.31	19.70
58	9.53	12.28	15.86	20.57	21.00
59	10.15	13.09	16.94	21.94	22.40
60	10.82	13.99	18.10	23.44	23.93
61	11.45	14.84	19.25	24.93	25.44
62	12.10	15.71	20.38	26.42	26.96
63	12.81	16.66	21.66	28.08	28.66
64	13.71	17.85	23.23	30.14	30.73
65	14.87	19.36	25.23	32.76	33.39
66	16.31	21.25	27.71	35.98	36.67
67	17.98	23.45	30.52	39.70	40.43
68	19.85	25.87	33.68	43.85	44.65
69	21.88	28.55	37.16	48.34	49.20
70	23.77	31.40	40.96	53.13	54.04
71	24.62	33.39	44.83	58.06	59.01
72	25.35	34.36	46.09	62.20	64.16
73	26.11	35.42	47.49	64.08	69.72
74	27.32	37.04	49.63	66.96	74.34
75	28.91	39.12	52.45	70.76	78.57
76	31.46	42.77	57.44	77.50	86.05
77	34.35	46.30	62.10	83.78	93.02
78	37.21	50.36	67.73	91.35	101.43
79	40.09	54.60	73.59	99.26	110.19
80	43.12	58.81	79.50	107.12	118.91
81	46.26	63.23	85.76	115.95	128.67
82	49.41	67.65	92.02	124.79	138.46
83	52.56	72.07	98.28	133.61	148.25
84	55.71	76.47	104.54	142.45	158.02

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	6.19	7.91	10.21	14.04	14.45
30-34	6.89	8.82	11.38	15.16	15.57
35-39	7.70	9.86	12.75	16.51	16.91
40	8.04	10.32	13.34	17.02	17.42
41	8.26	10.60	13.71	17.35	17.74
42	8.48	10.89	14.08	17.68	18.07
43	8.72	11.21	14.49	18.05	18.44
44	8.99	11.56	14.94	18.47	18.87
45	9.25	11.91	15.43	18.98	19.38
46	9.56	12.32	15.95	19.57	19.98
47	9.91	12.78	16.52	20.24	20.66
48	10.25	13.23	17.14	20.97	21.41
49	10.61	13.71	17.75	21.74	22.19
50	10.98	14.17	18.35	22.54	23.00
51	11.31	14.60	18.93	23.34	23.80
52	11.61	15.01	19.45	24.14	24.61
53	11.94	15.43	20.02	24.98	25.48
54	12.32	15.93	20.68	25.97	26.49
55	12.78	16.56	21.50	27.15	27.69
56	13.37	17.32	22.51	28.53	29.11
57	14.03	18.17	23.63	30.06	30.67
58	14.76	19.12	24.89	31.75	32.40
59	15.54	20.17	26.26	33.60	34.29
60	16.38	21.28	27.73	35.63	36.34
61	17.19	22.36	29.16	37.66	38.40
62	17.98	23.39	30.53	39.68	40.47
63	18.86	24.58	32.12	41.94	42.78
64	19.98	26.07	34.08	44.70	45.58
65	21.45	28.01	36.65	48.20	49.13
66	23.28	30.42	39.82	52.42	53.41
67	25.41	33.21	43.43	57.22	58.27
68	27.80	36.33	47.52	62.58	63.70
69	30.44	39.79	52.11	68.49	69.69
70	33.26	43.55	57.18	74.93	76.22
71	36.20	47.50	62.55	81.63	83.01
72	39.26	51.63	68.22	88.59	90.05
73	42.59	56.18	74.48	96.25	97.78
74	45.73	59.67	80.10	105.00	106.64
75	48.39	62.65	82.92	111.91	117.01
76	51.91	67.39	88.39	119.27	129.43
77	55.40	72.15	93.86	126.65	140.63
78	58.93	76.93	98.83	133.37	148.05
79	62.45	81.80	105.41	142.21	157.91
80	67.33	88.41	114.36	154.32	171.33
81	72.53	95.55	124.27	168.75	187.32
82	77.73	102.70	134.18	183.17	203.32
83	82.92	109.85	144.09	197.60	219.31
84	88.13	117.00	154.00	212.04	235.30

