Filing at a Glance

Company:	Principal Life Insurance Company
Product Name:	FR 406 VA
State:	Virginia
TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care
Sub-TOI:	LTC05I.001 Qualified
Filing Type:	Rate
Date Submitted:	07/26/2018
SERFF Tr Num:	TRIP-131593732
SERFF Status:	Closed-Approved
State Tr Num:	TRIP-131593732
State Status:	Approved
Co Tr Num:	PRINCIPAL INDIVIDUAL LTC 2018 LTC RATE INCREASE
Implementation Date Requested:	On Approval
Author(s):	Beverly Toomey, Dave Krydynski
Reviewer(s):	Bill Dismore (primary), Elsie Andy
Disposition Date:	09/03/2020
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 121.348%

Deemer Date: 09/25/2020
Submitted By: Beverly Toomey

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/03/2020
State Status Changed: 09/03/2020
Created By: Beverly Toomey
Corresponding Filing Tracking Number:
State TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care

Filing Description:

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Re: PrinCare Long-Term Care II (LTC II)FR 406 VA

This is an existing individual policy form that provides comprehensive long-term care coverage on a reimbursement basis. Policies were issued in Virginia from November 1, 1989 to December 1, 1995 and are no longer being marketed in any jurisdiction.

In 1996, MedAmerica assumed 100% of the risk on the Principal block, and manages the entire block. All of the policies remain on Principal paper.

Principal is requesting the approval of a premium rate increase on the captioned policy form which varies by benefit period. The primary reason why this form is in need of a premium rate increase is due to emerging experience running more adverse than expected in pricing. The increase varies by benefit period to more closely align the adverse experience, and to reflect current rate relativities.

Benefit PeriodProposed Increase Year 1Proposed Increase Year 2Proposed Increase Year 3Cumulative Increase
Limited BP23%23%23%86%
Unlimited BP32%32%32%130%

The cumulative average rate increase across all benefit periods is 121% in Virginia.

As noted in the enclosed actuarial memorandum, there have been no previous rate revisions on this form in Virginia.

Principal will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the increase. The company will offer a contingent benefit upon lapse to insureds that trigger a substantial rate increase. Additionally, Principal will voluntarily offer a contingent benefit upon lapse to insureds affected by the rate increase, even if the increase is not considered substantial.

Enclosed with this submission is a policyholder notification letter, provided by the company, which is in compliance with 14 VAC5-200-75. Additionally, a contingent nonforfeiture (CNF) benefit election form is provided to policyholders alongside the notification letter is also being filed with the Bureau. Enclosed with this submission are the appropriate statement of variability, certification of compliance, and readability certification for these forms, as required.

The following electronic items are included with this submission:
•cover letter
•Rate Revision Review Requirements Checklist
•Health Insurance Rate Request Summary
•letter from Principal authorizing us to submit this filing on their behalf
•claims and administrative processing plan, as provided by MedAmerica
•actuarial memorandum
•compliance with loss ratio standard and policyholder protection measures
•original actuarial memorandum
•current and proposed premium rate schedules
•policyholder notification letter
•CNF election form
•Statement of variablility
•Certificate of compliance

•Readability certification

Company and Contact

Filing Contact Information

Beverly Toomey, Actuarial Analyst
2800 South River Road
Suite 440
Des Plaines, IL 60018

BToomey@TriPlusServices.com
224-217-9038 [Phone]

Filing Company Information

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

Principal Life Insurance Company
711 High Street
Des Moines, IA 50392
(000) 000-0000 ext. [Phone]

CoCode: 61271
Group Code:
Group Name:
FEIN Number: 42-0127290

State of Domicile: Iowa
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	09/03/2020	09/03/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	08/05/2020	08/05/2020
Info has been requested from company	Bill Dismore	12/31/2019	12/31/2019
Info has been requested from company	Bill Dismore	12/18/2019	12/18/2019
Info has been requested from company	Bill Dismore	12/10/2019	12/10/2019
Info has been requested from company	Bill Dismore	10/21/2019	10/21/2019
Info has been requested from company	Bill Dismore	03/04/2019	03/04/2019
Info has been requested from company	Bill Dismore	09/20/2018	09/20/2018
Info has been requested from company	Bill Dismore	08/01/2018	08/01/2018

Response Letters

Responded By	Created On	Date Submitted
Beverly Toomey	08/26/2020	08/26/2020
Beverly Toomey	01/24/2020	01/24/2020
Beverly Toomey	12/30/2019	12/30/2019
Beverly Toomey	12/12/2019	12/12/2019
Dave Krydynski	11/20/2019	11/20/2019
Beverly Toomey	04/04/2019	04/04/2019
Beverly Toomey	09/20/2018	09/20/2018
Beverly Toomey	08/27/2018	08/27/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	PFGN-VA-0718	Beverly Toomey	12/17/2019	12/17/2019
Supporting Document	Readability Compliance Certification	Beverly Toomey	12/12/2019	12/12/2019

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Responses to Objection #5 and #6 of 12/11/2019 Objection Response Letter	Note To Filer	Bill Dismore	12/18/2019	12/18/2019
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	12/16/2019	
Rate Increase Discussion with Company	Reviewer Note	Bill Dismore	10/17/2019	
RRS	Reviewer Note	Bill Dismore	07/27/2018	

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Disposition

Disposition Date: 09/03/2020
Implementation 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):
Principal Life Insurance Company	30.227%	30.227%	$4,774	15	$15,792	32.000%	23.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document (revised)	VA Exhibits	Received & Acknowledged	Yes
Supporting Document	Third Party Authorization Letter	Received & Acknowledged	Yes
Supporting Document	Additional Filing Information	Received & Acknowledged	Yes
Supporting Document	Current VA Rates	Received & Acknowledged	Yes
Supporting Document	Original Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Objection Response 08-27-2018	Received & Acknowledged	Yes
Supporting Document	Objection Response 04-04-2019	Received & Acknowledged	Yes
Supporting Document	Objection Response 11-20-2019	Received & Acknowledged	Yes
Supporting Document	Objection Response 12-12-2019	Received & Acknowledged	Yes
Supporting Document (revised)	Readability Compliance Certification	Received & Acknowledged	Yes
Supporting Document	Objection and Note to Filer Response 12-30-2019	Received & Acknowledged	Yes
Supporting Document (revised)	John Doe Policyholder Notification Letters	Received & Acknowledged	Yes
Supporting Document	Objection Response 01-24-2020	Received & Acknowledged	Yes

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Objection Response 08-26-2020	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	VA Exhibits	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Readability Compliance Certification	Withdrawn	Yes
Supporting Document	Readability Compliance Certification	Withdrawn	No
Supporting Document	John Doe Policyholder Notification Letters	Withdrawn	Yes
Supporting Document	John Doe Policyholder Notification Letters	Withdrawn	No
Form (revised)	PFGN-VA-0718	Approved	Yes
Form (revised)	PFGCNF-VA-0718	Approved	Yes
Form (revised)	Withdrawn	Withdrawn	Yes
Form	PFGN-VA-0718	Withdrawn	Yes
Form	PFGN-VA-0718	Withdrawn	No
Form	PFGN-VA-0718	Withdrawn	No
Form	PFGN-VA-0918	Withdrawn	No
Form	PFGN-VA-0718	Withdrawn	No
Form	PFGCNF-VA-0718	Withdrawn	Yes
Form	PFGCNF-VA-0718	Withdrawn	No
Form	PFGCNF-VA-0718	Withdrawn	No
Form	PFGCNF-VA-0718	Withdrawn	No
Form	LH 660 UNIFORM	Withdrawn	No
Rate (revised)	2018 LTC Rates - LTC 2	Approved	Yes
Rate	2018 LTC Rates - LTC 2	Withdrawn	No
Rate	2018 LTC Rates - LTC 2	Withdrawn	No

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/05/2020
Submitted Date	08/05/2020
Respond By Date	08/26/2020

Dear Beverly Toomey,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: 1)The full licensed name of the company must appear in prominent print. Our concern would be addressed if the "Principal Life Insurance Company" is made prominent through a larger, bold font than the font size in the body of the letter.

2) Page 1, first sentence, <<PHASE_IN>> does not appear to be variable as no alternative language is provided in the SOV. Our concern would be addressed if the first sentence were changed to, "We are writing to notify you that we have filed a premium increase of <<INC_AMT>> with the Virginia Bureau of Insurance. Please remove <<PHASE_IN>> from the Statement of Variability (SOV).

3) Page 1, 2nd paragraph, first sentence, <<CHANGE>> does not appear to be variable as no alternative language is provided in the SOV. If this is correct, please revise the sentence removing the variability and revise the SOV.

4) Option #2: Please include a description of the benefit options available to a policyholder that might allow them to reduce their premium. State if these options are available only at the time of the premium increase notice or if they are available at any time.

5) Page 2, please correct the Virginia Bureau of Insurance webpage to the correct URL of https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

6) Page 2, below Signatory, please remove the word Enclosures from the variability bracket as it cannot be variable. The font size should be at least 10-point type size for compliance with 14VAC5-101-70 E.

7) Per the SOV, enclosures include a) Business Reply Envelope, b) Contingent Benefit Upon Lapse Election Form and c) Option Election Form. All items that are included with the policyholder letter package should be listed. If an enclosure is variable, such as the Option Election Form, then the enclosed item should be made variable under Enclosures. As an example, <<Option Election Form>>. This must be explained on the SOV.

Objection 2

- Statement of Variability (Supporting Document)

Comments: 1) The Statement of Variability (SOV) is very difficult to follow when reviewing with the applicable forms. Please revise so that the variable items appear in the order that they appear on the letter. Also, each form should identify the variable items in the order that they appear on the form.

2) If an item is variable, the company must provide alternative language or state when the variability occurs.

3) Regarding the variability itself, we have the following concerns:

i) <<DATE>>: Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.

ii) <<PHASE_IN>> does not appear to be variable. It is suggested that this be removed. If it is variable, please provide the alternative language.

iii) <<INC_AMT>> variability description should be revised to avoid limiting the % increase unless this is the company's intent. Our concern would be addressed if the variability were to state, "The rate increase percentage amount approved by the Virginia Bureau of Insurance."

iv) <<REASON_FOR_RATE_INCREASE>> should add the sentence, "The company will submit any revisions to the Virginia Bureau of Insurance for approval."

v) <<CHANGE>> does not appear to be variable. If so, please provide the alternative language. If not, please remove the variability.

vi) <<NEXT_BILL_DATE>> Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.

vii) <<INPUT_1>> if this is variable, please provide the alternative language or state when variability occurs.

viii) <<INPUT_2>> if this is variable, please provide the alternative language or state when variability occurs.

ix) <<Enclosure>> cannot be variable. However, the items that are enclosed may be variable but must be described on the SOV. For example, <<Option Election Form>>.

Objection 3

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Please verify if the company has any partnership policies active in Virginia. We typically do not see Partnership policies on pre-rate stability plans.

If there are no partnership policies issued in Virginia, the sentence, "If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections." should be removed from the letter to prevent confusion to the policyholder.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/31/2019
Submitted Date	12/31/2019
Respond By Date	01/30/2020

Dear Beverly Toomey,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Objection and Note to Filer Response 12-30-2019 (Supporting Document)
- PFGN-VA-0718, PFGN-VA-0718 (Form)
Comments: Objection #2 Response - Contingent Non-Forfeiture Benefit

In your 12/11/2019 objection response, the Company explained that they did not offer a nonforfeiture benefit option in the long term care policy or as a rider.

Since the Company has not offered a nonforfeiture benefit as a part of the policy, then 14 VAC 5-200-185 D. explains that policies without nonforfeiture benefits shall provide a "contingent benefit upon lapse."

The Virginia Bureau of Insurance does not consider the two benefits to be identical and/or interchangeable and the policyholder letter should be revised using the correct terminology.

Objection 2

- Statement of Variability (Supporting Document)
- John Doe Policyholder Notification Letters (Supporting Document)
- PFGN-VA-0718, PFGN-VA-0718 (Form)
Comments: In "OFFICER_TITLE located under the Signature Line,

The John Doe letter introduces MedAmerica Insurance Company in this section. This is not listed on the Statement of Variability for <<OFFICER_TITLE>>.

Should the Company desire to introduce MedAmerica Insurance Company into the Principal Life Insurance Company's policyholder letter, they need to explain the relationship of MedAmerica Insurance Company to Principal Life Insurance Company to prevent confusing the policyholder.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/18/2019
Submitted Date	12/18/2019
Respond By Date	12/30/2019

Dear Beverly Toomey,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Page 3 - Long Term Care Insurance Rate Increase History

Please clarify that the Company intends to include the Rate Increase History document in the policyholder letter. If yes, the history should be amended to include only the applicable form (FR 406 VA) and it should be variable in the event of future rate increases. The Company may also opt not to include this in the policyholder notification letter as it is not a requirement in Virginia.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/10/2019
Submitted Date	12/10/2019
Respond By Date	01/10/2020

Dear Beverly Toomey,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please enter the SERFF Tracking Number on the Health Insurance Rate Request Summary form.

Objection 2

- LH 660 UNIFORM, LH 660 UNIFORM (Form)

Comments: Please remove this form from the Form Schedule and place it under the Supporting Documentation tab. Please ensure that all forms listed on the certification are placed under the Form Schedule.

Objection 3

- PFGN-VA-0718, PFGN-VA-0718 (Form)

- PFGCNF-VA-0718, PFGCNF-VA-0718 (Form)

Comments: The full and proper corporate name of the insurer must appear in the letter pursuant to 14VAC5-100-50 2. "Principal Financial Group" is not the name of the insurer. It should be "Principal Life Insurance Company".

Objection 4

- Certification of Compliance (Supporting Document)

Comments: Please insert the Notice of Premium Increase (PFGP-VA-0718) and Option Election Form (PFGOEF-VA-0718) under the Form Schedule. If the Company is using a previously approved form, please place these forms under the Supporting Documentation tab and provide the SERFF Tracking Number granting the approval of these forms.

Objection 5

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: 1) Page 1, first sentence, please revise the letter for variance to the words, ".....three consecutive annual premium increases..."

2) Please revise the second paragraph that begins with "The premium adjustments are as follows:" The additional rate increases should either be removed or made variable, with a full explanation of the variances.

3) Consider revising or removing the last sentence under Option #3, "This Benefit will not be offered when the second and third rate increases go into effect."

4) Please clarify if the policy provides a "Contingent Non-Forfeiture Benefit" or a "Contingent Benefit Upon Lapse". The contingent benefit upon lapse (Contingent Non-Forfeiture Benefit) should be compliant with 14VAC5-200-185. Clarify if the election form

becomes a part of the policy upon receipt by the Company.

5) Pursuant to 14VAC5-200-75 D. 2. C. in the case of a partnership policy, the company must provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections."

6) Consider adding customer service hours and making the customer service contact information and hours variable in the event of a future change.

7) In the 3rd to last paragraph on page 2, consider making the Virginia Bureau of Insurance's webpage variable in the event of a future change.

8) Consider making the signature block, and title of signing officer variable in the event of a future change.

9) If an insureds premium is currently being waived because they are on claim, please explain the process. Will the policyholder be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? How much time do they have once they come off claim to notify the company of their option selection?

10) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

11) Pursuant to 14VAC5-200-75 A. 1. the policyholder notification letter must contain a statement that the policy may be subject to rate increases in the future, if that is the Company's intentions. 14VAC5-200-75 A. 2. further states that the Company provide an explanation of potential future rate revisions and the policyholder's option in the event of a premium rate revision.

Objection 6

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Please provide a "John Doe" sample policyholder notification packet under the Supporting Documentation tab once all revisions are made so that we can review exactly what a policyholder will receive from the Company.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/21/2019
Submitted Date	10/21/2019
Respond By Date	11/20/2019

Dear Beverly Toomey,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- 2018 LTC Rates - LTC 2, [FR 406 VA, FR 539, FR 540, FR 541] (Rate)

Comments: Thank you for your response to our request to reduce the rate increase to 23% for plans with Limited Benefit Period and 32% for plans with Lifetime Benefit Period.

Please revise the actuarial memorandum and supporting documentation, the Rate Request Summary and the Proposed Rate sheets to reflect the revised rate increase proposal.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/04/2019
Submitted Date	03/04/2019
Respond By Date	04/04/2019

Dear Beverly Toomey,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.For all projections requested in the next question, the baseline should comply with the following:

a.Any limited-pay policies that are now in paid-up status should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.

c.Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.

2.To assist the Bureau in its review, for each of the two subsets of the business (limited vs. unlimited benefit periods) separately, 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 the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

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

3.For each of the two subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/20/2018
Submitted Date	09/20/2018
Respond By Date	

Dear Beverly Toomey,

Introduction:

During our review, we noted the need for additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: Rate/Rule Schedule

Please add the "Previous State Filing Number:" under Rate Action Information. According to your recent response to our objection, the SERFF # provided was TRIP-130564488.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/01/2018
Submitted Date	08/01/2018
Respond By Date	09/10/2018

Dear Beverly Toomey,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: 1. Please provide an explanation for the company's lack of response to the objection letter dated 6/07/2017 submitted under SERFF # TRIP-130564488. This filing was Disapproved on 6/07/2017 due to the lack of response.