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.67	7.22	9.41	12.95	13.33
30-34	6.31	8.08	10.47	13.97	14.35
35-39	7.04	9.06	11.72	15.19	15.57
40	7.35	9.46	12.25	15.65	16.02
41	7.55	9.72	12.59	15.95	16.32
42	7.74	10.00	12.94	16.25	16.62
43	7.97	10.28	13.31	16.59	16.95
44	8.20	10.60	13.72	16.98	17.35
45	8.47	10.93	14.17	17.44	17.81
46	8.75	11.30	14.64	17.98	18.37
47	9.04	11.70	15.18	18.59	18.97
48	9.38	12.12	15.72	19.25	19.66
49	9.70	12.54	16.28	19.95	20.37
50	10.04	12.98	16.84	20.69	21.13
51	10.33	13.36	17.36	21.42	21.85
52	10.60	13.73	17.84	22.13	22.58
53	10.89	14.13	18.34	22.92	23.38
54	11.24	14.57	18.94	23.81	24.29
55	11.66	15.15	19.68	24.89	25.38
56	12.21	15.83	20.61	26.14	26.68
57	12.78	16.62	21.63	27.54	28.10
58	13.45	17.46	22.78	29.06	29.67
59	14.15	18.41	24.01	30.74	31.37
60	14.91	19.40	25.33	32.58	33.24
61	15.65	20.38	26.63	34.41	35.10
62	16.35	21.34	27.89	36.25	36.97
63	17.16	22.40	29.30	38.30	39.06
64	18.17	23.74	31.08	40.77	41.58
65	19.49	25.49	33.39	43.89	44.73
66	21.14	27.66	36.22	47.63	48.52
67	23.07	30.17	39.48	51.88	52.84
68	25.23	32.98	43.15	56.62	57.65
69	27.57	36.08	47.24	61.82	62.92
70	30.10	39.44	51.72	67.45	68.61
71	32.70	42.92	56.45	73.32	74.54
72	35.41	46.56	61.42	79.42	80.71
73	37.25	49.33	66.74	86.09	87.46
74	38.67	50.69	68.51	92.45	95.06
75	40.39	52.81	71.00	95.82	103.89
76	43.29	56.68	76.05	102.60	113.93
77	46.24	60.58	81.08	109.40	121.47
78	49.15	64.47	86.12	116.19	129.01
79	52.12	68.50	91.71	123.75	137.40
80	56.03	73.80	99.15	133.69	148.43
81	60.14	79.42	107.15	145.18	161.15
82	64.26	85.05	115.17	156.67	173.88
83	68.38	90.66	123.18	168.15	186.62
84	72.50	96.29	131.19	179.64	199.36

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.03	6.43	8.34	11.51	11.87
30-34	5.59	7.17	9.30	12.42	12.77
35-39	6.22	8.01	10.39	13.50	13.82
40	6.50	8.37	10.85	13.90	14.22
41	6.66	8.60	11.14	14.15	14.49
42	6.85	8.83	11.47	14.42	14.74
43	7.03	9.09	11.79	14.71	15.05
44	7.25	9.37	12.15	15.05	15.37
45	7.48	9.66	12.53	15.46	15.78
46	7.71	9.98	12.96	15.93	16.27
47	7.99	10.33	13.43	16.46	16.81
48	8.26	10.70	13.90	17.05	17.42
49	8.55	11.07	14.41	17.67	18.03
50	8.83	11.45	14.90	18.31	18.68
51	9.09	11.79	15.33	18.96	19.33
52	9.34	12.11	15.76	19.59	19.96
53	9.59	12.45	16.20	20.26	20.68
54	9.88	12.84	16.72	21.04	21.48
55	10.25	13.33	17.37	21.98	22.43
56	10.71	13.93	18.16	23.09	23.55
57	11.23	14.60	19.05	24.30	24.79
58	11.80	15.36	20.06	25.63	26.17
59	12.40	16.17	21.13	27.10	27.65
60	13.08	17.05	22.27	28.69	29.27
61	13.69	17.89	23.39	30.28	30.88
62	14.31	18.72	24.49	31.88	32.54
63	15.01	19.64	25.72	33.67	34.34
64	15.88	20.80	27.24	35.81	36.51
65	17.02	22.30	29.23	38.47	39.20
66	18.47	24.19	31.70	41.68	42.46
67	20.13	26.39	34.52	45.33	46.16
68	22.01	28.83	37.69	49.36	50.26
69	24.05	31.49	41.19	53.76	54.71
70	26.21	34.34	45.00	58.48	59.49
71	28.43	37.30	48.96	63.38	64.43
72	30.74	40.38	53.12	68.43	69.54
73	31.29	42.64	57.45	73.93	75.08
74	32.16	43.77	58.91	79.50	81.28
75	33.30	45.26	60.90	82.18	88.41
76	35.51	48.05	64.74	87.35	96.84
77	37.70	50.86	68.59	92.56	102.77
78	39.93	53.67	72.47	97.77	108.55
79	41.85	56.75	76.66	103.42	114.81
80	44.87	60.92	82.53	111.19	123.41
81	47.96	65.26	88.68	119.85	132.99
82	51.07	69.58	94.83	128.52	142.58
83	54.17	73.92	100.98	137.17	152.17
84	57.29	78.25	107.12	145.83	161.76