2. The number of policyholders affected by this rate increase in Virginia is 15. Please explain why the company feels such a significant rate increase is appropriate when there has been no previous rate revision request for these forms.

3. Please provide the average age of the remaining Virginia policyholders.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please describe in which states the company has requested rate increases on this block along with a listing of the current status of the rate reviews in the other states.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the original targeted pricing loss ratio for when the rates were originally approved.

2. Please describe the targeted loss ratio in which the company plans to manage this block of business in the future. If this rate increase were to be approved, what would trigger another rate increase?

3. What rate increase does the company require to certify that the rates are sufficient and forgo future rate increases.

Objection 4

- 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 had been collected since the form's introduction.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a step-by-step quantification of the impact of the change in each pricing assumption from the original pricing assumption to the current pricing assumption basis.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Comments: Please provide sufficient detail or documentation, in Excel with working formulas so that any projections can be recreated.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you for your courtesy and prompt response.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/26/2020
Submitted Date	08/26/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- *PFGN-VA-0718, PFGN-VA-0718 (Form)*

State:	Virginia	**Filing Company:**	Principal Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	FR 406 VA		
Project Name/Number:	/		

Comments: 1)The full licensed name of the company must appear in prominent print. Our concern would be addressed if the "Principal Life Insurance Company" is made prominent through a larger, bold font than the font size in the body of the letter.

2) Page 1, first sentence, <<PHASE_IN>> does not appear to be variable as no alternative language is provided in the SOV. Our concern would be addressed if the first sentence were changed to, "We are writing to notify you that we have filed a premium increase of <<INC_AMT>> with the Virginia Bureau of Insurance. Please remove <<PHASE_IN>> from the Statement of Variability (SOV).

3) Page 1, 2nd paragraph, first sentence, <<CHANGE>> does not appear to be variable as no alternative language is provided in the SOV. If this is correct, please revise the sentence removing the variability and revise the SOV.

4) Option #2: Please include a description of the benefit options available to a policyholder that might allow them to reduce their premium. State if these options are available only at the time of the premium increase notice or if they are available at any time.

5) Page 2, please correct the Virginia Bureau of Insurance webpage to the correct URL of https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

6) Page 2, below Signatory, please remove the word Enclosures from the variability bracket as it cannot be variable. The font size should be at least 10-point type size for compliance with 14VAC5-101-70 E.

7) Per the SOV, enclosures include a) Business Reply Envelope, b) Contingent Benefit Upon Lapse Election Form and c) Option Election Form. All items that are included with the policyholder letter package should be listed. If an enclosure is variable, such as the Option Election Form, then the enclosed item should be made variable under Enclosures. As an example, <<Option Election Form>>. This must be explained on the SOV.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	Principal VA Readability Compliance Certification 8.20.20.pdf
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*VA Readability Compliance Certification Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*Principal VA Readability Compliance Certification.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	Principal VA Readability Compliance Certification 8.20.20.pdf
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*VA Readability Compliance Certification Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*Principal VA Readability Compliance Certification.pdf*

Satisfied - Item:	John Doe Policyholder Notification Letters
Comments:	
Attachment(s):	John Doe PFGCNF-VA-0718.pdf John Doe PFGN-VA-0718.pdf
Previous Version	
Satisfied - Item:	*John Doe Policyholder Notification Letters*
Comments:	
Attachment(s):	*John Doe PFGN-VA-0718_limited individual.pdf* *John Doe PFGN-VA-0718_unlimited individual.pdf* *John Doe PFGCNF-VA-0718.pdf*
Previous Version	
Satisfied - Item:	*John Doe Policyholder Notification Letters*
Comments:	
Attachment(s):	*John Doe PFGN-VA-0718_limited benefit.pdf* *John Doe PFGN-VA-0718_unlimited benefit.pdf* *John Doe PFGCNF-VA-0718.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	Principal VA Readability Compliance Certification 8.20.20.pdf
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*VA Readability Compliance Certification Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*Principal VA Readability Compliance Certification.pdf*

Satisfied - Item:	John Doe Policyholder Notification Letters
Comments:	
Attachment(s):	John Doe PFGCNF-VA-0718.pdf John Doe PFGN-VA-0718.pdf
Previous Version	
Satisfied - Item:	*John Doe Policyholder Notification Letters*
Comments:	
Attachment(s):	*John Doe PFGN-VA-0718_limited individual.pdf* *John Doe PFGN-VA-0718_unlimited individual.pdf* *John Doe PFGCNF-VA-0718.pdf*
Previous Version	
Satisfied - Item:	*John Doe Policyholder Notification Letters*
Comments:	
Attachment(s):	*John Doe PFGN-VA-0718_limited benefit.pdf* *John Doe PFGN-VA-0718_unlimited benefit.pdf* *John Doe PFGCNF-VA-0718.pdf*

Satisfied - Item:	Objection Response 08-26-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20200805 objection_20200826.pdf

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 01/24/2020 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/17/2019 By:*
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 01/24/2020 By: Beverly Toomey*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 2

Applies To:

- *Statement of Variability (Supporting Document)*

State:	Virginia	**Filing Company:**	Principal Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	FR 406 VA		
Project Name/Number:	/		

Comments: 1) The Statement of Variability (SOV) is very difficult to follow when reviewing with the applicable forms. Please revise so that the variable items appear in the order that they appear on the letter. Also, each form should identify the variable items in the order that they appear on the form.

2) If an item is variable, the company must provide alternative language or state when the variability occurs.

3) Regarding the variability itself, we have the following concerns:

i) <<DATE>>: Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.

ii) <<PHASE_IN>> does not appear to be variable. It is suggested that this be removed. If it is variable, please provide the alternative language.

iii) <<INC_AMT>> variability description should be revised to avoid limiting the % increase unless this is the company's intent. Our concern would be addressed if the variability were to state, "The rate increase percentage amount approved by the Virginia Bureau of Insurance."

iv) <<REASON_FOR_RATE_INCREASE>> should add the sentence, "The company will submit any revisions to the Virginia Bureau of Insurance for approval."

v) <<CHANGE>> does not appear to be variable. If so, please provide the alternative language. If not, please remove the variability.

vi) <<NEXT_BILL_DATE>> Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.

vii) <<INPUT_1>> if this is variable, please provide the alternative language or state when variability occurs.

viii) <<INPUT_2>> if this is variable, please provide the alternative language or state when variability occurs.

ix) <<Enclosure>> cannot be variable. However, the items that are enclosed may be variable but must be described on the SOV. For example, <<Option Election Form>>.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability Principal.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability Principal 1.22.20.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA Statement of Variability Principal Product Line.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 3

Applies To:

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Please verify if the company has any partnership policies active in Virginia. We typically do not see Partnership policies on pre-rate stability plans.

If there are no partnership policies issued in Virginia, the sentence, "If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections." should be removed from the letter to prevent confusion to the policyholder.

State:	Virginia	**Filing Company:**	Principal Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	FR 406 VA		
Project Name/Number:	/		

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 01/24/2020 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/17/2019 By:*
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 01/24/2020 By: Beverly Toomey*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 08/26/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Beverly Toomey

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/24/2020
Submitted Date	01/24/2020

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- *Objection and Note to Filer Response 12-30-2019 (Supporting Document)*
- *PFGN-VA-0718, PFGN-VA-0718 (Form)*

Comments: Objection #2 Response - Contingent Non-Forfeiture Benefit

In your 12/11/2019 objection response, the Company explained that they did not offer a nonforfeiture benefit option in the long term care policy or as a rider.

Since the Company has not offered a nonforfeiture benefit as a part of the policy, then 14 VAC 5-200-185 D. explains that policies without nonforfeiture benefits shall provide a "contingent benefit upon lapse."

The Virginia Bureau of Insurance does not consider the two benefits to be identical and/or interchangeable and the policyholder letter should be revised using the correct terminology.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 01-24-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191231 objection_20200123.pdf

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/17/2019 By:*
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 2

Applies To:

- *Statement of Variability (Supporting Document)*
- *PFGN-VA-0718, PFGN-VA-0718 (Form)*
- *John Doe Policyholder Notification Letters (Supporting Document)*

Comments: In "OFFICER_TITLE located under the Signature Line,

The John Doe letter introduces MedAmerica Insurance Company in this section. This is not listed on the Statement of Variability for <<OFFICER_TITLE>>.

Should the Company desire to introduce MedAmerica Insurance Company into the Principal Life Insurance Company's policyholder letter, they need to explain the relationship of MedAmerica Insurance Company to Principal Life Insurance Company to prevent confusing the policyholder.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 01-24-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191231 objection_20200123.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 01-24-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191231 objection_20200123.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability Principal 1.22.20.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA Statement of Variability Principal Product Line.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 01-24-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191231 objection_20200123.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability Principal 1.22.20.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability Principal 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA Statement of Variability Principal Product Line.pdf*

Satisfied - Item:	John Doe Policyholder Notification Letters
Comments:	
Attachment(s):	John Doe PFGN-VA-0718_limited individual.pdf John Doe PFGN-VA-0718_unlimited individual.pdf John Doe PFGCNF-VA-0718.pdf
Previous Version	
Satisfied - Item:	*John Doe Policyholder Notification Letters*
Comments:	
Attachment(s):	*John Doe PFGN-VA-0718_limited benefit.pdf* *John Doe PFGN-VA-0718_unlimited benefit.pdf* *John Doe PFGCNF-VA-0718.pdf*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/17/2019 By:*
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/30/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 01/24/2020 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Beverly Toomey

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/30/2019
Submitted Date	12/30/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Page 3 - Long Term Care Insurance Rate Increase History

Please clarify that the Company intends to include the Rate Increase History document in the policyholder letter. If yes, the history should be amended to include only the applicable form (FR 406 VA) and it should be variable in the event of future rate increases. The Company may also opt not to include this in the policyholder notification letter as it is not a requirement in Virginia.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection and Note to Filer Response 12-30-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191218 objection_20191230.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection and Note to Filer Response 12-30-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191218 objection_20191230.pdf

Satisfied - Item:	John Doe Policyholder Notification Letters
Comments:	
Attachment(s):	John Doe PFGN-VA-0718_limited benefit.pdf John Doe PFGN-VA-0718_unlimited benefit.pdf John Doe PFGCNF-VA-0718.pdf

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 12/30/2019 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/17/2019 By:*
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 12/30/2019 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*PFGCNF-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Beverly Toomey

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/12/2019
Submitted Date	12/12/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please enter the SERFF Tracking Number on the Health Insurance Rate Request Summary form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Health Insurance Rate Request Summary_Individual_20180720.pdf VA Health Insurance Request Form_Individual_20191210.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Rate Request Summary_Individual_20180720.pdf* *VA Health Insurance Request Form_Individual_20191120.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Request Form_Individual.pdf* *VA Health Insurance Rate Request Summary_Individual_20180720.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Health Insurance Rate Request Summary_Individual_20180720.pdf VA Health Insurance Request Form_Individual_20191210.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Rate Request Summary_Individual_20180720.pdf* *VA Health Insurance Request Form_Individual_20191120.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Request Form_Individual.pdf* *VA Health Insurance Rate Request Summary_Individual_20180720.pdf*

Satisfied - Item:	Objection Response 12-12-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191210 objection_20191211.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Health Insurance Rate Request Summary_Individual_20180720.pdf VA Health Insurance Request Form_Individual_20191210.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Rate Request Summary_Individual_20180720.pdf* *VA Health Insurance Request Form_Individual_20191120.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Request Form_Individual.pdf* *VA Health Insurance Rate Request Summary_Individual_20180720.pdf*

Satisfied - Item:	Objection Response 12-12-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191210 objection_20191211.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability Principal 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*VA Statement of Variability Principal Product Line.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response under Objection #1.

Related Objection 2

Applies To:

- LH 660 UNIFORM, LH 660 UNIFORM (Form)

Comments: Please remove this form from the Form Schedule and place it under the Supporting Documentation tab. Please ensure that all forms listed on the certification are placed under the Form Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	Principal VA Readability Compliance Certification.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Withdrawn	LH 660 UNIFORM	POL	Initial				Date Submitted: 12/12/2019 By: Beverly Toomey
Previous Version								
1	*LH 660 UNIFORM*	*LH 660 UNIFORM*	*POLA*	*Initial*			*Principal VA Readability Compliance Certification.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see our response under Objection #1.

Related Objection 3

Applies To:

- PFGN-VA-0718, PFGN-VA-0718 (Form)

- PFGCNF-VA-0718, PFGCNF-VA-0718 (Form)

Comments: The full and proper corporate name of the insurer must appear in the letter pursuant to 14VAC5-100-50 2. "Principal Financial Group" is not the name of the insurer. It should be "Principal Life Insurance Company".

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0918	PFGN-VA-0918	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 12/12/2019 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*
2	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf	Date Submitted: 12/12/2019 By: Beverly Toomey
Previous Version								
2	*PFGCNF-VA-0718*	*PFGCNF-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II CNF 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see our response under Objection #1.

Related Objection 4

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Please insert the Notice of Premium Increase (PFGP-VA-0718) and Option Election Form (PFGOEF-VA-0718) under the Form Schedule. If the Company is using a previously approved form, please place these forms under the Supporting Documentation tab and provide the SERFF Tracking Number granting the approval of these forms.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance Principal 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*Principal VA Certificate of Compliance.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see our response under Objection #1.

Related Objection 5

Applies To:

- *PFGN-VA-0718, PFGN-VA-0718 (Form)*

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Comments: 1) Page 1, first sentence, please revise the letter for variance to the words, ".....three consecutive annual premium increases..."

2) Please revise the second paragraph that begins with "The premium adjustments are as follows:" The additional rate increases should either be removed or made variable, with a full explanation of the variances.

3) Consider revising or removing the last sentence under Option #3, "This Benefit will not be offered when the second and third rate increases go into effect."

4) Please clarify if the policy provides a "Contingent Non-Forfeiture Benefit" or a "Contingent Benefit Upon Lapse". The contingent benefit upon lapse (Contingent Non-Forfeiture Benefit) should be compliant with 14VAC5-200-185. Clarify if the election form becomes a part of the policy upon receipt by the Company.

5) Pursuant to 14VAC5-200-75 D. 2. C. in the case of a partnership policy, the company must provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections."

6) Consider adding customer service hours and making the customer service contact information and hours variable in the event of a future change.

7) In the 3rd to last paragraph on page 2, consider making the Virginia Bureau of Insurance's webpage variable in the event of a future change.

8) Consider making the signature block, and title of signing officer variable in the event of a future change.

9) If an insureds premium is currently being waived because they are on claim, please explain the process. Will the policyholder be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? How much time do they have once they come off claim to notify the company of their option selection?

10) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

11) Pursuant to 14VAC5-200-75 A. 1. the policyholder notification letter must contain a statement that the policy may be subject to rate increases in the future, if that is the Company's intentions. 14VAC5-200-75 A. 2. further states that the Company provide an explanation of potential future rate revisions and the policyholder's option in the event of a premium rate revision.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0918	PFGN-VA-0918	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 12/12/2019 By: Beverly Toomey
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see our response under Objection #1.

Related Objection 6

Applies To:

- PFGN-VA-0718, PFGN-VA-0718 (Form)

Comments: Please provide a "John Doe" sample policyholder notification packet under the Supporting Documentation tab once all revisions are made so that we can review exactly what a policyholder will receive from the Company.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Beverly Toomey

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/20/2019
Submitted Date	11/20/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see the attached response letter and materials. We have also submitted a post submission update reflecting the revised increase.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Long Term Care Insurance Rate Request Summary (Supporting Document)*
- *2018 LTC Rates - LTC 2, [FR 406 VA, FR 539, FR 540, FR 541] (Rate)*

Comments: Thank you for your response to our request to reduce the rate increase to 23% for plans with Limited Benefit Period and 32% for plans with Lifetime Benefit Period.