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.20	1.51	2.10	3.14	3.25
30-34	1.44	1.85	2.59	3.93	4.04
35-39	1.74	2.24	3.20	4.92	5.04
40	1.85	2.42	3.47	5.36	5.48
41	1.94	2.52	3.63	5.62	5.73
42	2.02	2.64	3.80	5.89	5.99
43	2.11	2.76	3.99	6.17	6.27
44	2.21	2.90	4.19	6.46	6.58
45	2.30	3.04	4.42	6.80	6.92
46	2.42	3.20	4.65	7.17	7.28
47	2.55	3.38	4.91	7.56	7.69
48	2.67	3.56	5.19	7.97	8.12
49	2.82	3.76	5.50	8.43	8.57
50	2.97	3.97	5.81	8.91	9.06
51	3.12	4.19	6.15	9.40	9.55
52	3.28	4.40	6.47	9.90	10.07
53	3.45	4.64	6.84	10.45	10.62
54	3.64	4.91	7.25	11.06	11.25
55	3.85	5.22	7.72	11.78	12.00
56	4.10	5.58	8.27	12.61	12.84
57	4.38	5.97	8.87	13.52	13.77
58	4.69	6.39	9.52	14.52	14.80
59	5.02	6.86	10.25	15.62	15.91
60	5.38	7.37	11.03	16.82	17.14
61	5.72	7.86	11.79	18.01	18.34
62	6.03	8.31	12.51	19.16	19.54
63	6.40	8.84	13.34	20.48	20.89
64	6.89	9.55	14.44	22.17	22.59
65	7.58	10.51	15.94	24.38	24.85
66	8.48	11.76	17.87	27.10	27.62
67	9.55	13.25	20.12	30.23	30.78
68	10.76	14.92	22.68	33.77	34.37
69	12.08	16.77	25.52	37.76	38.42
70	13.46	18.73	28.60	42.24	42.96
71	14.83	20.71	31.72	44.69	47.76
72	16.20	22.70	34.52	46.58	51.71
73	17.71	24.92	36.16	48.79	54.18
74	19.50	27.56	38.75	52.29	58.05
75	21.71	30.80	42.80	57.75	64.13
76	24.50	34.93	49.76	67.15	74.55
77	27.78	39.81	56.74	76.55	84.98
78	31.31	45.02	63.72	85.96	95.43
79	34.79	50.21	70.79	95.46	105.99
80	37.96	54.96	77.79	105.11	116.69
81	41.22	59.92	85.27	117.51	130.45
82	44.48	64.88	92.74	129.91	144.22
83	47.74	69.85	100.22	142.31	157.96
84	51.00	74.82	107.69	154.71	171.71

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Current Rate Table - N10

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.39	1.94	2.91	3.02
30-34	1.34	1.69	2.39	3.63	3.73
35-39	1.59	2.06	2.93	4.53	4.63
40	1.69	2.21	3.17	4.91	5.01
41	1.76	2.30	3.31	5.14	5.26
42	1.84	2.41	3.47	5.38	5.48
43	1.92	2.52	3.64	5.63	5.73
44	2.01	2.65	3.83	5.91	6.01
45	2.11	2.78	4.03	6.21	6.31
46	2.21	2.92	4.25	6.54	6.65
47	2.31	3.08	4.48	6.89	7.00
48	2.44	3.24	4.73	7.27	7.40
49	2.57	3.42	5.00	7.68	7.81
50	2.70	3.61	5.29	8.12	8.25
51	2.84	3.80	5.58	8.56	8.70
52	2.97	4.00	5.89	9.01	9.16
53	3.12	4.21	6.21	9.50	9.67
54	3.29	4.46	6.58	10.05	10.23
55	3.49	4.73	7.01	10.71	10.90
56	3.73	5.06	7.51	11.46	11.66
57	3.97	5.41	8.05	12.28	12.50
58	4.25	5.79	8.64	13.17	13.42
59	4.55	6.21	9.29	14.15	14.43
60	4.86	6.66	9.99	15.24	15.53
61	5.17	7.10	10.67	16.29	16.61
62	5.45	7.51	11.32	17.33	17.67
63	5.78	7.97	12.06	18.51	18.87
64	6.22	8.61	13.05	20.00	20.39
65	6.83	9.48	14.38	21.96	22.37
66	7.64	10.60	16.10	24.38	24.83
67	8.60	11.93	18.13	27.15	27.65
68	9.69	13.44	20.40	30.29	30.83
69	10.86	15.08	22.91	33.72	34.40
70	12.10	16.82	25.63	36.05	38.36
71	13.30	18.56	28.22	38.09	42.29
72	14.51	20.30	29.56	39.86	44.27
73	15.83	22.25	31.10	41.96	46.58
74	17.39	24.53	33.79	45.59	50.60
75	19.30	27.32	37.74	50.92	56.54
76	21.71	30.84	43.59	58.80	65.29
77	24.55	34.99	49.43	66.68	74.03
78	27.59	39.45	55.28	74.56	82.78
79	30.57	43.84	61.24	82.61	91.73
80	33.29	47.84	67.07	90.53	100.52
81	36.04	51.95	73.13	100.45	111.51
82	38.79	56.06	79.19	110.37	122.51
83	41.54	60.16	85.27	120.28	133.52
84	44.29	64.27	91.33	130.20	144.51

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Long Term Care Insurance Policy Form 97058VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.27	1.75	2.62	2.72
30-34	1.21	1.52	2.12	3.24	3.34
35-39	1.41	1.83	2.59	4.01	4.10
40	1.50	1.94	2.79	4.35	4.44
41	1.57	2.03	2.92	4.55	4.64
42	1.63	2.12	3.06	4.75	4.84
43	1.69	2.22	3.20	4.97	5.07
44	1.77	2.32	3.36	5.20	5.29
45	1.85	2.44	3.53	5.47	5.55
46	1.94	2.57	3.73	5.76	5.85
47	2.04	2.70	3.93	6.06	6.17
48	2.14	2.84	4.15	6.39	6.50
49	2.25	3.00	4.38	6.74	6.86
50	2.37	3.17	4.64	7.12	7.24
51	2.48	3.33	4.88	7.51	7.63
52	2.61	3.50	5.15	7.90	8.03
53	2.74	3.69	5.44	8.32	8.47
54	2.88	3.90	5.74	8.81	8.96
55	3.05	4.13	6.12	9.36	9.54
56	3.25	4.40	6.54	10.02	10.20
57	3.47	4.71	7.01	10.72	10.91
58	3.70	5.04	7.52	11.49	11.71
59	3.95	5.40	8.08	12.34	12.57
60	4.23	5.80	8.69	13.26	13.52
61	4.48	6.17	9.27	14.18	14.44
62	4.73	6.53	9.83	15.06	15.36
63	5.00	6.93	10.47	16.07	16.39
64	5.38	7.47	11.30	17.35	17.68
65	5.91	8.20	12.46	19.02	19.37
66	6.62	9.18	13.93	21.07	21.46
67	7.45	10.34	15.67	23.44	23.85
68	8.40	11.64	17.62	26.09	26.56
69	9.41	13.04	19.76	28.68	29.56
70	10.46	14.52	22.05	30.64	32.85
71	11.48	15.98	23.99	32.36	35.94
72	12.49	17.43	25.10	33.88	37.62
73	13.59	19.04	26.41	35.64	39.56
74	14.88	20.92	28.60	38.59	42.85
75	16.44	23.20	31.80	42.90	47.64
76	18.43	26.07	36.43	49.16	54.58
77	20.75	29.45	41.08	55.41	61.52
78	23.24	33.05	45.72	61.66	68.45
79	25.68	36.59	50.53	68.12	75.64
80	27.88	39.79	55.10	74.27	82.45
81	30.06	43.00	59.73	81.75	90.73
82	32.25	46.22	64.36	89.23	99.02
83	34.43	49.43	68.99	96.70	107.31
84	36.62	52.62	73.62	104.18	115.59

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.12	3.83	4.75	6.27	6.49
30-34	3.68	4.55	5.66	7.31	7.52
35-39	4.35	5.39	6.75	8.56	8.77
40	4.63	5.79	7.25	9.06	9.27
41	4.82	6.01	7.55	9.46	9.68
42	5.00	6.26	7.88	9.92	10.14
43	5.20	6.53	8.22	10.42	10.65
44	5.43	6.83	8.60	10.94	11.18
45	5.66	7.13	9.01	11.49	11.73
46	5.92	7.49	9.46	12.04	12.29
47	6.23	7.87	9.95	12.60	12.86
48	6.52	8.25	10.47	13.19	13.47
49	6.84	8.67	11.03	13.85	14.11
50	7.17	9.10	11.57	14.54	14.84
51	7.47	9.51	12.12	15.30	15.59
52	7.78	9.90	12.64	16.07	16.39
53	8.10	10.33	13.20	16.92	17.25
54	8.48	10.83	13.86	17.87	18.22
55	8.92	11.41	14.64	18.94	19.33
56	9.45	12.12	15.56	20.15	20.57
57	10.04	12.89	16.58	21.46	21.90
58	10.70	13.74	17.71	22.90	23.36
59	11.41	14.69	18.95	24.45	24.96
60	12.19	15.70	20.28	26.18	26.71
61	12.92	16.69	21.60	27.88	28.44
62	13.64	17.65	22.87	29.55	30.15
63	14.46	18.75	24.32	31.45	32.08
64	15.50	20.12	26.14	33.80	34.47
65	16.83	21.87	28.47	36.88	37.60
66	18.49	24.04	31.31	40.69	41.46
67	20.39	26.53	34.55	45.07	45.90
68	22.53	29.33	38.21	49.99	50.88
69	24.89	32.44	42.31	55.38	56.36
70	27.43	35.82	46.86	61.24	62.28
71	30.00	39.38	51.67	67.26	68.39
72	31.51	41.86	56.37	73.51	74.71
73	33.18	43.36	58.11	78.44	81.64
74	35.08	45.56	60.80	82.05	89.59
75	37.58	48.76	64.35	86.83	96.42
76	40.81	53.59	70.66	95.36	105.87
77	44.05	58.43	76.98	103.86	115.31
78	47.30	63.27	83.25	112.32	124.69
79	50.54	68.19	90.61	122.24	135.72
80	54.68	73.96	98.66	133.17	147.84
81	59.12	80.24	107.66	146.27	162.36
82	63.57	86.54	116.64	159.36	176.90
83	68.00	92.82	125.64	172.46	191.41
84	72.45	99.11	134.62	185.56	205.92