Please revise the actuarial memorandum and supporting documentation, the Rate Request Summary and the Proposed Rate sheets to reflect the revised rate increase proposal.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Principal VA Individual Memorandum 20180720 rev 20191120.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Principal VA Individual Memorandum 20180720.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Principal VA Individual Memorandum 20180720 rev 20191120.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Principal VA Individual Memorandum 20180720.pdf*

Satisfied - Item:	VA Exhibits
Comments:	
Attachment(s):	Principal VA Appendix A_Individual_20180720.pdf Principal VA Individual Experience Exhibits for Actuarial Memorandum_rev 20191120.pdf
Previous Version	
Satisfied - Item:	*VA Exhibits*
Comments:	
Attachment(s):	*Principal VA Individual Experience Exhibits for Actuarial Memorandum_20180720.pdf* *Principal VA Appendix A_Individual_20180720.pdf*

State:	*Virginia*	**Filing Company:**	*Principal Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*FR 406 VA*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Principal VA Individual Memorandum 20180720 rev 20191120.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Principal VA Individual Memorandum 20180720.pdf*

Satisfied - Item:	VA Exhibits
Comments:	
Attachment(s):	Principal VA Appendix A_Individual_20180720.pdf Principal VA Individual Experience Exhibits for Actuarial Memorandum_rev 20191120.pdf
Previous Version	
Satisfied - Item:	*VA Exhibits*
Comments:	
Attachment(s):	*Principal VA Individual Experience Exhibits for Actuarial Memorandum_20180720.pdf* *Principal VA Appendix A_Individual_20180720.pdf*

Satisfied - Item:	Objection Response 11-20-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191021 objection_20191120.pdf

State:	*Virginia*	**Filing Company:**	*Principal Life Insurance Company*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*FR 406 VA*		
Project Name/Number:	*/*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Principal VA Individual Memorandum 20180720 rev 20191120.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Principal VA Individual Memorandum 20180720.pdf*

Satisfied - Item:	VA Exhibits
Comments:	
Attachment(s):	Principal VA Appendix A_Individual_20180720.pdf Principal VA Individual Experience Exhibits for Actuarial Memorandum_rev 20191120.pdf
Previous Version	
Satisfied - Item:	*VA Exhibits*
Comments:	
Attachment(s):	*Principal VA Individual Experience Exhibits for Actuarial Memorandum_20180720.pdf* *Principal VA Appendix A_Individual_20180720.pdf*

Satisfied - Item:	Objection Response 11-20-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191021 objection_20191120.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Health Insurance Rate Request Summary_Individual_20180720.pdf VA Health Insurance Request Form_Individual_20191120.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA Health Insurance Request Form_Individual.pdf* *VA Health Insurance Rate Request Summary_Individual_20180720.pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2018 LTC Rates - LTC 2	FR 406 VA, FR 539, FR 540, FR 541	Revised	Previous State Filing Number: TRIP-130564488 Percent Rate Change Request: 30.227	Principal VA Individual LTC 2_Form FR 406 VA_Approved Rates_20191120.pdf,	11/20/2019 By: Dave Krydynski
Previous Version						
1	*2018 LTC Rates - LTC 2*	*FR 406 VA, FR 539, FR 540, FR 541*	*Revised*	*Previous State Filing Number: TRIP-130564488 Percent Rate Change Request: 121.348*	*Principal VA Individual LTC 2_Form FR 406 VA_Proposed Rates.pdf,*	*09/20/2018 By: Beverly Toomey*
Previous Version						
1	*2018 LTC Rates - LTC 2*	*FR 406 VA, FR 539, FR 540, FR 541*	*Revised*	*Previous State Filing Number: Percent Rate Change Request: 121.348*	*Principal VA Individual LTC 2_Form FR 406 VA_Proposed Rates.pdf,*	*07/26/2018 By: Beverly Toomey*

Conclusion:

Sincerely,
Dave Krydynski

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/04/2019
Submitted Date	04/04/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

Comments: 1.For all projections requested in the next question, the baseline should comply with the following:

a.Any limited-pay policies that are now in paid-up status should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.

c.Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.

2.To assist the Bureau in its review, for each of the two subsets of the business (limited vs. unlimited benefit periods) separately, 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 the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

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

3.For each of the two subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 04-04-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20190304 objection_20190404.pdf Principal Individual VA_Attachments_Obj 20190304_20190404.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	**Filing Company:**	Principal Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	FR 406 VA		
Project Name/Number:	/		

Conclusion:

Sincerely,
Beverly Toomey

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/20/2018
Submitted Date	09/20/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

The previous SERFF Tracking #TRIP-130564488 has been added to the Rate Action Information section on the Rate/Rule Schedule Tab.

Related Objection 1

Comments: Rate/Rule Schedule

Please add the "Previous State Filing Number:" under Rate Action Information. According to your recent response to our objection, the SERFF # provided was TRIP-130564488.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2018 LTC Rates - LTC 2	FR 406 VA, FR 539, FR 540, FR 541	Revised	Previous State Filing Number: TRIP-130564488 Percent Rate Change Request: 121.348	Principal VA Individual LTC 2_Form FR 406 VA_Proposed Rates.pdf,	09/20/2018 By: Beverly Toomey
Previous Version						
1	*2018 LTC Rates - LTC 2*	*FR 406 VA, FR 539, FR 540, FR 541*	*Revised*	*Previous State Filing Number:* *Percent Rate Change Request: 121.348*	*Principal VA Individual LTC 2_Form FR 406 VA_Proposed Rates.pdf,*	*07/26/2018 By: Beverly Toomey*

Conclusion:

Sincerely,
Beverly Toomey

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/27/2018
Submitted Date	08/27/2018

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please see our response on the Supporting Documentation Tab.

Related Objection 1

Comments: 1. Please provide an explanation for the company's lack of response to the objection letter dated 6/07/2017 submitted under SERFF # TRIP-130564488. This filing was Disapproved on 6/07/2017 due to the lack of response.

2. The number of policyholders affected by this rate increase in Virginia is 15. Please explain why the company feels such a significant rate increase is appropriate when there has been no previous rate revision request for these forms.

3. Please provide the average age of the remaining Virginia policyholders.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 08-27-2018
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20180801 objection_20180827.pdf Principal VA Individual_Attachments 1-3_Response 20180827.pdf Principal VA Experience Exhibits_Individual_20180827.xlsb

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response under Objection #1.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please describe in which states the company has requested rate increases on this block along with a listing of the current status of the rate reviews in the other states.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see our response under Objection #1.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide the original targeted pricing loss ratio for when the rates were originally approved.

2. Please describe the targeted loss ratio in which the company plans to manage this block of business in the future. If this rate increase were to be approved, what would trigger another rate increase?

3. What rate increase does the company require to certify that the rates are sufficient and forgo future rate increases.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see our response under Objection #1.

Related Objection 4

Applies To:

- 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 had been collected since the form's introduction.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see our response under Objection #1.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a step-by-step quantification of the impact of the change in each pricing assumption from the original pricing assumption to the current pricing assumption basis.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see our response under Objection #1.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail or documentation, in Excel with working formulas so that any projections can be recreated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Beverly Toomey

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Amendment Letter

Submitted Date: 12/17/2019

Comments:

Please see the revised Form PFGN-VA-0718 on the Form Schedule Tab. The form number was incorrectly shown as PFGN-VA-0918 it should be PFGN-VA-0718. I apologize for any inconvenience. Thank you for your continued review of this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf	Date Submitted: 12/17/2019 By:
Previous Version								
1	*PFGN-VA-0918*	*PFGN-VA-0918*	*POLA*	*Initial*			*PFGN-VA-0718.pdf*	*Date Submitted: 12/12/2019 By: Beverly Toomey*
Previous Version								
1	*PFGN-VA-0718*	*PFGN-VA-0718*	*POLA*	*Initial*			*VA Principal Individual LTC II PH Letter 7.18.18.pdf*	*Date Submitted: 07/26/2018 By: Beverly Toomey*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

Amendment Letter

Submitted Date: 12/12/2019

Comments:

In my previous response I inadvertently attached the original version of the Readability Certification. The correct file is now attached. Thanks.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	VA Readability Compliance Certification Principal 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Readability Compliance Certification*
Comments:	
Attachment(s):	*Principal VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Note To Filer

Created By:

Bill Dismore on 12/18/2019 01:12 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:44 AM

Subject:

Responses to Objection #5 and #6 of 12/11/2019 Objection Response Letter

Comments:

The Objection #5 response states, "The policy does not provide a Contingent Non-Forfeiture Benefit. The Company is offering a Contingent Benefit Upon Lapse to insureds that trigger a substantial rate increase."

Please explain why the letter mentions "Contingent Non-Forfeiture Benefit" instead of Contingent Benefit Upon Lapse" in light of the Company's response above. The letter should be use "Contingent Benefit Upon Lapse" rather than "Contingent Non-Forfeiture Benefit".

In response to the Company's Objection #6 response, the Virginia Bureau of Insurance has reviewed the Company's objection responses of 12/11/2019. We have one outstanding objection for the Company's consideration as well as the Company's response to the VA BOI"s note regarding your Objection #5 response. Once these issues are addressed, please submit a John Doe policyholder notification package under the Supporting Documentation tab so that we may continue our review.

Reviewer Note

Created By:

Bill Dismore on 12/16/2019 10:18 AM

Last Edited By:

Bill Dismore

Submitted On:

12/16/2019 10:20 AM

Subject:

Actuarial Review - Final Summary Report

Comments:

Actuarial review and summary report from BOI's consulting actuary of the company's rate submission.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

April 18, 2019

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #TRIP-131593732**

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **Principal Life Insurance Company** (the "Company"). This is a rate increase filing for a block of Long Term Care policies.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-150 and applicable Actuarial Standards of Practice, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has demonstrated that the filing is in compliance with all applicable regulations and standards. Based solely on these considerations, I could recommend that the Bureau approve the proposed rates.

Other Considerations
The main factor that would give me pause, and which the Bureau may want to consider, is that these contracts were issued over 20 years ago and this is the first rate increase requested in Virginia. Additionally, there are only 15 contracts remaining in Virginia and over 90% of the present value of premium has already been collected. Given these considerations, I would recommend that the Bureau ask the Company to reduce the magnitude of the increases.

Background

This is a filing for an individual long-term care policy form pursuant to the requirements of 14VAC5-200-150. There are 15 policies in Virginia with $16k annualized premium issued from 1989 to 1995.

There have been no prior rate increases on this form in Virginia. The Company is requesting the increases shown below:

Benefit Period	**Increase**	**Total**
Limited	23% for 3 years	86%
Lifetime	32% for 3 years	130%
Average		**121%**

Analysis

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Assumptions

The assumptions used in the filing are best-estimate and do not reflect moderately adverse conditions.

The interest assumption of 4.99% is, according to the Company, the weighted average of the maximum valuation interest rate for contract reserves, which is in accordance with the requirements of 14VAC5-200-150.B. The Company originally priced with a 7.5% interest rate and is now assuming 5.0% on investments.

For mortality, the1994 GAM Static with selection factors and improvement was assumed. The original assumptions were based on 1980 CSO Basic Tables and did not include selection or improvement.

The lapse rates vary by issue age and duration, with the duration 7+ assumption of 1.0%. Original assumptions had an ultimate rate of 2.0% to 5.0%. In addition, the Company assumes CBUL election of 8% of the policies and RBO of 20%.

The morbidity assumptions were based on the Milliman LTCGs with adjustments based on duration, age and coverage type to reflect historical experience of the Company. Adverse selection relative to CBUL is assumed to be 9% in yr 1, 6% in yr 2, and 3% thereafter. The original assumptions were based on the Milliman LTC database in use at the time, which were based on a variety of public and proprietary sources.

Attribution Analysis

The Company provided projections showing that lapse and mortality were the key drivers of the increase in the lifetime loss ratio when each assumption was assessed individually.

Traditional Loss Ratios

Benefit Period	Original LR	No Increase Future	No Increase Fut/ALR	No Increase Lifetime	With Increase Future	With Increase Fut/ALR	With Increase Lifetime	From Inception
Limited	60%	452%	163%	123%	283%	102%	117%	66%
Lifetime	59%	864%	480%	178%	378%	210%	158%	77%
Total	59%	764%	403%	163%	360%	190%	147%	75%

Note that these traditional loss ratios are presented for informational purposes only since they are not required by 14VAC5-200-150.

Rate Stability Test

The results of the 60/80 test prescribed by 14VAC5-200-150.B. are shown below.

Benefit Period	Test	Required Claims	Projected Claims	P/F
Limited	60/75	35,099,343	67,333,337	PASS
Lifetime	60/75	104,545,550	267,203,798	PASS
Total	60/75	139,644,893	334,537,135	PASS

PV of Future Loss Test

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the current assumptions than original assumptions, so this test would not limit the increase.

Benefit Period	Original	Current	Proposed
Limited	-1.5M	-16.8M	-14.0M
Lifetime	-6.6M	-113.8M	-94.6M
Total	-8.1M	-130.6M	-108.6M

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance

of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Reviewer Note

Created By:

Bill Dismore on 10/17/2019 01:44 PM

Last Edited By:

Bill Dismore

Submitted On:

12/16/2019 10:20 AM

Subject:

Rate Increase Discussion with Company

Comments:

Proposed a 23% one-time increase for plans with Limited Benefits and a 32% increase for plans with Lifetime Benefits with Todd Moltumyr, actuary representing the rate proposal. He agreed to take the offer to the Company for approval. The decreased offer was based on the following factors:

- 90% of premium earned on block 15 VA policyholders.
- Block is 20+ years old and this is the first rate increase request (MedAmerica is 100% reinsurer and acquired from Principal)
- Both 2016 and 2017 LTC Annual Reports cite rates as insufficient - no rate filing until this one. (Previous rate filing in 2016 was DISAPPROVED due to Company's non-response to objections.
- Any increase will have minimal, if any effect on the Lifetime Loss Ratio.

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Reviewer Note

Created By:

Bill Dismore on 07/27/2018 02:32 PM

Last Edited By:

Bill Dismore

Submitted On:

09/03/2020 11:15 AM

Subject:

RRS

Comments:

Rate Review Summary

Reset Form

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

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

SERFF Tracking Number: TRIP-131593732

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

(Projected) Number of Insureds Affected: 15

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,371

Average Requested Percentage Rate Change Per Member: 30.2%

Minimum Requested Percentage Rate Change Per Member: 23%

Maximum Requested Percentage Rate Change Per Member: 32%

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

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

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

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Health Insurance Rate Request Summary
Summary of Key Information

Rates are being increased on all policies issued under this policy form to offset anticipated claims that are higher than originally expected. This is due in part to individuals living longer and keeping their policies longer, which resulted in more claims being filed than anticipated when this policy was originally priced. As a result, premiums need to be adjusted to aid in the funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated increased costs, and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claim history, current age, health status, or any other personal factors.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance (Bureau) and included the necessary actuarial data requested by the Bureau to support the increase.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

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

SERFF Tracking Number: TRIP-131593732

Disposition: Approved

Approval Date: 9/03/2020

Revised Rates

Average Annual Premium Per Member: $1,371

Average Requested Percentage Rate Change Per Member: 30.2%

Minimum Requested Percentage Rate Change Per Member: 23%

Maximum Requested Percentage Rate Change Per Member: 32%

Number of Policy Holders Affected: 15

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

The Company requested, and the Bureau approved a rate increase of 23% for policies with a Limited Benefit Period and 32% for policies with a Lifetime Benefit Period for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-150 of the Virginia Administrative Code for policies issued prior to October 1,2003. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 147% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that premiums are subject to future rate increases but any future rate increase is subject to review and approval from the Virginia Bureau of Insurance.

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:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Post Submission Update Request Processed On 11/20/2019

Status:	Allowed
Created By:	Dave Krydynski
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:Principal Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	30.227%	121.348%
Overall % Rate Impact	30.227%	121.348%
Written Premium Change for this Program	$4774	$19164
Maximum %Change (where required)	32.000%	129.997%
Minimum %Change (where required)	23.000%	86.087%

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 09/03/2020	PFGN-VA-0718	PFGN-VA-0718	POLA	Initial			PFGN-VA-0718.pdf
2	Approved 09/03/2020	PFGCNF-VA-0718	PFGCNF-VA-0718	POLA	Initial			PFGCNF-VA-0718.pdf
3	Withdrawn 07/29/2020	Withdrawn	LH 660 UNIFORM	POL	Initial			

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

<<LOGO>>
Principal Life Insurance Company

Time-Sensitive! Review Options and Make Your Decision

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

<<DATE>>
Billing Account ID: <<POLICY_NUMBER>>

Dear <<SALUTATION LAST_NAME>>:

We are writing to notify you that we have filed a premium increase of <<INC_AMT>> with the Virginia Bureau of Insurance. <<REASON_FOR_RATE_INCREASE>> This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming change to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of <<DATE>>, <<CURRENT_RATE>> <<MODAL>>	<<FUTURE_RATE>> <<MODAL>>	<<INC_AMT>>	<<NEXT_BILL_DATE>>

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below, and make the decision that best meets your needs. We urge you to consult with your insurance and financial advisors prior to making a decision, as accepting the rate increase may be in your best interest.

All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on <<NEXT_BILL_DATE>>. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Benefit Upon Lapse outlined in Option #3 below.

- **Option #2: Offset the increased premium by reducing your level of benefits**.

  You **may** be able to make adjustments to your benefits to reduce your premium. Options to reduce your benefits include, but are not limited to, increasing your Elimination Period, reducing your Daily Benefit, and/or dropping riders. Please understand that this option is not always available as you

may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at <<CS_PHONE>> to discuss your options.

- **Option #3: Elect the reduced Contingent Benefit Upon Lapse.**

  If you elect the Contingent Benefit Upon Lapse option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Benefit Upon Lapse would be <<RESULT_OF_CNF_FORMULA>>.

  There are two ways to elect the Contingent Benefit Upon Lapse:

  - Choose this option today by signing and dating the enclosed Contingent Benefit Upon Lapse Election Form and returning it in the enclosed postage-paid envelope; OR
  - If you do not pay the increased premium **within 120 days of the due date,** which is <<NEXT_BILL_DATE>>, you will be entitled to the Contingent Benefit Upon Lapse. We will automatically change your coverage to the Contingent Benefit Upon Lapse in lieu of your policy lapsing for non-payment of premium.

  IMPORTANT: Paying the increased premium for coverage through 120 days from <<NEXT_BILL_DATE>>, constitutes your acceptance of the rate increase and voids the Contingent Benefit Upon Lapse offer.

  What is the Contingent Benefit Upon Lapse?

  The Contingent Benefit Upon Lapse Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Daily Benefit amounts in effect at the time of lapse will be payable, but the Total Lifetime Benefit will be equal to the greater of the items a) or b) below:

  a) The total amount of premiums paid and applied to Your Policy; **OR**

  b) Thirty (30) times the Daily Benefit

  The total of all benefits paid under your policy will not exceed the Total Lifetime Benefit that would have been payable if your policy did not lapse.

  Important facts to know about this reduced benefit are:

  - No future premium is due.
  - The Total Lifetime Benefit is significantly less than the benefit provided if you choose to continue paying your premium.
  - All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated.
  - All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Benefit Upon Lapse.

The rate increase request was reviewed by Virginia's 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

<<LOGO>>
Principal Life Insurance Company

Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at <<CS_PHONE>>.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

<<OFFICER_SIGNATURE>>

<<OFFICER_NAME>>

<<OFFICER_TITLE>>

On behalf of Principal Life Insurance Company

Enclosures: Contingent Benefit Upon Lapse Election Form; Postage-Paid Return Envelope

<<LOGO>>
Principal Life Insurance Company

Contingent Benefit Upon Lapse Election Form

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

<<DATE>>
Billing Account ID: <<POLICY_NUMBER>>

I have decided to stop future premium payments and accept the reduced Contingent Benefit Upon Lapse.

I understand the following:

- No future premium is due; and
- I will have a reduced Total Lifetime Benefit equal to the sum of all premiums paid and applied to date, **OR** thirty (30) times the Daily Benefit, whichever is greater; and
- The Contingent Benefit Upon Lapse is significantly less than the benefit provided if I chose to keep paying my premium; and
- The Contingent Benefit Upon Lapse is only available if I satisfy the requirements for Benefit Eligibility as defined in my policy or certificate; and
- The Contingent Benefit Upon Lapse will be payable up to my current Daily Benefit in effect on the date of this change; and
- All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated; and
- All other terms, conditions, limitations and exclusions in my current coverage apply to the Contingent Benefit Upon Lapse.

Signature:
I request my current long term care insurance coverage be reduced to the Contingent Benefit Upon Lapse offered by the company. This option becomes effective as of my current paid through date. A summary of benefits will be sent to me when this request is processed.

_____

Signature **Date**

Mailing Instructions: Sign and date this form and return in the enclosed postage-paid envelope.

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: %
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:
SERFF Tracking Number of Last Filing:

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):
Principal Life Insurance Company	30.227%	30.227%	$4,774	15	$15,792	32.000%	23.000%

State: *Virginia* **Filing Company:** *Principal Life Insurance Company*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *FR 406 VA*
Project Name/Number: */*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2018 LTC Rates - LTC 2	FR 406 VA, FR 539, FR 540, FR 541	Revised	Previous State Filing Number: TRIP-130564488 Percent Rate Change Request: 30.227	Principal VA Individual LTC 2_Form FR 406 VA_Approved Rates_20191120.pdf,

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.33	1.38	1.56	1.30	1.34	1.52	1.28	1.33	1.49	1.24	1.27	1.43
22	1.34	1.39	1.58	1.32	1.37	1.54	1.29	1.34	1.50	1.24	1.28	1.44
23	1.35	1.41	1.61	1.33	1.38	1.56	1.29	1.35	1.53	1.24	1.28	1.45
24	1.35	1.41	1.61	1.33	1.38	1.56	1.29	1.35	1.53	1.24	1.28	1.45
25	1.37	1.43	1.64	1.33	1.39	1.58	1.30	1.35	1.54	1.24	1.29	1.45
26	1.38	1.44	1.65	1.34	1.40	1.60	1.32	1.37	1.56	1.25	1.30	1.47
27	1.38	1.45	1.68	1.35	1.41	1.62	1.32	1.38	1.57	1.25	1.30	1.48
28	1.39	1.46	1.69	1.35	1.41	1.64	1.33	1.39	1.58	1.25	1.32	1.48
29	1.40	1.48	1.69	1.37	1.43	1.64	1.33	1.39	1.60	1.27	1.32	1.49
30	1.40	1.49	1.70	1.37	1.44	1.65	1.34	1.40	1.61	1.27	1.32	1.49
31	1.41	1.49	1.72	1.38	1.45	1.65	1.34	1.40	1.61	1.27	1.33	1.50
32	1.41	1.50	1.72	1.38	1.45	1.66	1.34	1.41	1.61	1.27	1.33	1.50
33	1.44	1.53	1.77	1.40	1.48	1.70	1.37	1.44	1.65	1.28	1.34	1.53
34	1.48	1.56	1.82	1.43	1.51	1.76	1.39	1.46	1.69	1.30	1.37	1.56
35	1.50	1.61	1.87	1.45	1.55	1.80	1.41	1.50	1.74	1.32	1.39	1.60
36	1.54	1.66	1.93	1.49	1.59	1.86	1.44	1.54	1.78	1.33	1.41	1.62
37	1.57	1.70	1.99	1.51	1.64	1.91	1.46	1.57	1.83	1.35	1.44	1.66
38	1.61	1.76	2.07	1.55	1.67	1.98	1.49	1.61	1.89	1.38	1.46	1.70
39	1.66	1.81	2.14	1.59	1.72	2.05	1.53	1.66	1.95	1.40	1.50	1.74
40	1.71	1.87	2.23	1.62	1.78	2.11	1.56	1.71	2.02	1.41	1.53	1.80
41	1.75	1.94	2.32	1.67	1.83	2.19	1.60	1.76	2.09	1.44	1.56	1.85
42	1.81	2.02	2.42	1.72	1.91	2.28	1.64	1.81	2.16	1.46	1.61	1.90
43	1.87	2.09	2.52	1.77	1.98	2.38	1.69	1.88	2.26	1.50	1.65	1.95
44	1.94	2.19	2.65	1.83	2.05	2.48	1.73	1.94	2.35	1.54	1.70	2.03
45	2.02	2.29	2.77	1.91	2.14	2.61	1.80	2.03	2.46	1.57	1.75	2.10
46	2.10	2.40	2.93	1.98	2.25	2.75	1.87	2.12	2.57	1.62	1.81	2.19
47	2.20	2.53	3.09	2.05	2.36	2.89	1.93	2.21	2.71	1.67	1.88	2.28
48	2.31	2.67	3.29	2.15	2.48	3.06	2.02	2.32	2.86	1.72	1.96	2.40
49	2.44	2.83	3.50	2.26	2.63	3.25	2.12	2.45	3.02	1.78	2.05	2.52
50	2.57	3.01	3.74	2.39	2.78	3.46	2.23	2.60	3.22	1.86	2.15	2.65
51	2.73	3.22	4.00	2.52	2.96	3.70	2.34	2.74	3.42	1.93	2.25	2.80
52	2.89	3.43	4.29	2.66	3.15	3.95	2.46	2.92	3.66	2.02	2.37	2.97
53	3.06	3.68	4.59	2.82	3.36	4.22	2.60	3.10	3.91	2.12	2.51	3.14
54	3.27	3.92	4.94	2.99	3.59	4.53	2.74	3.31	4.17	2.20	2.64	3.33
55	3.51	4.24	5.32	3.20	3.87	4.88	2.94	3.55	4.49	2.35	2.83	3.56
56	3.75	4.56	5.73	3.41	4.15	5.24	3.12	3.80	4.80	2.46	3.00	3.79
57	4.01	4.91	6.18	3.64	4.45	5.64	3.32	4.07	5.16	2.61	3.19	4.04
58	4.32	5.30	6.68	3.90	4.80	6.07	3.55	4.38	5.56	2.77	3.41	4.33
59	4.65	5.74	7.25	4.21	5.18	6.57	3.80	4.72	5.99	2.93	3.64	4.63
60	5.04	6.26	7.89	4.55	5.65	7.17	4.12	5.13	6.53	3.16	3.94	5.02
61	5.49	6.84	8.65	4.94	6.16	7.83	4.45	5.58	7.11	3.38	4.26	5.44
62	5.98	7.49	9.45	5.36	6.73	8.55	4.82	6.09	7.76	3.63	4.60	5.89
63	6.53	8.20	10.38	5.85	7.37	9.37	5.25	6.65	8.47	3.91	4.99	6.39
64	7.15	9.04	11.40	6.40	8.11	10.30	5.73	7.31	9.29	4.23	5.45	6.96
65	7.88	9.99	12.59	7.05	8.95	11.34	6.30	8.06	10.24	4.62	5.97	7.63
66	8.66	11.03	13.89	7.74	9.86	12.49	6.90	8.86	11.26	5.03	6.53	8.34
67	9.54	12.20	15.34	8.51	10.90	13.78	7.58	9.78	12.41	5.49	7.17	9.13
68	10.57	13.54	16.99	9.40	12.08	15.25	8.35	10.82	13.70	6.00	7.88	10.02
69	11.72	15.08	18.88	10.42	13.43	16.92	9.25	12.03	15.18	6.61	8.71	11.04
70	13.06	16.85	21.04	11.60	15.01	18.85	10.28	13.41	16.88	7.31	9.67	12.21
71	14.48	18.73	23.34	12.84	16.67	20.88	11.38	14.88	18.69	8.03	10.66	13.44
72	16.08	20.89	25.94	14.27	18.56	23.18	12.62	16.54	20.71	8.86	11.80	14.81
73	17.91	23.32	28.88	15.88	20.71	25.78	14.02	18.45	23.01	9.80	13.07	16.37
74	19.96	26.06	32.17	17.70	23.14	28.70	15.61	20.58	25.57	10.86	14.51	18.06
75	22.21	29.08	35.76	19.69	25.79	31.85	17.36	22.93	28.35	12.00	16.08	19.91
76	24.66	32.34	39.61	21.84	28.66	35.26	19.24	25.45	31.34	13.25	17.76	21.87
77	27.27	35.82	43.69	24.16	31.72	38.85	21.25	28.13	34.48	14.56	19.52	23.91
78	30.09	39.54	48.01	26.63	34.99	42.62	23.41	31.00	37.77	15.95	21.38	25.99
79	33.14	43.53	52.54	29.30	38.47	46.57	25.73	34.02	41.18	17.43	23.30	28.13
80	36.44	47.77	57.29	32.18	42.15	50.67	28.22	37.22	44.73	18.97	25.28	30.28
81	50.27	66.20	78.96	44.17	58.06	69.39	38.50	50.96	60.85	25.31	33.83	40.19
82	55.67	73.11	86.59	48.82	63.95	75.89	42.47	56.00	66.37	27.66	36.79	43.36
83	61.44	80.52	94.72	53.76	70.26	82.78	46.70	61.36	72.19	30.14	39.89	46.64
84	67.47	88.31	103.25	58.94	76.86	89.97	51.11	66.99	78.24	32.69	43.07	49.95
85	73.69	96.33	111.98	64.27	83.63	97.27	55.61	72.71	84.35	35.28	46.24	53.21
86	80.05	104.44	120.70	69.65	90.38	104.50	60.16	78.38	90.34	37.80	49.29	56.31
87	86.51	112.48	129.21	75.09	97.02	111.49	64.70	83.89	96.07	40.21	52.10	59.14
88	93.05	120.43	137.43	80.54	103.48	118.10	69.20	89.19	101.42	42.48	54.62	61.56
89	99.68	128.28	145.25	86.00	109.78	124.30	73.69	94.28	106.34	44.65	56.84	63.53
90	106.33	135.93	152.67	91.43	115.83	130.06	78.11	99.11	110.84	46.67	58.77	65.10
91	112.95	143.33	159.60	96.78	121.59	135.34	82.42	103.66	114.89	48.55	60.43	66.94
92	119.38	150.32	165.91	101.94	126.96	140.07	86.56	107.86	119.49	50.27	61.81	68.47
93	125.40	156.65	173.53	106.74	131.78	145.98	90.37	111.56	123.58	51.80	62.88	69.66
94	131.07	162.48	180.00	111.27	136.17	150.85	93.97	114.88	127.26	53.17	63.68	70.54
95	137.06	168.57	186.74	116.03	140.72	155.89	97.75	118.30	131.05	54.61	64.44	71.39
96	142.54	175.31	194.21	120.66	146.36	162.12	101.66	123.04	136.29	56.80	67.02	74.24
97	148.24	182.32	201.97	125.50	152.21	168.62	105.72	127.96	141.74	59.06	69.70	77.21
98	154.17	189.62	210.05	130.52	158.30	175.36	109.95	133.07	147.42	61.43	72.48	80.30
99	160.34	197.21	218.46	135.73	164.62	182.37	114.35	138.40	153.30	63.89	75.39	83.52
100	166.75	205.09	227.20	141.17	171.22	189.67	118.93	143.93	159.44	66.44	78.40	86.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	2.07	2.39	2.98	1.94	2.24	2.81	1.85	2.12	2.65	1.62	1.86	2.30
22	2.13	2.46	3.09	1.99	2.30	2.90	1.89	2.18	2.73	1.66	1.89	2.36
23	2.18	2.53	3.19	2.04	2.37	3.00	1.93	2.24	2.81	1.69	1.94	2.43
24	2.24	2.61	3.30	2.09	2.44	3.09	1.98	2.30	2.90	1.71	1.98	2.49
25	2.29	2.68	3.41	2.14	2.51	3.18	2.02	2.36	2.98	1.75	2.03	2.56
26	2.35	2.77	3.51	2.19	2.58	3.29	2.07	2.42	3.08	1.77	2.08	2.63
27	2.41	2.84	3.62	2.25	2.66	3.38	2.12	2.48	3.17	1.81	2.13	2.69
28	2.47	2.93	3.72	2.30	2.72	3.47	2.15	2.56	3.26	1.85	2.16	2.76
29	2.53	3.01	3.84	2.35	2.80	3.58	2.20	2.62	3.35	1.87	2.21	2.82
30	2.60	3.10	3.96	2.41	2.88	3.68	2.25	2.69	3.45	1.91	2.28	2.89
31	2.67	3.19	4.08	2.47	2.95	3.79	2.31	2.77	3.54	1.94	2.32	2.97
32	2.73	3.28	4.20	2.53	3.04	3.91	2.36	2.84	3.64	1.98	2.37	3.05
33	2.84	3.42	4.40	2.62	3.16	4.08	2.44	2.95	3.79	2.04	2.46	3.15
34	2.94	3.57	4.59	2.72	3.30	4.26	2.52	3.06	3.96	2.09	2.55	3.29
35	3.06	3.71	4.80	2.82	3.43	4.45	2.61	3.19	4.13	2.15	2.63	3.41
36	3.17	3.87	5.02	2.92	3.57	4.65	2.71	3.31	4.30	2.21	2.72	3.54
37	3.30	4.03	5.25	3.03	3.71	4.84	2.79	3.44	4.49	2.29	2.82	3.68
38	3.43	4.22	5.49	3.14	3.87	5.07	2.89	3.58	4.69	2.36	2.93	3.83
39	3.57	4.40	5.76	3.26	4.05	5.29	3.00	3.73	4.90	2.44	3.03	3.99
40	3.71	4.60	6.02	3.38	4.22	5.54	3.11	3.89	5.11	2.51	3.15	4.14
41	3.92	4.90	6.43	3.57	4.48	5.91	3.27	4.12	5.44	2.61	3.31	4.40
42	4.10	5.13	6.75	3.71	4.69	6.19	3.41	4.31	5.69	2.71	3.44	4.58
43	4.28	5.36	7.08	3.87	4.90	6.48	3.54	4.49	5.97	2.80	3.58	4.78
44	4.46	5.62	7.43	4.05	5.13	6.80	3.69	4.70	6.24	2.90	3.74	4.99
45	4.67	5.90	7.80	4.22	5.38	7.14	3.85	4.92	6.55	3.01	3.90	5.21
46	4.90	6.21	8.22	4.42	5.66	7.52	4.02	5.17	6.89	3.14	4.07	5.48
47	5.15	6.56	8.69	4.64	5.95	7.93	4.22	5.44	7.26	3.27	4.27	5.76
48	5.41	6.91	9.19	4.87	6.27	8.38	4.43	5.72	7.67	3.41	4.48	6.05
49	5.71	7.31	9.73	5.13	6.63	8.87	4.65	6.04	8.10	3.57	4.71	6.38
50	6.15	7.86	10.44	5.52	7.13	9.53	5.02	6.51	8.71	3.86	5.08	6.86
51	6.45	8.27	10.98	5.79	7.49	10.02	5.25	6.83	9.15	4.02	5.33	7.19
52	6.75	8.67	11.54	6.05	7.86	10.51	5.47	7.15	9.60	4.18	5.56	7.52
53	7.07	9.10	12.12	6.33	8.24	11.04	5.72	7.49	10.07	4.35	5.81	7.87
54	7.40	9.57	12.74	6.63	8.65	11.59	5.99	7.86	10.56	4.54	6.08	8.24
55	7.76	10.05	13.38	6.94	9.08	12.17	6.26	8.24	11.09	4.74	6.36	8.63
56	8.14	10.57	14.08	7.27	9.54	12.79	6.56	8.66	11.64	4.93	6.65	9.04
57	8.55	11.12	14.82	7.63	10.04	13.46	6.88	9.10	12.25	5.15	6.97	9.48
58	8.99	11.72	15.63	8.02	10.57	14.18	7.21	9.57	12.88	5.40	7.33	9.95
59	9.47	12.37	16.50	8.44	11.16	14.97	7.59	10.10	13.58	5.66	7.70	10.47
60	10.04	13.14	17.49	8.94	11.83	15.87	8.03	10.70	14.40	5.98	8.17	11.07
61	10.74	14.10	18.77	9.56	12.68	17.00	8.57	11.46	15.43	6.36	8.71	11.83
62	11.46	15.09	20.09	10.20	13.57	18.19	9.14	12.25	16.49	6.75	9.29	12.61
63	12.28	16.19	21.57	10.91	14.55	19.51	9.77	13.14	17.66	7.18	9.93	13.48
64	13.17	17.42	23.18	11.70	15.65	20.96	10.46	14.11	18.97	7.66	10.63	14.41
65	14.16	18.76	24.96	12.56	16.84	22.55	11.22	15.17	20.38	8.19	11.39	15.46
66	15.26	20.26	26.93	13.52	18.18	24.31	12.08	16.36	21.96	8.79	12.26	16.61
67	16.46	21.89	29.07	14.58	19.63	26.23	13.00	17.66	23.67	9.43	13.19	17.83
68	17.79	23.71	31.46	15.74	21.25	28.35	14.03	19.11	25.57	10.15	14.23	19.21
69	19.29	25.78	34.14	17.06	23.09	30.74	15.19	20.74	27.71	10.96	15.40	20.74
70	20.96	28.08	37.12	18.54	25.13	33.42	16.49	22.56	30.08	11.86	16.70	22.43
71	22.74	30.54	40.31	20.10	27.33	36.27	17.87	24.51	32.62	12.82	18.08	24.24
72	24.74	33.30	43.88	21.86	29.78	39.44	19.42	26.69	35.44	13.87	19.63	26.23
73	26.97	36.40	47.84	23.83	32.52	42.98	21.17	29.14	38.58	15.07	21.35	28.42
74	29.46	39.83	52.22	26.01	35.58	46.87	23.09	31.84	42.03	16.38	23.25	30.82
75	32.15	43.55	56.96	28.39	38.89	51.07	25.18	34.77	45.75	17.81	25.28	33.38
76	35.03	47.54	61.97	30.92	42.42	55.52	27.40	37.90	49.67	19.32	27.44	36.06
77	38.09	51.77	67.25	33.62	46.15	60.18	29.77	41.19	53.76	20.91	29.69	38.82
78	41.35	56.24	72.76	36.47	50.09	65.02	32.28	44.66	58.00	22.57	32.02	41.62
79	44.85	60.98	78.49	39.52	54.24	70.04	34.93	48.30	62.37	24.32	34.40	44.43
80	48.60	65.98	84.43	42.78	58.60	75.20	37.76	52.09	66.84	26.11	36.84	47.23
81	65.41	89.75	115.21	57.34	79.31	102.06	50.42	70.18	90.21	34.40	48.90	62.73
82	72.14	98.77	125.95	63.10	87.05	111.25	55.36	76.84	98.04	37.43	52.99	67.43
83	79.36	108.52	137.48	69.29	95.39	121.06	60.66	83.97	106.37	40.64	57.28	72.28
84	86.91	118.85	149.67	75.74	104.18	131.35	66.21	91.49	115.05	43.97	61.72	77.23
85	94.72	129.52	162.19	82.40	113.18	141.86	71.88	99.14	123.86	47.33	66.14	82.12
86	102.68	140.28	174.70	89.13	122.19	152.26	77.58	106.71	132.49	50.59	70.37	86.76
87	110.74	150.93	186.89	95.87	131.00	162.25	83.23	114.05	140.70	53.69	74.26	90.96
88	118.89	161.40	198.53	102.59	139.51	171.63	88.83	121.03	148.28	56.59	77.67	94.49
89	127.13	171.68	209.55	109.32	147.72	180.31	94.37	127.69	155.14	59.31	80.61	97.24
90	135.39	181.67	219.87	115.99	155.57	188.26	99.80	133.93	161.30	61.82	83.12	99.34
91	143.54	191.23	229.39	122.51	162.96	195.41	105.05	139.74	166.73	64.12	85.20	100.87
92	151.41	200.12	237.85	128.74	169.74	201.64	110.04	144.98	171.35	66.19	86.85	101.86
93	158.60	207.97	244.83	134.40	175.62	206.63	114.54	149.45	174.93	67.96	88.02	102.23
94	165.21	214.93	250.52	139.61	180.76	210.55	118.65	153.28	177.61	69.52	88.77	102.08
95	172.19	222.21	256.30	145.09	186.11	214.47	122.99	157.26	180.25	71.16	89.48	101.76
96	179.08	231.10	266.56	150.90	193.55	223.05	127.91	163.54	187.45	74.00	93.06	105.82
97	186.23	240.34	277.21	156.94	201.30	231.98	133.02	170.08	194.95	76.96	96.79	110.06
98	193.69	249.96	288.30	163.21	209.35	241.26	138.35	176.89	202.75	80.04	100.65	114.47
99	201.44	259.96	299.84	169.74	217.72	250.91	143.87	183.97	210.86	83.25	104.69	119.04
100	209.49	270.35	311.84	176.53	226.43	260.94	149.47	191.33	219.29	86.57	108.87	123.80