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.89	3.50	4.36	5.82	5.99
30-34	3.39	4.17	5.20	6.75	6.94
35-39	3.98	4.97	6.23	7.88	8.07
40	4.23	5.32	6.67	8.34	8.54
41	4.41	5.52	6.94	8.70	8.92
42	4.57	5.76	7.24	9.13	9.32
43	4.76	5.99	7.56	9.59	9.79
44	4.98	6.26	7.90	10.07	10.28
45	5.19	6.55	8.29	10.58	10.78
46	5.43	6.87	8.69	11.06	11.30
47	5.70	7.22	9.14	11.58	11.82
48	5.98	7.57	9.61	12.12	12.38
49	6.26	7.95	10.11	12.72	12.99
50	6.56	8.34	10.62	13.37	13.64
51	6.84	8.70	11.12	14.05	14.34
52	7.11	9.07	11.59	14.75	15.06
53	7.40	9.46	12.10	15.53	15.85
54	7.74	9.90	12.69	16.38	16.72
55	8.15	10.45	13.41	17.38	17.73
56	8.64	11.09	14.25	18.47	18.86
57	9.17	11.79	15.18	19.67	20.07
58	9.77	12.56	16.20	20.97	21.41
59	10.40	13.42	17.33	22.37	22.86
60	11.09	14.33	18.52	23.94	24.44
61	11.77	15.22	19.72	25.49	26.01
62	12.42	16.10	20.89	27.00	27.56
63	13.18	17.08	22.20	28.73	29.30
64	14.10	18.32	23.82	30.84	31.46
65	15.30	19.92	25.93	33.59	34.25
66	16.79	21.87	28.49	36.98	37.68
67	18.52	24.12	31.41	40.89	41.64
68	20.45	26.65	34.69	45.24	46.06
69	22.55	29.42	38.36	50.01	50.90
70	24.80	32.44	42.37	55.13	56.10
71	25.89	34.84	46.62	60.43	61.43
72	26.92	35.84	48.22	65.06	67.00
73	28.04	36.94	49.64	66.99	73.04
74	29.57	38.66	51.94	70.07	77.80
75	31.39	41.19	55.04	74.26	82.44
76	34.27	45.42	60.77	81.99	91.04
77	37.18	49.63	66.34	89.51	99.39
78	40.06	53.85	72.68	98.06	108.87
79	42.97	58.42	79.23	106.88	118.67
80	46.36	63.16	85.97	115.91	128.70
81	49.94	68.23	93.29	126.43	140.35
82	53.53	73.30	100.60	136.94	151.98
83	57.11	78.37	107.94	147.44	163.64
84	60.71	83.44	115.25	157.95	175.29

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Current Rate Table - N10

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Simple Automatic Increase Benefit Rider Form 99572VA Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.58	3.15	3.91	5.18	5.39
30-34	3.02	3.73	4.64	6.01	6.21
35-39	3.53	4.41	5.52	7.00	7.18
40	3.77	4.70	5.91	7.43	7.60
41	3.92	4.91	6.17	7.75	7.93
42	4.07	5.10	6.43	8.12	8.29
43	4.22	5.32	6.71	8.51	8.69
44	4.41	5.54	7.00	8.94	9.13
45	4.60	5.80	7.34	9.38	9.57
46	4.82	6.08	7.70	9.83	10.02
47	5.04	6.37	8.10	10.27	10.49
48	5.28	6.71	8.51	10.75	10.99
49	5.54	7.03	8.96	11.27	11.50
50	5.80	7.37	9.40	11.84	12.09
51	6.04	7.69	9.82	12.45	12.72
52	6.27	8.00	10.24	13.08	13.35
53	6.53	8.35	10.70	13.74	14.04
54	6.81	8.75	11.21	14.52	14.81
55	7.17	9.20	11.84	15.37	15.70
56	7.60	9.76	12.56	16.34	16.67
57	8.06	10.37	13.37	17.38	17.73
58	8.58	11.05	14.27	18.51	18.90
59	9.14	11.78	15.25	19.75	20.16
60	9.74	12.59	16.29	21.10	21.54
61	10.31	13.36	17.33	22.44	22.90
62	10.89	14.14	18.34	23.78	24.26
63	11.53	14.99	19.49	25.27	25.79
64	12.34	16.07	20.91	27.13	27.66
65	13.38	17.42	22.71	29.48	30.05
66	14.68	19.13	24.94	32.38	33.00
67	16.18	21.11	27.47	35.73	36.39
68	17.87	23.28	30.31	39.47	40.19
69	19.69	25.70	33.44	43.51	44.28
70	21.39	28.26	36.86	47.82	48.64
71	22.16	30.05	40.35	52.25	53.11
72	22.82	30.92	41.48	55.98	57.74
73	23.50	31.88	42.74	57.67	62.75
74	24.59	33.34	44.67	60.26	66.91
75	26.02	35.21	47.21	63.68	70.71
76	28.31	38.49	51.70	69.75	77.45
77	30.92	41.67	55.89	75.40	83.72
78	33.49	45.32	60.96	82.22	91.29
79	36.08	49.14	66.23	89.33	99.17
80	38.81	52.93	71.55	96.41	107.02
81	41.63	56.91	77.18	104.36	115.80
82	44.47	60.89	82.82	112.31	124.61
83	47.30	64.86	88.45	120.25	133.43
84	50.14	68.82	94.09	128.21	142.22

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.57	7.12	9.19	12.64	13.01
30-34	6.20	7.94	10.24	13.64	14.01
35-39	6.93	8.87	11.48	14.86	15.22
40	7.24	9.29	12.01	15.32	15.68
41	7.43	9.54	12.34	15.62	15.97
42	7.63	9.80	12.67	15.91	16.26
43	7.85	10.09	13.04	16.25	16.60
44	8.09	10.40	13.45	16.62	16.98
45	8.33	10.72	13.89	17.08	17.44
46	8.60	11.09	14.36	17.61	17.98
47	8.92	11.50	14.87	18.22	18.59
48	9.23	11.91	15.43	18.87	19.27
49	9.55	12.34	15.98	19.57	19.97
50	9.88	12.75	16.52	20.29	20.70
51	10.18	13.14	17.04	21.01	21.42
52	10.45	13.51	17.51	21.73	22.15
53	10.75	13.89	18.02	22.48	22.93
54	11.09	14.34	18.61	23.37	23.84
55	11.50	14.90	19.35	24.44	24.92
56	12.03	15.59	20.26	25.68	26.20
57	12.63	16.35	21.27	27.05	27.60
58	13.28	17.21	22.40	28.58	29.16
59	13.99	18.15	23.63	30.24	30.86
60	14.74	19.15	24.96	32.07	32.71
61	15.47	20.12	26.24	33.89	34.56
62	16.18	21.05	27.48	35.71	36.42
63	16.97	22.12	28.91	37.75	38.50
64	17.98	23.46	30.67	40.23	41.02
65	19.31	25.21	32.99	43.38	44.22
66	20.95	27.38	35.84	47.18	48.07
67	22.87	29.89	39.09	51.50	52.44
68	25.02	32.70	42.77	56.32	57.33
69	27.40	35.81	46.90	61.64	62.72
70	29.93	39.20	51.46	67.44	68.60
71	32.58	42.75	56.30	73.47	74.71
72	35.33	46.47	61.40	79.73	81.05
73	38.33	50.56	67.03	86.63	88.00
74	41.16	53.70	72.09	94.50	95.98
75	43.55	56.39	74.63	100.72	105.31
76	46.72	60.65	79.55	107.34	116.49
77	49.86	64.94	84.47	113.99	126.57
78	53.04	69.24	88.95	120.03	133.25
79	56.21	73.62	94.87	127.99	142.12
80	60.60	79.57	102.92	138.89	154.20
81	65.28	86.00	111.84	151.88	168.59
82	69.96	92.43	120.76	164.85	182.99
83	74.63	98.87	129.68	177.84	197.38
84	79.32	105.30	138.60	190.84	211.77

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.10	6.50	8.47	11.66	12.00
30-34	5.68	7.27	9.42	12.57	12.92
35-39	6.34	8.15	10.55	13.67	14.01
40	6.62	8.51	11.03	14.09	14.42
41	6.80	8.75	11.33	14.36	14.69
42	6.97	9.00	11.65	14.63	14.96
43	7.17	9.25	11.98	14.93	15.26
44	7.38	9.54	12.35	15.28	15.62
45	7.62	9.84	12.75	15.70	16.03
46	7.88	10.17	13.18	16.18	16.53
47	8.14	10.53	13.66	16.73	17.07
48	8.44	10.91	14.15	17.33	17.69
49	8.73	11.29	14.65	17.96	18.33
50	9.04	11.68	15.16	18.62	19.02
51	9.30	12.02	15.62	19.28	19.67
52	9.54	12.36	16.06	19.92	20.32
53	9.80	12.72	16.51	20.63	21.04
54	10.12	13.11	17.05	21.43	21.86
55	10.49	13.64	17.71	22.40	22.84
56	10.99	14.25	18.55	23.53	24.01
57	11.50	14.96	19.47	24.79	25.29
58	12.11	15.71	20.50	26.15	26.70
59	12.74	16.57	21.61	27.67	28.23
60	13.42	17.46	22.80	29.32	29.92
61	14.09	18.34	23.97	30.97	31.59
62	14.72	19.21	25.10	32.63	33.27
63	15.44	20.16	26.37	34.47	35.15
64	16.35	21.37	27.97	36.69	37.42
65	17.54	22.94	30.05	39.50	40.26
66	19.03	24.89	32.60	42.87	43.67
67	20.76	27.15	35.53	46.69	47.56
68	22.71	29.68	38.84	50.96	51.89
69	24.81	32.47	42.52	55.64	56.63
70	27.09	35.50	46.55	60.71	61.75
71	29.43	38.63	50.81	65.99	67.09
72	31.87	41.90	55.28	71.48	72.64
73	33.53	44.40	60.07	77.48	78.71
74	34.80	45.62	61.66	83.21	85.55
75	36.35	47.53	63.90	86.24	93.50
76	38.96	51.01	68.45	92.34	102.54
77	41.62	54.52	72.97	98.46	109.32
78	44.24	58.02	77.51	104.57	116.11
79	46.91	61.65	82.54	111.38	123.66
80	50.43	66.42	89.24	120.32	133.59
81	54.13	71.48	96.44	130.66	145.04
82	57.83	76.55	103.65	141.00	156.49
83	61.54	81.59	110.86	151.34	167.96
84	65.25	86.66	118.07	161.68	179.42