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.43	1.50	1.72	1.39	1.45	1.66	1.35	1.41	1.62	1.28	1.33	1.52
22	1.44	1.53	1.76	1.40	1.48	1.70	1.37	1.44	1.65	1.29	1.34	1.53
23	1.46	1.55	1.78	1.41	1.50	1.73	1.38	1.45	1.68	1.30	1.35	1.56
24	1.46	1.55	1.82	1.41	1.50	1.76	1.38	1.46	1.69	1.30	1.35	1.57
25	1.49	1.59	1.85	1.44	1.53	1.78	1.39	1.48	1.72	1.30	1.37	1.58
26	1.50	1.61	1.89	1.45	1.55	1.81	1.41	1.50	1.76	1.32	1.39	1.60
27	1.53	1.64	1.91	1.46	1.56	1.83	1.43	1.51	1.77	1.32	1.40	1.61
28	1.54	1.66	1.94	1.49	1.60	1.86	1.44	1.54	1.80	1.33	1.41	1.64
29	1.56	1.69	1.98	1.50	1.61	1.90	1.45	1.55	1.82	1.34	1.43	1.65
30	1.57	1.71	2.01	1.51	1.64	1.93	1.46	1.57	1.85	1.35	1.44	1.68
31	1.60	1.73	2.05	1.54	1.65	1.95	1.48	1.59	1.87	1.35	1.45	1.69
32	1.62	1.76	2.07	1.55	1.69	1.98	1.50	1.61	1.90	1.38	1.48	1.70
33	1.66	1.82	2.16	1.59	1.73	2.06	1.54	1.66	1.97	1.40	1.50	1.76
34	1.71	1.88	2.24	1.64	1.80	2.14	1.57	1.71	2.03	1.41	1.54	1.81
35	1.77	1.96	2.34	1.69	1.86	2.22	1.61	1.77	2.11	1.45	1.57	1.86
36	1.83	2.03	2.44	1.73	1.92	2.31	1.65	1.83	2.19	1.48	1.61	1.91
37	1.89	2.12	2.55	1.78	1.99	2.40	1.70	1.89	2.28	1.51	1.66	1.98
38	1.97	2.20	2.68	1.86	2.08	2.52	1.75	1.97	2.38	1.55	1.71	2.05
39	2.04	2.30	2.81	1.92	2.16	2.63	1.81	2.04	2.48	1.59	1.76	2.13
40	2.12	2.41	2.94	1.99	2.25	2.76	1.87	2.13	2.59	1.62	1.82	2.20
41	2.23	2.56	3.14	2.08	2.37	2.92	1.96	2.23	2.73	1.67	1.88	2.30
42	2.32	2.68	3.31	2.15	2.48	3.08	2.03	2.34	2.88	1.72	1.97	2.40
43	2.42	2.83	3.50	2.25	2.62	3.25	2.10	2.44	3.02	1.77	2.04	2.51
44	2.56	2.99	3.71	2.36	2.76	3.43	2.20	2.57	3.19	1.83	2.13	2.63
45	2.68	3.16	3.95	2.47	2.92	3.64	2.30	2.71	3.38	1.91	2.23	2.76
46	2.83	3.36	4.20	2.61	3.09	3.87	2.41	2.85	3.58	1.98	2.32	2.90
47	3.00	3.58	4.47	2.76	3.28	4.12	2.55	3.03	3.80	2.07	2.45	3.08
48	3.19	3.83	4.80	2.92	3.49	4.41	2.68	3.22	4.05	2.16	2.58	3.25
49	3.39	4.10	5.15	3.10	3.74	4.73	2.84	3.43	4.34	2.26	2.73	3.45
50	3.62	4.40	5.54	3.30	4.00	5.07	3.01	3.67	4.65	2.37	2.89	3.67
51	3.87	4.74	5.98	3.52	4.29	5.45	3.21	3.92	4.99	2.51	3.08	3.91
52	4.16	5.09	6.44	3.75	4.61	5.86	3.41	4.21	5.36	2.66	3.26	4.17
53	4.44	5.49	6.94	4.02	4.96	6.31	3.64	4.51	5.76	2.80	3.48	4.45
54	4.77	5.92	7.50	4.31	5.34	6.81	3.90	4.85	6.19	2.96	3.71	4.77
55	5.15	6.41	8.13	4.65	5.78	7.37	4.19	5.24	6.69	3.17	4.00	5.12
56	5.55	6.94	8.78	4.98	6.24	7.95	4.49	5.65	7.21	3.38	4.28	5.49
57	5.98	7.50	9.50	5.38	6.74	8.59	4.82	6.09	7.79	3.60	4.59	5.89
58	6.47	8.14	10.31	5.79	7.31	9.31	5.19	6.58	8.42	3.85	4.93	6.34
59	7.00	8.84	11.21	6.26	7.92	10.10	5.60	7.13	9.12	4.12	5.30	6.82
60	7.61	9.66	12.21	6.80	8.65	11.00	6.08	7.77	9.93	4.45	5.76	7.39
61	8.33	10.59	13.38	7.43	9.47	12.04	6.62	8.50	10.85	4.81	6.26	8.03
62	9.07	11.57	14.61	8.07	10.33	13.12	7.18	9.26	11.81	5.19	6.79	8.70
63	9.89	12.67	15.97	8.79	11.30	14.34	7.82	10.12	12.88	5.62	7.38	9.45
64	10.81	13.90	17.49	9.62	12.37	15.68	8.54	11.07	14.07	6.09	8.03	10.26
65	11.87	15.26	19.18	10.53	13.59	17.19	9.34	12.15	15.40	6.64	8.77	11.18
66	12.94	16.69	20.94	11.48	14.86	18.74	10.16	13.26	16.78	7.20	9.53	12.13
67	13.95	18.03	22.59	12.36	16.03	20.20	10.93	14.30	18.07	7.71	10.23	13.00
68	15.07	19.52	24.42	13.35	17.34	21.81	11.80	15.46	19.50	8.28	11.03	13.98
69	16.31	21.19	26.45	14.45	18.81	23.61	12.76	16.75	21.09	8.92	11.91	15.06
70	17.72	23.06	28.74	15.69	20.47	25.63	13.85	18.22	22.88	9.66	12.92	16.29
71	19.15	24.97	31.06	16.95	22.15	27.69	14.96	19.70	24.68	10.39	13.92	17.50
72	20.73	27.10	33.62	18.34	24.02	29.95	16.16	21.35	26.68	11.19	15.03	18.84
73	22.48	29.43	36.43	19.89	26.09	32.45	17.52	23.17	28.87	12.09	16.25	20.29
74	24.39	32.00	39.48	21.57	28.34	35.13	18.99	25.15	31.22	13.06	17.58	21.85
75	26.40	34.69	42.66	23.35	30.71	37.94	20.54	27.24	33.69	14.08	18.97	23.46
76	28.46	37.45	45.91	25.18	33.15	40.77	22.13	29.38	36.18	15.13	20.37	25.07
77	30.54	40.22	49.10	27.01	35.58	43.59	23.74	31.51	38.62	16.17	21.76	26.64
78	32.60	42.93	52.15	28.82	37.95	46.25	25.31	33.58	40.93	17.18	23.07	28.08
79	34.59	45.49	54.94	30.57	40.18	48.67	26.83	35.51	43.02	18.13	24.28	29.32
80	36.44	47.77	57.29	32.18	42.15	50.67	28.22	37.22	44.73	18.97	25.28	30.28
81	50.27	66.20	78.96	44.17	58.06	69.39	38.50	50.96	60.85	25.31	33.83	40.19
82	55.67	73.11	86.59	48.82	63.95	75.89	42.47	56.00	66.37	27.66	36.79	43.36
83	61.44	80.52	94.72	53.76	70.26	82.78	46.70	61.36	72.19	30.14	39.89	46.64
84	67.47	88.31	103.25	58.94	76.86	89.97	51.11	66.99	78.24	32.69	43.07	49.95
85	73.69	96.33	111.98	64.27	83.63	97.27	55.61	72.71	84.35	35.28	46.24	53.21
86	80.05	104.44	120.70	69.65	90.38	104.50	60.16	78.38	90.34	37.80	49.29	56.31
87	86.51	112.48	129.21	75.09	97.02	111.49	64.70	83.89	96.07	40.21	52.10	59.14
88	93.05	120.43	137.43	80.54	103.48	118.10	69.20	89.19	101.42	42.48	54.62	61.56
89	99.68	128.28	145.25	86.00	109.78	124.30	73.69	94.28	106.34	44.65	56.84	63.53
90	106.33	135.93	152.67	91.43	115.83	130.06	78.11	99.11	110.84	46.67	58.77	65.10
91	112.95	143.33	159.60	96.78	121.59	135.34	82.42	103.66	114.89	48.55	60.43	66.94
92	119.38	150.32	165.91	101.94	126.96	140.07	86.56	107.86	119.49	50.27	61.81	68.47
93	125.40	156.65	173.53	106.74	131.78	145.98	90.37	111.56	123.58	51.80	62.88	69.66
94	131.07	162.48	180.00	111.27	136.17	150.85	93.97	114.88	127.26	53.17	63.68	70.54
95	137.06	168.57	186.74	116.03	140.72	155.89	97.75	118.30	131.05	54.61	64.44	71.39
96	142.54	175.31	194.21	120.66	146.36	162.12	101.66	123.04	136.29	56.80	67.02	74.24
97	148.24	182.32	201.97	125.50	152.21	168.62	105.72	127.96	141.74	59.06	69.70	77.21
98	154.17	189.62	210.05	130.52	158.30	175.36	109.95	133.07	147.42	61.43	72.48	80.30
99	160.34	197.21	218.46	135.73	164.62	182.37	114.35	138.40	153.30	63.89	75.39	83.52
100	166.75	205.09	227.20	141.17	171.22	189.67	118.93	143.93	159.44	66.44	78.40	86.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.48	1.57	1.82	1.44	1.51	1.76	1.39	1.48	1.70	1.30	1.38	1.57
22	1.50	1.60	1.86	1.45	1.54	1.80	1.41	1.49	1.73	1.32	1.39	1.60
23	1.53	1.64	1.90	1.48	1.57	1.83	1.43	1.53	1.77	1.33	1.40	1.62
24	1.54	1.66	1.95	1.49	1.59	1.87	1.44	1.54	1.80	1.33	1.41	1.65
25	1.56	1.70	1.99	1.50	1.62	1.91	1.45	1.56	1.83	1.34	1.43	1.66
26	1.59	1.72	2.03	1.53	1.65	1.95	1.48	1.59	1.87	1.35	1.45	1.69
27	1.62	1.76	2.09	1.55	1.69	1.99	1.49	1.61	1.90	1.37	1.46	1.72
28	1.65	1.80	2.14	1.57	1.71	2.03	1.51	1.64	1.94	1.39	1.49	1.74
29	1.67	1.83	2.18	1.60	1.75	2.07	1.54	1.67	1.98	1.40	1.50	1.77
30	1.70	1.87	2.23	1.62	1.78	2.11	1.56	1.70	2.02	1.41	1.53	1.80
31	1.73	1.92	2.28	1.65	1.82	2.16	1.59	1.73	2.06	1.43	1.55	1.82
32	1.77	1.96	2.34	1.69	1.86	2.22	1.61	1.77	2.10	1.45	1.57	1.86
33	1.83	2.03	2.44	1.73	1.92	2.31	1.66	1.83	2.19	1.48	1.61	1.91
34	1.89	2.13	2.56	1.80	2.00	2.42	1.71	1.89	2.28	1.51	1.66	1.98
35	1.97	2.21	2.68	1.86	2.08	2.52	1.76	1.97	2.38	1.55	1.71	2.05
36	2.04	2.31	2.81	1.92	2.16	2.64	1.82	2.04	2.48	1.59	1.76	2.13
37	2.13	2.42	2.96	1.99	2.26	2.77	1.88	2.13	2.60	1.62	1.82	2.20
38	2.21	2.55	3.10	2.07	2.36	2.90	1.94	2.23	2.72	1.67	1.88	2.30
39	2.31	2.67	3.27	2.15	2.47	3.05	2.02	2.32	2.85	1.72	1.96	2.39
40	2.42	2.80	3.46	2.25	2.61	3.21	2.10	2.44	3.00	1.77	2.03	2.49
41	2.56	3.00	3.71	2.37	2.77	3.43	2.20	2.57	3.19	1.83	2.13	2.63
42	2.68	3.16	3.93	2.48	2.92	3.63	2.30	2.71	3.37	1.91	2.21	2.76
43	2.83	3.35	4.17	2.61	3.08	3.84	2.41	2.85	3.56	1.98	2.32	2.89
44	2.99	3.55	4.44	2.74	3.26	4.08	2.53	3.01	3.76	2.05	2.44	3.04
45	3.15	3.78	4.73	2.89	3.46	4.34	2.66	3.19	4.00	2.14	2.55	3.19
46	3.35	4.03	5.06	3.05	3.68	4.63	2.79	3.38	4.25	2.24	2.69	3.38
47	3.55	4.31	5.40	3.23	3.91	4.94	2.96	3.59	4.53	2.35	2.84	3.58
48	3.78	4.61	5.78	3.43	4.18	5.28	3.14	3.83	4.83	2.46	3.00	3.80
49	4.03	4.93	6.22	3.67	4.48	5.66	3.33	4.08	5.17	2.60	3.17	4.04
50	4.32	5.30	6.68	3.90	4.80	6.09	3.54	4.37	5.54	2.73	3.38	4.29
51	4.61	5.71	7.19	4.17	5.15	6.53	3.78	4.69	5.95	2.89	3.59	4.58
52	4.94	6.14	7.75	4.45	5.54	7.02	4.02	5.02	6.39	3.06	3.83	4.88
53	5.30	6.61	8.33	4.77	5.94	7.54	4.29	5.39	6.85	3.23	4.07	5.21
54	5.68	7.10	8.96	5.10	6.38	8.10	4.59	5.77	7.35	3.43	4.34	5.56
55	6.11	7.68	9.68	5.49	6.89	8.74	4.93	6.22	7.91	3.67	4.66	5.97
56	6.56	8.25	10.40	5.88	7.40	9.40	5.26	6.68	8.49	3.90	4.98	6.36
57	7.04	8.89	11.19	6.30	7.97	10.10	5.63	7.17	9.12	4.15	5.33	6.80
58	7.52	9.51	11.97	6.70	8.51	10.78	5.99	7.66	9.73	4.39	5.66	7.22
59	7.97	10.12	12.75	7.12	9.05	11.47	6.35	8.13	10.34	4.62	5.98	7.64
60	8.50	10.81	13.61	7.59	9.67	12.24	6.77	8.68	11.02	4.91	6.37	8.13
61	9.10	11.62	14.61	8.12	10.37	13.13	7.22	9.30	11.81	5.22	6.80	8.69
62	9.73	12.44	15.64	8.66	11.09	14.04	7.69	9.94	12.62	5.52	7.23	9.25
63	10.41	13.35	16.79	9.26	11.89	15.06	8.22	10.65	13.52	5.88	7.72	9.87
64	11.17	14.35	18.04	9.93	12.78	16.17	8.81	11.43	14.51	6.27	8.27	10.55
65	12.03	15.49	19.44	10.68	13.78	17.41	9.47	12.31	15.60	6.72	8.88	11.33
66	12.94	16.69	20.94	11.48	14.86	18.74	10.16	13.26	16.78	7.20	9.53	12.13
67	13.95	18.03	22.59	12.36	16.03	20.20	10.93	14.30	18.07	7.71	10.23	13.00
68	15.07	19.52	24.42	13.35	17.34	21.81	11.80	15.46	19.50	8.28	11.03	13.98
69	16.31	21.19	26.45	14.45	18.81	23.61	12.76	16.75	21.09	8.92	11.91	15.06
70	17.72	23.06	28.74	15.69	20.47	25.63	13.85	18.22	22.88	9.66	12.92	16.29
71	19.15	24.97	31.06	16.95	22.15	27.69	14.96	19.70	24.68	10.39	13.92	17.50
72	20.73	27.10	33.62	18.34	24.02	29.95	16.16	21.35	26.68	11.19	15.03	18.84
73	22.48	29.43	36.43	19.89	26.09	32.45	17.52	23.17	28.87	12.09	16.25	20.29
74	24.39	32.00	39.48	21.57	28.34	35.13	18.99	25.15	31.22	13.06	17.58	21.85
75	26.40	34.69	42.66	23.35	30.71	37.94	20.54	27.24	33.69	14.08	18.97	23.46
76	28.46	37.45	45.91	25.18	33.15	40.77	22.13	29.38	36.18	15.13	20.37	25.07
77	30.54	40.22	49.10	27.01	35.58	43.59	23.74	31.51	38.62	16.17	21.76	26.64
78	32.60	42.93	52.15	28.82	37.95	46.25	25.31	33.58	40.93	17.18	23.07	28.08
79	34.59	45.49	54.94	30.57	40.18	48.67	26.83	35.51	43.02	18.13	24.28	29.32
80	36.44	47.77	57.29	32.18	42.15	50.67	28.22	37.22	44.73	18.97	25.28	30.28
81	50.27	66.20	78.96	44.17	58.06	69.39	38.50	50.96	60.85	25.31	33.83	40.19
82	55.67	73.11	86.59	48.82	63.95	75.89	42.47	56.00	66.37	27.66	36.79	43.36
83	61.44	80.52	94.72	53.76	70.26	82.78	46.70	61.36	72.19	30.14	39.89	46.64
84	67.47	88.31	103.25	58.94	76.86	89.97	51.11	66.99	78.24	32.69	43.07	49.95
85	73.69	96.33	111.98	64.27	83.63	97.27	55.61	72.71	84.35	35.28	46.24	53.21
86	80.05	104.44	120.70	69.65	90.38	104.50	60.16	78.38	90.34	37.80	49.29	56.31
87	86.51	112.48	129.21	75.09	97.02	111.49	64.70	83.89	96.07	40.21	52.10	59.14
88	93.05	120.43	137.43	80.54	103.48	118.10	69.20	89.19	101.42	42.48	54.62	61.56
89	99.68	128.28	145.25	86.00	109.78	124.30	73.69	94.28	106.34	44.65	56.84	63.53
90	106.33	135.93	152.67	91.43	115.83	130.06	78.11	99.11	110.84	46.67	58.77	65.10
91	112.95	143.33	159.60	96.78	121.59	135.34	82.42	103.66	114.89	48.55	60.43	66.94
92	119.38	150.32	165.91	101.94	126.96	140.07	86.56	107.86	119.49	50.27	61.81	68.47
93	125.40	156.65	173.53	106.74	131.78	145.98	90.37	111.56	123.58	51.80	62.88	69.66
94	131.07	162.48	180.00	111.27	136.17	150.85	93.97	114.88	127.26	53.17	63.68	70.54
95	137.06	168.57	186.74	116.03	140.72	155.89	97.75	118.30	131.05	54.61	64.44	71.39
96	142.54	175.31	194.21	120.66	146.36	162.12	101.66	123.04	136.29	56.80	67.02	74.24
97	148.24	182.32	201.97	125.50	152.21	168.62	105.72	127.96	141.74	59.06	69.70	77.21
98	154.17	189.62	210.05	130.52	158.30	175.36	109.95	133.07	147.42	61.43	72.48	80.30
99	160.34	197.21	218.46	135.73	164.62	182.37	114.35	138.40	153.30	63.89	75.39	83.52
100	166.75	205.09	227.20	141.17	171.22	189.67	118.93	143.93	159.44	66.44	78.40	86.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.65	1.73	1.98	1.59	1.66	1.89	1.54	1.60	1.81	1.40	1.45	1.64
22	1.67	1.76	2.01	1.61	1.69	1.91	1.55	1.62	1.83	1.41	1.46	1.65
23	1.69	1.78	2.03	1.62	1.70	1.94	1.56	1.64	1.86	1.41	1.48	1.68
24	1.70	1.80	2.06	1.62	1.71	1.95	1.56	1.64	1.87	1.41	1.48	1.68
25	1.71	1.82	2.10	1.64	1.73	1.99	1.57	1.66	1.90	1.41	1.48	1.68
26	1.73	1.85	2.13	1.66	1.75	2.02	1.59	1.67	1.91	1.43	1.49	1.69
27	1.75	1.87	2.15	1.67	1.77	2.05	1.60	1.69	1.94	1.43	1.50	1.70
28	1.77	1.89	2.18	1.69	1.78	2.06	1.61	1.71	1.97	1.44	1.50	1.72
29	1.78	1.91	2.22	1.70	1.81	2.09	1.62	1.72	1.98	1.44	1.51	1.73
30	1.81	1.93	2.24	1.71	1.83	2.11	1.64	1.73	1.99	1.45	1.53	1.74
31	1.82	1.96	2.27	1.73	1.85	2.13	1.65	1.76	2.02	1.45	1.53	1.76
32	1.85	1.98	2.30	1.75	1.87	2.15	1.66	1.77	2.03	1.45	1.54	1.76
33	1.89	2.04	2.38	1.78	1.92	2.22	1.70	1.81	2.10	1.48	1.56	1.80
34	1.94	2.10	2.46	1.83	1.97	2.30	1.73	1.86	2.15	1.49	1.59	1.83
35	1.99	2.16	2.55	1.87	2.03	2.38	1.77	1.91	2.22	1.51	1.61	1.87
36	2.05	2.25	2.64	1.92	2.09	2.46	1.81	1.97	2.30	1.54	1.65	1.91
37	2.12	2.32	2.75	1.98	2.16	2.55	1.86	2.02	2.38	1.55	1.67	1.97
38	2.19	2.42	2.86	2.03	2.24	2.64	1.91	2.09	2.46	1.57	1.72	2.02
39	2.26	2.51	3.00	2.10	2.32	2.75	1.96	2.15	2.55	1.60	1.76	2.07
40	2.35	2.62	3.13	2.16	2.41	2.86	2.02	2.24	2.65	1.64	1.80	2.14
41	2.45	2.74	3.30	2.25	2.51	3.01	2.08	2.32	2.77	1.66	1.85	2.20
42	2.55	2.88	3.46	2.34	2.62	3.15	2.15	2.41	2.89	1.70	1.89	2.27
43	2.66	3.01	3.63	2.44	2.74	3.30	2.23	2.51	3.02	1.73	1.94	2.36
44	2.77	3.16	3.83	2.52	2.87	3.47	2.31	2.62	3.17	1.78	2.00	2.44
45	2.90	3.32	4.04	2.63	3.01	3.66	2.41	2.73	3.33	1.82	2.08	2.55
46	3.04	3.51	4.28	2.76	3.16	3.85	2.50	2.87	3.50	1.87	2.15	2.65
47	3.20	3.71	4.53	2.89	3.33	4.08	2.62	3.01	3.68	1.93	2.24	2.77
48	3.37	3.92	4.82	3.04	3.52	4.33	2.74	3.19	3.91	1.99	2.34	2.90
49	3.57	4.17	5.13	3.20	3.74	4.61	2.88	3.36	4.14	2.07	2.44	3.06
50	3.78	4.44	5.48	3.38	3.96	4.90	3.03	3.55	4.41	2.15	2.56	3.22
51	4.01	4.75	5.86	3.58	4.22	5.24	3.20	3.78	4.69	2.23	2.69	3.41
52	4.26	5.06	6.27	3.79	4.50	5.60	3.38	4.02	5.00	2.32	2.83	3.60
53	4.53	5.40	6.72	4.02	4.80	5.98	3.57	4.27	5.35	2.42	2.98	3.81
54	4.82	5.78	7.21	4.27	5.12	6.40	3.78	4.55	5.70	2.53	3.15	4.04
55	5.15	6.21	7.75	4.58	5.50	6.88	4.05	4.88	6.12	2.68	3.35	4.33
56	5.51	6.65	8.32	4.86	5.88	7.38	4.29	5.22	6.56	2.82	3.55	4.59
57	5.88	7.15	8.95	5.19	6.31	7.92	4.56	5.57	7.04	2.96	3.78	4.91
58	6.30	7.69	9.64	5.55	6.78	8.53	4.87	5.98	7.56	3.12	4.02	5.24
59	6.78	8.30	10.40	5.95	7.31	9.20	5.22	6.43	8.14	3.31	4.29	5.61
60	7.32	8.99	11.29	6.43	7.92	9.98	5.63	6.96	8.82	3.54	4.62	6.06
61	7.92	9.79	12.29	6.96	8.61	10.86	6.08	7.56	9.60	3.78	4.98	6.55
62	8.57	10.64	13.37	7.52	9.35	11.80	6.56	8.22	10.41	4.03	5.38	7.08
63	9.30	11.59	14.57	8.15	10.17	12.86	7.10	8.93	11.33	4.33	5.82	7.68
64	10.11	12.66	15.91	8.86	11.11	14.03	7.69	9.74	12.36	4.65	6.31	8.34
65	11.03	13.84	17.40	9.66	12.15	15.35	8.39	10.65	13.52	5.04	6.89	9.09
66	12.02	15.15	19.02	10.53	13.30	16.78	9.13	11.65	14.77	5.45	7.50	9.91
67	13.11	16.59	20.83	11.49	14.56	18.37	9.96	12.76	16.17	5.90	8.19	10.81
68	14.35	18.24	22.88	12.58	16.01	20.18	10.90	14.02	17.74	6.42	8.97	11.84
69	15.77	20.11	25.19	13.83	17.66	22.23	11.97	15.46	19.54	7.01	9.86	13.00
70	17.40	22.25	27.83	15.24	19.54	24.55	13.20	17.11	21.58	7.70	10.90	14.34
71	19.10	24.51	30.61	16.75	21.55	27.02	14.49	18.86	23.75	8.41	11.97	15.72
72	21.03	27.08	33.77	18.45	23.81	29.82	15.95	20.84	26.19	9.21	13.20	17.29
73	23.23	30.02	37.36	20.41	26.42	32.99	17.63	23.11	28.96	10.14	14.60	19.06
74	25.73	33.36	41.41	22.60	29.35	36.55	19.52	25.66	32.08	11.17	16.16	21.03
75	28.47	37.05	45.86	25.02	32.60	40.48	21.61	28.50	35.49	12.31	17.88	23.17
76	31.48	41.08	50.71	27.66	36.14	44.73	23.89	31.57	39.19	13.55	19.75	25.45
77	34.74	45.44	55.94	30.53	39.95	49.30	26.35	34.88	43.14	14.88	21.75	27.87
78	38.30	50.16	61.54	33.62	44.08	54.17	28.99	38.45	47.34	16.30	23.85	30.37
79	42.15	55.26	67.50	36.99	48.51	59.33	31.86	42.26	51.76	17.81	26.08	32.95
80	46.35	60.75	73.83	40.61	53.23	64.77	34.94	46.31	56.40	19.41	28.38	35.59
81	64.34	85.18	103.40	56.08	74.13	90.00	48.01	64.07	77.76	25.94	38.28	47.70
82	71.29	94.35	113.98	62.08	81.92	98.91	53.00	70.64	85.22	28.40	41.80	51.68
83	78.88	104.27	125.37	68.44	90.28	108.45	58.34	77.66	93.17	30.98	45.51	55.80
84	86.75	114.81	137.48	75.17	99.14	118.52	63.94	85.07	101.49	33.68	49.34	60.01
85	94.96	125.84	150.11	82.10	108.33	128.92	69.72	92.71	110.04	36.41	53.19	64.22
86	103.57	137.18	163.05	89.25	117.67	139.46	75.60	100.40	118.60	39.10	56.94	68.27
87	112.34	148.71	176.06	96.51	127.06	149.93	81.54	108.04	127.02	41.71	60.48	72.06
88	121.43	160.38	189.08	103.91	136.42	160.17	87.53	115.57	135.13	44.21	63.73	75.40
89	130.76	172.22	202.00	111.45	145.76	170.16	93.58	122.96	142.89	46.60	66.64	78.26
90	140.31	184.18	214.83	119.11	155.02	179.88	99.65	130.20	150.30	48.88	69.26	80.68
91	150.05	196.20	227.52	126.83	164.18	189.29	105.71	137.24	157.33	51.03	71.59	82.72
92	159.88	208.14	239.99	134.51	173.15	198.33	111.70	144.03	163.97	53.05	73.64	84.43
93	169.56	219.85	252.03	142.03	181.77	206.86	117.47	150.47	170.11	54.92	75.37	85.75
94	179.31	231.60	263.97	149.52	190.29	215.13	123.20	156.73	175.93	56.70	76.89	86.74
95	190.06	244.65	277.20	157.72	199.64	224.16	129.43	163.52	182.21	58.61	78.44	87.73
96	197.66	254.44	288.29	164.03	207.62	233.13	134.61	170.06	189.50	60.96	81.57	91.24
97	205.57	264.61	299.82	170.59	215.93	242.46	140.00	176.86	197.08	63.39	84.83	94.88
98	213.79	275.20	311.81	177.42	224.57	252.15	145.60	183.93	204.97	65.93	88.23	98.68
99	222.35	286.20	324.28	184.51	233.55	262.24	151.41	191.29	213.17	68.56	91.76	102.63
100	231.24	297.65	337.26	191.89	242.89	272.73	157.48	198.94	221.69	71.30	95.44	106.74