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Current Rate Table - N10

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois
 Current Rates
 Base + Compound Automatic Increase Benefit Rider Form 99573 Series
 Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.53	5.79	7.51	10.36	10.68
30-34	5.03	6.45	8.37	11.18	11.49
35-39	5.60	7.21	9.35	12.15	12.44
40	5.85	7.53	9.77	12.51	12.80
41	5.99	7.74	10.03	12.74	13.04
42	6.17	7.95	10.32	12.98	13.27
43	6.33	8.18	10.61	13.24	13.55
44	6.53	8.43	10.94	13.55	13.83
45	6.73	8.69	11.28	13.91	14.20
46	6.94	8.98	11.66	14.34	14.64
47	7.19	9.30	12.09	14.81	15.13
48	7.43	9.63	12.51	15.35	15.68
49	7.70	9.96	12.97	15.90	16.23
50	7.95	10.31	13.41	16.48	16.81
51	8.18	10.61	13.80	17.06	17.40
52	8.41	10.90	14.18	17.63	17.96
53	8.63	11.21	14.58	18.23	18.61
54	8.89	11.56	15.05	18.94	19.33
55	9.23	12.00	15.63	19.78	20.19
56	9.64	12.54	16.34	20.78	21.20
57	10.11	13.14	17.15	21.87	22.31
58	10.62	13.82	18.05	23.07	23.55
59	11.16	14.55	19.02	24.39	24.89
60	11.77	15.35	20.04	25.82	26.34
61	12.32	16.10	21.05	27.25	27.79
62	12.88	16.85	22.04	28.69	29.29
63	13.51	17.68	23.15	30.30	30.91
64	14.29	18.72	24.52	32.23	32.86
65	15.32	20.07	26.31	34.62	35.28
66	16.62	21.77	28.53	37.51	38.21
67	18.12	23.75	31.07	40.80	41.54
68	19.81	25.95	33.92	44.42	45.23
69	21.65	28.34	37.07	48.38	49.24
70	23.59	30.91	40.50	52.63	53.54
71	25.59	33.57	44.06	57.04	57.99
72	27.67	36.34	47.81	61.59	62.59
73	28.16	38.38	51.71	66.54	67.57
74	28.94	39.39	53.02	71.55	73.15
75	29.97	40.73	54.81	73.96	79.57
76	31.96	43.25	58.27	78.62	87.16
77	33.93	45.77	61.73	83.30	92.49
78	35.94	48.30	65.22	87.99	97.70
79	37.67	51.08	68.99	93.08	103.33
80	40.38	54.83	74.28	100.07	111.07
81	43.16	58.73	79.81	107.87	119.69
82	45.96	62.62	85.35	115.67	128.32
83	48.75	66.53	90.88	123.45	136.95
84	51.56	70.43	96.41	131.25	145.58

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

Dear Mr. Toone,

This letter is in response to your objection dated November 4, 2021.

[Objection 1](#)

Please provide enough detail or documentation so that any projections can be recreated by providing a copy of all projections in Excel with working formulas.

[As per the note to filer on November 15, 2021, we are disregarding this objection.](#)

[Objection 2](#)

Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium rate had been charged since the forms' introduction.

[Please refer to the newly attached exhibit titled 'Actual & Projected - Pre-Rate Stability Only - On-Rate Level'.](#)

[Objection 3](#)

Please provide a loss ratio projection (both historical and projected) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

[Please refer to the newly attached exhibit titled 'Actual & Projected - Pre-Rate Stability Only – Original Assumptions from Issue'.](#)

[Objection 4](#)

Please outline the steps that the company has taken since the last rate increase to minimize future rate increases on this block of business.