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound - Rider FR 540**
ROP Rider **No**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	2.83	3.27	4.07	2.60	3.00	3.72	2.39	2.76	3.42	1.86	2.16	2.72
22	2.90	3.37	4.20	2.66	3.09	3.84	2.45	2.83	3.54	1.88	2.21	2.80
23	2.99	3.48	4.34	2.73	3.17	3.97	2.50	2.92	3.64	1.92	2.26	2.86
24	3.06	3.59	4.49	2.79	3.27	4.11	2.56	3.00	3.76	1.96	2.31	2.94
25	3.15	3.70	4.63	2.87	3.37	4.24	2.63	3.09	3.87	1.98	2.36	3.02
26	3.25	3.81	4.79	2.95	3.47	4.37	2.69	3.17	4.00	2.02	2.42	3.10
27	3.33	3.94	4.95	3.03	3.58	4.51	2.76	3.26	4.12	2.05	2.47	3.19
28	3.43	4.06	5.12	3.11	3.68	4.65	2.83	3.36	4.24	2.09	2.53	3.27
29	3.53	4.18	5.28	3.19	3.79	4.80	2.90	3.44	4.37	2.13	2.60	3.35
30	3.63	4.32	5.46	3.28	3.91	4.95	2.98	3.55	4.50	2.18	2.66	3.45
31	3.74	4.46	5.65	3.37	4.03	5.11	3.05	3.65	4.65	2.21	2.72	3.54
32	3.86	4.61	5.83	3.47	4.17	5.28	3.14	3.78	4.79	2.26	2.79	3.63
33	4.01	4.81	6.11	3.60	4.34	5.52	3.25	3.92	5.00	2.32	2.88	3.78
34	4.17	5.02	6.39	3.74	4.53	5.77	3.37	4.08	5.21	2.39	2.99	3.92
35	4.34	5.25	6.69	3.89	4.72	6.03	3.49	4.26	5.45	2.45	3.09	4.08
36	4.51	5.47	7.00	4.03	4.92	6.31	3.62	4.43	5.69	2.52	3.20	4.24
37	4.71	5.72	7.33	4.19	5.13	6.60	3.76	4.61	5.94	2.60	3.31	4.41
38	4.91	5.98	7.67	4.37	5.36	6.90	3.90	4.81	6.22	2.67	3.43	4.58
39	5.12	6.26	8.04	4.55	5.60	7.22	4.06	5.02	6.49	2.76	3.57	4.77
40	5.34	6.54	8.42	4.74	5.85	7.56	4.22	5.24	6.80	2.84	3.70	4.98
41	5.67	6.99	9.02	5.02	6.24	8.09	4.45	5.56	7.25	2.96	3.90	5.27
42	5.92	7.32	9.46	5.24	6.52	8.47	4.64	5.82	7.59	3.06	4.05	5.49
43	6.19	7.68	9.93	5.46	6.83	8.88	4.83	6.08	7.95	3.16	4.22	5.74
44	6.47	8.04	10.41	5.71	7.15	9.32	5.04	6.36	8.33	3.28	4.39	5.99
45	6.78	8.44	10.96	5.97	7.50	9.78	5.26	6.67	8.74	3.39	4.58	6.27
46	7.11	8.88	11.54	6.26	7.88	10.31	5.51	7.00	9.20	3.53	4.78	6.57
47	7.47	9.35	12.17	6.57	8.29	10.86	5.77	7.36	9.69	3.68	5.02	6.90
48	7.85	9.86	12.84	6.90	8.75	11.46	6.05	7.75	10.22	3.84	5.26	7.26
49	8.27	10.41	13.58	7.26	9.23	12.10	6.36	8.17	10.78	4.00	5.52	7.64
50	8.83	11.12	14.51	7.76	9.86	12.94	6.81	8.75	11.54	4.31	5.93	8.20
51	9.25	11.67	15.23	8.12	10.34	13.58	7.12	9.16	12.10	4.48	6.20	8.58
52	9.67	12.21	15.96	8.47	10.82	14.23	7.43	9.58	12.67	4.65	6.47	8.98
53	10.10	12.79	16.72	8.86	11.33	14.92	7.75	10.02	13.28	4.82	6.75	9.39
54	10.55	13.41	17.54	9.25	11.87	15.63	8.09	10.49	13.91	5.02	7.05	9.82
55	11.03	14.05	18.39	9.67	12.44	16.39	8.45	11.00	14.57	5.22	7.37	10.27
56	11.55	14.72	19.30	10.11	13.04	17.19	8.83	11.51	15.29	5.44	7.71	10.76
57	12.09	15.46	20.26	10.58	13.68	18.04	9.24	12.08	16.04	5.66	8.07	11.26
58	12.68	16.24	21.29	11.08	14.37	18.97	9.68	12.68	16.86	5.90	8.46	11.81
59	13.31	17.08	22.40	11.64	15.10	19.96	10.15	13.33	17.73	6.17	8.88	12.42
60	14.03	18.04	23.65	12.28	15.95	21.08	10.70	14.08	18.72	6.51	9.38	13.11
61	14.96	19.29	25.32	13.07	17.06	22.55	11.40	15.06	20.01	6.89	10.00	13.99
62	15.92	20.57	27.01	13.90	18.18	24.05	12.10	16.04	21.34	7.29	10.63	14.89
63	16.95	21.96	28.86	14.81	19.42	25.69	12.89	17.12	22.80	7.72	11.33	15.88
64	18.08	23.49	30.87	15.79	20.77	27.50	13.74	18.31	24.38	8.22	12.10	16.96
65	19.31	25.15	33.07	16.86	22.25	29.45	14.67	19.61	26.11	8.73	12.94	18.15
66	20.68	27.00	35.48	18.06	23.89	31.60	15.71	21.05	28.02	9.34	13.89	19.46
67	22.14	29.00	38.11	19.35	25.66	33.94	16.83	22.61	30.08	9.96	14.90	20.86
68	23.78	31.22	41.01	20.77	27.63	36.54	18.06	24.35	32.38	10.68	16.03	22.41
69	25.60	33.71	44.27	22.37	29.84	39.43	19.45	26.30	34.93	11.46	17.28	24.14
70	27.63	36.49	47.90	24.14	32.31	42.66	20.98	28.47	37.79	12.35	18.70	26.08
71	29.78	39.46	51.76	26.04	34.96	46.11	22.63	30.79	40.83	13.27	20.20	28.13
72	32.18	42.78	56.07	28.15	37.91	49.95	24.46	33.39	44.22	14.32	21.87	30.40
73	34.90	46.53	60.92	30.54	41.23	54.27	26.53	36.31	48.01	15.49	23.75	32.92
74	37.92	50.73	66.32	33.20	44.94	59.04	28.84	39.57	52.21	16.79	25.83	35.68
75	41.22	55.31	72.20	36.10	49.02	64.26	31.35	43.14	56.76	18.20	28.08	38.65
76	44.80	60.28	78.53	39.22	53.39	69.84	34.06	46.96	61.64	19.72	30.49	41.79
77	48.63	65.61	85.29	42.57	58.08	75.78	36.95	51.05	66.81	21.33	33.04	45.05
78	52.75	71.32	92.45	46.16	63.09	82.04	40.04	55.40	72.22	23.03	35.71	48.40
79	57.21	77.43	100.02	50.02	68.41	88.60	43.35	60.00	77.87	24.82	38.46	51.81
80	62.00	83.92	107.95	54.16	74.03	95.45	46.88	64.85	83.73	26.69	41.32	55.26
81	84.34	115.85	150.03	73.26	101.50	131.62	63.07	88.34	114.58	35.19	55.17	73.95
82	93.15	128.04	165.07	80.72	111.84	144.30	69.36	97.08	125.22	38.35	60.02	79.82
83	102.64	141.31	181.42	88.77	123.06	158.00	76.11	106.53	136.63	41.72	65.17	85.95
84	112.67	155.53	198.94	97.23	135.00	172.58	83.21	116.54	148.68	45.23	70.52	92.24
85	123.14	170.48	217.32	106.03	147.45	187.70	90.55	126.90	161.11	48.78	75.90	98.52
86	133.97	185.87	236.21	115.03	160.12	203.04	98.01	137.34	173.55	52.26	81.13	104.61
87	145.13	201.52	255.22	124.19	172.82	218.25	105.52	147.66	185.74	55.62	86.04	110.22
88	156.60	217.34	274.14	133.50	185.42	233.06	113.05	157.75	197.37	58.82	90.47	115.09
89	168.42	233.37	292.86	142.96	197.93	247.34	120.64	167.61	208.36	61.83	94.39	119.10
90	180.53	249.51	311.31	152.54	210.29	261.08	128.22	177.18	218.70	64.67	97.81	122.38
91	192.84	265.66	329.42	162.15	222.42	274.22	135.73	186.39	228.36	67.33	100.77	124.99
92	205.19	281.60	346.99	171.66	234.14	286.62	143.07	195.15	237.27	69.77	103.28	127.01
93	217.19	296.92	363.54	180.79	245.18	297.96	150.05	203.23	245.19	71.97	105.29	128.37
94	229.09	312.10	379.61	189.75	255.88	308.64	156.83	210.92	252.44	74.03	106.91	129.18
95	242.32	329.17	397.69	199.64	267.73	320.44	164.27	219.35	260.32	76.26	108.62	129.97
96	252.01	342.33	413.60	207.62	278.45	333.26	170.83	228.12	270.73	79.31	112.96	135.17
97	262.10	356.04	430.14	215.93	289.58	346.59	177.67	237.24	281.56	82.48	117.49	140.57
98	272.58	370.28	447.35	224.57	301.17	360.45	184.78	246.74	292.82	85.78	122.19	146.19
99	283.48	385.09	465.23	233.55	313.21	374.87	192.16	256.60	304.54	89.21	127.07	152.04
100	294.82	400.49	483.85	242.89	325.74	389.86	199.85	266.87	316.72	92.78	132.15	158.12

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.82	1.96	2.27	1.73	1.85	2.14	1.66	1.76	2.02	1.46	1.54	1.77
22	1.86	1.99	2.32	1.76	1.88	2.18	1.67	1.78	2.06	1.48	1.55	1.78
23	1.88	2.03	2.38	1.78	1.92	2.22	1.70	1.81	2.10	1.49	1.56	1.81
24	1.92	2.07	2.43	1.81	1.94	2.27	1.71	1.83	2.14	1.49	1.57	1.82
25	1.94	2.12	2.48	1.83	1.98	2.32	1.73	1.87	2.18	1.49	1.59	1.85
26	1.98	2.15	2.53	1.86	2.02	2.36	1.76	1.89	2.22	1.50	1.61	1.87
27	2.02	2.20	2.59	1.89	2.04	2.42	1.78	1.93	2.26	1.51	1.62	1.90
28	2.04	2.25	2.65	1.92	2.09	2.46	1.81	1.96	2.30	1.53	1.64	1.93
29	2.09	2.30	2.71	1.96	2.13	2.51	1.83	1.99	2.34	1.54	1.66	1.95
30	2.13	2.35	2.79	1.99	2.18	2.56	1.86	2.03	2.39	1.55	1.67	1.98
31	2.18	2.40	2.84	2.03	2.21	2.63	1.89	2.07	2.44	1.57	1.70	2.01
32	2.23	2.46	2.92	2.07	2.26	2.69	1.92	2.12	2.49	1.59	1.72	2.03
33	2.30	2.56	3.05	2.13	2.35	2.80	1.98	2.18	2.59	1.61	1.76	2.09
34	2.39	2.67	3.19	2.20	2.45	2.92	2.04	2.26	2.69	1.65	1.81	2.16
35	2.48	2.78	3.34	2.28	2.55	3.05	2.10	2.35	2.81	1.67	1.86	2.23
36	2.58	2.92	3.50	2.36	2.66	3.19	2.18	2.44	2.93	1.71	1.91	2.30
37	2.68	3.05	3.68	2.46	2.77	3.35	2.25	2.53	3.06	1.75	1.97	2.38
38	2.80	3.20	3.88	2.56	2.90	3.51	2.34	2.64	3.21	1.78	2.03	2.47
39	2.94	3.36	4.09	2.66	3.04	3.70	2.42	2.77	3.35	1.83	2.09	2.56
40	3.08	3.54	4.32	2.78	3.19	3.89	2.53	2.89	3.52	1.88	2.16	2.68
41	3.26	3.76	4.62	2.93	3.38	4.16	2.64	3.06	3.75	1.93	2.25	2.80
42	3.42	3.99	4.90	3.08	3.57	4.38	2.77	3.21	3.95	2.00	2.35	2.93
43	3.59	4.21	5.19	3.22	3.76	4.65	2.89	3.37	4.17	2.07	2.44	3.06
44	3.79	4.46	5.52	3.38	3.97	4.92	3.04	3.57	4.41	2.14	2.55	3.22
45	4.01	4.74	5.86	3.57	4.21	5.23	3.20	3.76	4.67	2.21	2.66	3.38
46	4.23	5.03	6.24	3.76	4.46	5.56	3.36	3.99	4.96	2.30	2.79	3.56
47	4.49	5.36	6.67	3.99	4.75	5.93	3.54	4.23	5.28	2.40	2.94	3.75
48	4.77	5.72	7.13	4.22	5.06	6.32	3.74	4.49	5.62	2.50	3.09	3.97
49	5.08	6.11	7.64	4.49	5.40	6.77	3.96	4.78	6.01	2.62	3.26	4.22
50	5.41	6.54	8.20	4.78	5.77	7.25	4.21	5.10	6.43	2.74	3.46	4.47
51	5.78	7.02	8.80	5.09	6.19	7.79	4.48	5.46	6.89	2.88	3.67	4.78
52	6.19	7.54	9.45	5.44	6.63	8.36	4.76	5.83	7.38	3.04	3.89	5.10
53	6.61	8.08	10.16	5.81	7.10	8.96	5.07	6.25	7.92	3.20	4.13	5.44
54	7.06	8.68	10.92	6.19	7.63	9.64	5.41	6.69	8.50	3.37	4.40	5.79
55	7.59	9.36	11.77	6.65	8.20	10.38	5.81	7.21	9.15	3.59	4.72	6.23
56	8.13	10.07	12.67	7.12	8.82	11.15	6.20	7.74	9.83	3.81	5.04	6.67
57	8.73	10.84	13.65	7.64	9.50	12.01	6.63	8.33	10.59	4.03	5.40	7.14
58	9.38	11.69	14.72	8.20	10.23	12.96	7.12	8.95	11.40	4.31	5.78	7.66
59	10.10	12.63	15.91	8.82	11.06	13.99	7.65	9.67	12.30	4.59	6.21	8.25
60	10.91	13.69	17.23	9.53	11.98	15.15	8.25	10.48	13.32	4.92	6.72	8.90
61	11.84	14.91	18.77	10.34	13.05	16.51	8.95	11.40	14.51	5.29	7.27	9.65
62	12.82	16.19	20.37	11.19	14.16	17.91	9.68	12.37	15.72	5.68	7.86	10.44
63	13.89	17.59	22.12	12.12	15.39	19.46	10.47	13.43	17.07	6.11	8.51	11.30
64	15.07	19.14	24.06	13.15	16.74	21.16	11.35	14.61	18.55	6.59	9.24	12.25
65	16.37	20.85	26.18	14.28	18.24	23.02	12.32	15.93	20.20	7.13	10.05	13.31
66	17.71	22.62	28.38	15.46	19.79	24.96	13.35	17.27	21.89	7.69	10.89	14.39
67	18.94	24.26	30.43	16.53	21.24	26.76	14.27	18.52	23.44	8.19	11.66	15.40
68	20.32	26.08	32.67	17.75	22.83	28.74	15.29	19.91	25.19	8.76	12.51	16.51
69	21.82	28.09	35.16	19.08	24.61	30.94	16.45	21.48	27.10	9.38	13.47	17.75
70	23.52	30.34	37.94	20.57	26.60	33.40	17.72	23.21	29.25	10.10	14.54	19.14
71	25.23	32.63	40.75	22.07	28.61	35.88	19.02	24.97	31.42	10.81	15.63	20.51
72	27.11	35.17	43.85	23.73	30.85	38.61	20.44	26.91	33.81	11.60	16.83	22.04
73	29.19	37.98	47.28	25.57	33.33	41.65	22.04	29.08	36.45	12.47	18.15	23.69
74	31.48	41.07	51.02	27.59	36.05	44.92	23.78	31.45	39.31	13.42	19.61	25.49
75	33.90	44.35	54.96	29.73	38.94	48.39	25.63	33.96	42.32	14.43	21.12	27.36
76	36.42	47.75	59.03	31.96	41.93	51.96	27.54	36.56	45.41	15.47	22.69	29.25
77	38.98	51.19	63.10	34.22	44.94	55.52	29.47	39.18	48.48	16.52	24.27	31.11
78	41.57	54.59	67.06	36.44	47.91	58.95	31.39	41.73	51.44	17.55	25.78	32.84
79	44.05	57.83	70.71	38.62	50.74	62.09	33.25	44.17	54.13	18.54	27.18	34.36
80	46.35	60.75	73.83	40.61	53.23	64.77	34.94	46.31	56.40	19.41	28.38	35.59
81	64.34	85.18	103.40	56.08	74.13	90.00	48.01	64.07	77.76	25.94	38.28	47.70
82	71.29	94.35	113.98	62.08	81.92	98.91	53.00	70.64	85.22	28.40	41.80	51.68
83	78.88	104.27	125.37	68.44	90.28	108.45	58.34	77.66	93.17	30.98	45.51	55.80
84	86.75	114.81	137.48	75.17	99.14	118.52	63.94	85.07	101.49	33.68	49.34	60.01
85	94.96	125.84	150.11	82.10	108.33	128.92	69.72	92.71	110.04	36.41	53.19	64.22
86	103.57	137.18	163.05	89.25	117.67	139.46	75.60	100.40	118.60	39.10	56.94	68.27
87	112.34	148.71	176.06	96.51	127.06	149.93	81.54	108.04	127.02	41.71	60.48	72.06
88	121.43	160.38	189.08	103.91	136.42	160.17	87.53	115.57	135.13	44.21	63.73	75.40
89	130.76	172.22	202.00	111.45	145.76	170.16	93.58	122.96	142.89	46.60	66.64	78.26
90	140.31	184.18	214.83	119.11	155.02	179.88	99.65	130.20	150.30	48.88	69.26	80.68
91	150.05	196.20	227.52	126.83	164.18	189.29	105.71	137.24	157.33	51.03	71.59	82.72
92	159.88	208.14	239.99	134.51	173.15	198.33	111.70	144.03	163.97	53.05	73.64	84.43
93	169.56	219.85	252.03	142.03	181.77	206.86	117.47	150.47	170.11	54.92	75.37	85.75
94	179.31	231.60	263.97	149.52	190.29	215.13	123.20	156.73	175.93	56.70	76.89	86.74
95	190.06	244.65	277.20	157.72	199.64	224.16	129.43	163.52	182.21	58.61	78.44	87.73
96	197.66	254.44	288.29	164.03	207.62	233.13	134.61	170.06	189.50	60.96	81.57	91.24
97	205.57	264.61	299.82	170.59	215.93	242.46	140.00	176.86	197.08	63.39	84.83	94.88
98	213.79	275.20	311.81	177.42	224.57	252.15	145.60	183.93	204.97	65.93	88.23	98.68
99	222.35	286.20	324.28	184.51	233.55	262.24	151.41	191.29	213.17	68.56	91.76	102.63
100	231.24	297.65	337.26	191.89	242.89	272.73	157.48	198.94	221.69	71.30	95.44	106.74