[State Farm has developed and has in effect Claims handling and administration procedures that are designed to help ensure that claimants objectively meet the policy definition of “chronically ill”, and therefore are eligible for benefits once their elimination period has been satisfied. In addition, those procedures require that claimed care-related expenses are reasonable and are eligible for payment. Furthermore, procedures are Providing Insurance and Financial Services Home Office, Bloomington, IL in place to monitor LTC claimants so that claim payments cease if they exhaust their maximum policy benefits, or recover to the extent that they are no longer eligible for benefits. State Farm Claims](#)

procedures are intended to ensure that the Company pays only what is owed, no more and no less, per the terms of the Insured's contract.

Finally, State Farm has established a Special Claim Services Team (SCS) to prevent, detect, and deter potential fraud and therefore prevent payment of non-meritorious claims. The Special Claim Services team (SCS) responsibilities include the identification, investigation, and resolution of fraudulent claims, training of Health personnel, and acting as a liaison with the National Health Care Anti-Fraud Association and law enforcement agencies.

Objection 5

Please advise if the experience exhibits include information for paid-up policies. If not, please provide updated exhibits.

The prior experience exhibit included paid-up policies in historical incurred claims, but did not include paid-up policies in the projected incurred claims. We have updated the exhibit to include paid-up policies in our projected incurred claims. Paid-up policies have no impact on earned premium. Please refer to the newly attached exhibit titled 'Actual & Projected - Pre-Rate Stability Only - IC with Paid-Up'.

Please let us know if there is any additional information that we can provide to assist you in your review of this filing. Thank you for your continued time in reviewing this filing.

Sincerely,



Rebecca Murrow
Actuarial Analyst I
State Farm Mutual Automobile Ins. Co.
309-763-5579

	Limited Benefit Period	Lifetime Benefit Period	Total
No Inflation Protection	82,095,928	49,929,873	132,025,801
Simple Inflation Protection	100,077,386	75,035,427	175,112,813
Compound Inflation Protection	122,914,357	109,289,056	232,203,413
Total	305,087,671	234,254,356	539,342,027

State Farm
Corporate Headquarters
1 State Farm Plaza
Bloomington, IL 61710-0001

1. No Inflation Protection, Limited Benefit Period

(A) PV of Initial EP:	204,225,273	
(B) PV of Proposed Premium Rate Increase Schedule:	5,268,771	(209,494,044 – 204,225,273)
(C) PV of Incurred Claims:	193,704,036	

$$(A) * .60 + (B) * .80 = 126,750,180 < (C) = 193,704,036$$

2. Simple Inflation Protection, Limited Benefit Period

(A) PV of Initial EP:	177,147,088	
(B) PV of Proposed Premium Rate Increase Schedule:	26,279,738	(203,426,826 – 177,147,088)
(C) PV of Incurred Claims:	199,790,266	

$$(A) * .60 + (B) * .80 = 127,312,044 < (C) = 199,790,266$$

3. Compound Inflation Protection, Limited Benefit Period

(A) PV of Initial EP:	204,623,367	
(B) PV of Proposed Premium Rate Increase Schedule:	61,668,766	(266,292,133 – 204,623,367)
(C) PV of Incurred Claims:	269,789,972	

$$(A) * .60 + (B) * .80 = 172,109,033 < (C) = 269,789,972$$

4. No Inflation Protection, Lifetime Benefit Period

(A) PV of Initial EP:	97,873,100	
(B) PV of Proposed Premium Rate Increase Schedule:	14,741,232	(112,614,332 – 97,873,100)
(C) PV of Incurred Claims:	131,762,006	

$$(A) * .60 + (B) * .80 = 70,516,846 < (C) = 131,762,006$$

5. *Simple Inflation Protection, Lifetime Benefit Period*

(A) PV of Initial EP:	130,184,418	
(B) PV of Proposed Premium Rate Increase Schedule:	38,171,781	(168,356,199 – 130,184,418)
(C) PV of Incurred Claims:	185,545,276	

$$(A) * .60 + (B) * .80 = 108,648,076 < (C) = 185,545,276$$

6. *Compound Inflation Protection, Lifetime Benefit Period*

(A) PV of Initial EP:	162,906,941	
(B) PV of Proposed Premium Rate Increase Schedule:	72,962,215	(235,869,156 – 162,906,941)
(C) PV of Incurred Claims:	293,192,145	

$$(A) * .60 + (B) * .80 = 156,113,936 < (C) = 293,192,145$$

97058VA Original Assumptions

Morbidity

Sex distinct claim costs were developed from 1982, 1984, 1989, and 1994 National Term Care surveys and the 1985 National Nursing Home Survey. Adjustments were applied to account for underwriting and State Farm's distribution system.

Mortality

The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Voluntary Lapse Rate

See the table below for the original pricing assumptions. The ultimate lapse rate assumed in original pricing was 2%.

Duration	Issue Age			
	<50	50-59	60-69	70+
1	4%	5%	6%	7%
2	4%	4%	5%	5%
3	4%	4%	5%	5%
4	4%	4%	4%	4%
5	3%	3%	3%	3%
6+	2%	2%	2%	2%