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.93	2.09	2.44	1.82	1.96	2.28	1.73	1.85	2.15	1.50	1.59	1.83
22	1.97	2.13	2.51	1.86	1.99	2.34	1.76	1.88	2.19	1.51	1.61	1.87
23	2.00	2.18	2.57	1.88	2.04	2.39	1.78	1.92	2.24	1.53	1.62	1.90
24	2.04	2.24	2.64	1.92	2.09	2.46	1.81	1.96	2.30	1.53	1.64	1.93
25	2.09	2.30	2.72	1.96	2.13	2.52	1.83	1.99	2.35	1.54	1.66	1.95
26	2.14	2.36	2.80	1.99	2.19	2.59	1.87	2.04	2.42	1.56	1.69	1.99
27	2.19	2.41	2.88	2.03	2.24	2.65	1.91	2.08	2.47	1.57	1.71	2.02
28	2.24	2.47	2.96	2.08	2.29	2.72	1.94	2.13	2.52	1.59	1.73	2.06
29	2.29	2.55	3.04	2.12	2.34	2.80	1.97	2.18	2.59	1.61	1.76	2.10
30	2.35	2.62	3.13	2.16	2.41	2.86	2.02	2.23	2.65	1.62	1.78	2.14
31	2.41	2.69	3.23	2.21	2.47	2.96	2.05	2.28	2.72	1.65	1.82	2.18
32	2.47	2.78	3.34	2.28	2.53	3.05	2.10	2.34	2.80	1.67	1.86	2.22
33	2.57	2.90	3.50	2.36	2.64	3.18	2.18	2.44	2.92	1.71	1.91	2.30
34	2.67	3.04	3.67	2.45	2.77	3.34	2.25	2.52	3.05	1.75	1.97	2.38
35	2.79	3.19	3.85	2.55	2.89	3.50	2.32	2.63	3.19	1.78	2.03	2.47
36	2.92	3.35	4.07	2.64	3.03	3.67	2.42	2.76	3.34	1.83	2.09	2.56
37	3.05	3.52	4.29	2.77	3.17	3.87	2.51	2.88	3.51	1.88	2.16	2.67
38	3.20	3.70	4.53	2.89	3.33	4.08	2.62	3.01	3.68	1.93	2.24	2.77
39	3.36	3.91	4.79	3.03	3.51	4.30	2.73	3.16	3.88	1.99	2.32	2.90
40	3.53	4.12	5.07	3.17	3.69	4.55	2.85	3.32	4.09	2.05	2.42	3.02
41	3.76	4.42	5.46	3.37	3.95	4.87	3.01	3.54	4.38	2.13	2.53	3.19
42	3.96	4.69	5.79	3.54	4.17	5.17	3.16	3.73	4.63	2.20	2.66	3.35
43	4.18	4.97	6.15	3.73	4.40	5.48	3.32	3.94	4.90	2.29	2.77	3.52
44	4.42	5.28	6.53	3.92	4.67	5.82	3.49	4.16	5.19	2.37	2.90	3.71
45	4.67	5.61	6.97	4.15	4.96	6.18	3.68	4.40	5.52	2.47	3.05	3.91
46	4.96	5.97	7.42	4.39	5.28	6.59	3.89	4.67	5.86	2.57	3.21	4.13
47	5.26	6.36	7.92	4.65	5.61	7.02	4.10	4.97	6.23	2.69	3.38	4.37
48	5.60	6.79	8.47	4.93	5.98	7.50	4.34	5.29	6.65	2.82	3.57	4.62
49	5.97	7.26	9.07	5.25	6.40	8.03	4.60	5.63	7.10	2.96	3.78	4.91
50	6.35	7.76	9.72	5.58	6.83	8.58	4.90	6.01	7.59	3.11	4.01	5.23
51	6.78	8.33	10.43	5.95	7.31	9.20	5.22	6.43	8.13	3.27	4.26	5.57
52	7.23	8.91	11.17	6.35	7.82	9.85	5.55	6.89	8.70	3.46	4.53	5.94
53	7.72	9.54	11.97	6.77	8.38	10.56	5.90	7.36	9.32	3.64	4.81	6.32
54	8.24	10.22	12.83	7.22	8.97	11.31	6.29	7.86	9.97	3.85	5.12	6.75
55	8.83	10.97	13.77	7.74	9.62	12.13	6.73	8.44	10.69	4.10	5.47	7.22
56	9.45	11.76	14.76	8.25	10.31	12.99	7.17	9.03	11.44	4.33	5.83	7.68
57	10.10	12.61	15.81	8.82	11.05	13.93	7.65	9.67	12.25	4.59	6.21	8.21
58	10.73	13.43	16.86	9.37	11.76	14.84	8.13	10.30	13.04	4.85	6.61	8.71
59	11.35	14.26	17.89	9.91	12.47	15.73	8.59	10.91	13.83	5.08	6.96	9.21
60	12.05	15.15	19.02	10.52	13.27	16.74	9.10	11.60	14.70	5.38	7.39	9.78
61	12.85	16.21	20.35	11.22	14.18	17.90	9.70	12.40	15.72	5.69	7.87	10.43
62	13.67	17.28	21.70	11.92	15.12	19.09	10.30	13.21	16.75	6.01	8.36	11.09
63	14.55	18.45	23.17	12.69	16.14	20.37	10.96	14.08	17.87	6.38	8.91	11.80
64	15.52	19.72	24.76	13.53	17.26	21.78	11.67	15.06	19.09	6.77	9.51	12.59
65	16.58	21.12	26.51	14.46	18.49	23.32	12.48	16.13	20.45	7.22	10.17	13.48
66	17.71	22.62	28.38	15.46	19.79	24.96	13.35	17.27	21.89	7.69	10.89	14.39
67	18.94	24.26	30.43	16.53	21.24	26.76	14.27	18.52	23.44	8.19	11.66	15.40
68	20.32	26.08	32.67	17.75	22.83	28.74	15.29	19.91	25.19	8.76	12.51	16.51
69	21.82	28.09	35.16	19.08	24.61	30.94	16.45	21.48	27.10	9.38	13.47	17.75
70	23.52	30.34	37.94	20.57	26.60	33.40	17.72	23.21	29.25	10.10	14.54	19.14
71	25.23	32.63	40.75	22.07	28.61	35.88	19.02	24.97	31.42	10.81	15.63	20.51
72	27.11	35.17	43.85	23.73	30.85	38.61	20.44	26.91	33.81	11.60	16.83	22.04
73	29.19	37.98	47.28	25.57	33.33	41.65	22.04	29.08	36.45	12.47	18.15	23.69
74	31.48	41.07	51.02	27.59	36.05	44.92	23.78	31.45	39.31	13.42	19.61	25.49
75	33.90	44.35	54.96	29.73	38.94	48.39	25.63	33.96	42.32	14.43	21.12	27.36
76	36.42	47.75	59.03	31.96	41.93	51.96	27.54	36.56	45.41	15.47	22.69	29.25
77	38.98	51.19	63.10	34.22	44.94	55.52	29.47	39.18	48.48	16.52	24.27	31.11
78	41.57	54.59	67.06	36.44	47.91	58.95	31.39	41.73	51.44	17.55	25.78	32.84
79	44.05	57.83	70.71	38.62	50.74	62.09	33.25	44.17	54.13	18.54	27.18	34.36
80	46.35	60.75	73.83	40.61	53.23	64.77	34.94	46.31	56.40	19.41	28.38	35.59
81	64.34	85.18	103.40	56.08	74.13	90.00	48.01	64.07	77.76	25.94	38.28	47.70
82	71.29	94.35	113.98	62.08	81.92	98.91	53.00	70.64	85.22	28.40	41.80	51.68
83	78.88	104.27	125.37	68.44	90.28	108.45	58.34	77.66	93.17	30.98	45.51	55.80
84	86.75	114.81	137.48	75.17	99.14	118.52	63.94	85.07	101.49	33.68	49.34	60.01
85	94.96	125.84	150.11	82.10	108.33	128.92	69.72	92.71	110.04	36.41	53.19	64.22
86	103.57	137.18	163.05	89.25	117.67	139.46	75.60	100.40	118.60	39.10	56.94	68.27
87	112.34	148.71	176.06	96.51	127.06	149.93	81.54	108.04	127.02	41.71	60.48	72.06
88	121.43	160.38	189.08	103.91	136.42	160.17	87.53	115.57	135.13	44.21	63.73	75.40
89	130.76	172.22	202.00	111.45	145.76	170.16	93.58	122.96	142.89	46.60	66.64	78.26
90	140.31	184.18	214.83	119.11	155.02	179.88	99.65	130.20	150.30	48.88	69.26	80.68
91	150.05	196.20	227.52	126.83	164.18	189.29	105.71	137.24	157.33	51.03	71.59	82.72
92	159.88	208.14	239.99	134.51	173.15	198.33	111.70	144.03	163.97	53.05	73.64	84.43
93	169.56	219.85	252.03	142.03	181.77	206.86	117.47	150.47	170.11	54.92	75.37	85.75
94	179.31	231.60	263.97	149.52	190.29	215.13	123.20	156.73	175.93	56.70	76.89	86.74
95	190.06	244.65	277.20	157.72	199.64	224.16	129.43	163.52	182.21	58.61	78.44	87.73
96	197.66	254.44	288.29	164.03	207.62	233.13	134.61	170.06	189.50	60.96	81.57	91.24
97	205.57	264.61	299.82	170.59	215.93	242.46	140.00	176.86	197.08	63.39	84.83	94.88
98	213.79	275.20	311.81	177.42	224.57	252.15	145.60	183.93	204.97	65.93	88.23	98.68
99	222.35	286.20	324.28	184.51	233.55	262.24	151.41	191.29	213.17	68.56	91.76	102.63
100	231.24	297.65	337.26	191.89	242.89	272.73	157.48	198.94	221.69	71.30	95.44	106.74

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	1.80	1.91	2.16	1.72	1.81	2.06	1.65	1.72	1.95	1.49	1.54	1.73
22	1.82	1.93	2.20	1.73	1.83	2.09	1.67	1.75	1.98	1.49	1.55	1.76
23	1.85	1.96	2.24	1.76	1.86	2.11	1.67	1.76	2.01	1.50	1.56	1.77
24	1.86	1.98	2.27	1.76	1.86	2.14	1.67	1.77	2.02	1.50	1.56	1.77
25	1.87	2.00	2.31	1.77	1.88	2.16	1.70	1.80	2.06	1.50	1.56	1.78
26	1.89	2.03	2.35	1.80	1.92	2.20	1.71	1.81	2.09	1.51	1.57	1.80
27	1.92	2.07	2.39	1.82	1.93	2.23	1.73	1.83	2.11	1.51	1.59	1.81
28	1.94	2.09	2.42	1.83	1.96	2.26	1.75	1.85	2.13	1.53	1.60	1.83
29	1.97	2.12	2.46	1.86	1.98	2.28	1.76	1.87	2.15	1.53	1.61	1.83
30	1.99	2.15	2.49	1.87	2.00	2.32	1.77	1.89	2.18	1.54	1.61	1.85
31	2.02	2.18	2.52	1.89	2.03	2.35	1.80	1.91	2.20	1.54	1.62	1.86
32	2.04	2.21	2.57	1.92	2.05	2.38	1.81	1.93	2.23	1.55	1.64	1.87
33	2.09	2.29	2.65	1.96	2.12	2.46	1.85	1.98	2.30	1.56	1.66	1.91
34	2.16	2.36	2.76	2.00	2.18	2.55	1.89	2.03	2.36	1.59	1.70	1.95
35	2.23	2.44	2.86	2.07	2.25	2.63	1.93	2.09	2.44	1.61	1.72	2.01
36	2.30	2.52	2.98	2.12	2.32	2.73	1.98	2.16	2.52	1.64	1.76	2.05
37	2.37	2.62	3.12	2.19	2.41	2.84	2.04	2.23	2.61	1.66	1.80	2.10
38	2.46	2.73	3.25	2.26	2.50	2.96	2.09	2.30	2.72	1.69	1.83	2.16
39	2.56	2.85	3.39	2.34	2.60	3.09	2.16	2.39	2.82	1.72	1.88	2.22
40	2.66	2.98	3.56	2.42	2.71	3.22	2.23	2.47	2.94	1.76	1.93	2.28
41	2.78	3.14	3.76	2.52	2.83	3.39	2.31	2.57	3.08	1.78	1.98	2.36
42	2.89	3.28	3.96	2.62	2.95	3.55	2.39	2.68	3.22	1.82	2.03	2.44
43	3.03	3.44	4.17	2.73	3.10	3.72	2.48	2.79	3.37	1.87	2.10	2.53
44	3.16	3.63	4.40	2.84	3.23	3.92	2.57	2.93	3.54	1.91	2.16	2.63
45	3.32	3.83	4.65	2.98	3.39	4.13	2.68	3.06	3.71	1.97	2.24	2.73
46	3.49	4.03	4.91	3.11	3.58	4.37	2.80	3.21	3.91	2.02	2.32	2.85
47	3.67	4.27	5.21	3.27	3.78	4.62	2.93	3.38	4.13	2.09	2.41	2.98
48	3.87	4.51	5.54	3.44	4.00	4.90	3.08	3.57	4.37	2.15	2.52	3.13
49	4.10	4.81	5.91	3.63	4.24	5.23	3.22	3.76	4.65	2.24	2.63	3.29
50	4.34	5.12	6.31	3.84	4.50	5.56	3.41	4.00	4.94	2.32	2.76	3.46
51	4.61	5.46	6.76	4.06	4.80	5.94	3.59	4.24	5.25	2.41	2.90	3.66
52	4.90	5.82	7.22	4.31	5.10	6.34	3.79	4.51	5.60	2.52	3.05	3.87
53	5.20	6.22	7.74	4.56	5.45	6.77	4.01	4.80	5.98	2.63	3.21	4.09
54	5.54	6.65	8.28	4.85	5.81	7.25	4.24	5.10	6.38	2.76	3.39	4.34
55	5.93	7.13	8.90	5.18	6.22	7.79	4.54	5.46	6.85	2.92	3.60	4.63
56	6.32	7.64	9.54	5.51	6.67	8.34	4.81	5.84	7.33	3.05	3.83	4.94
57	6.75	8.19	10.24	5.88	7.13	8.95	5.12	6.25	7.84	3.21	4.06	5.25
58	7.23	8.81	11.02	6.29	7.66	9.62	5.46	6.69	8.42	3.38	4.32	5.61
59	7.75	9.50	11.89	6.74	8.24	10.36	5.84	7.20	9.07	3.58	4.61	6.01
60	8.36	10.27	12.87	7.26	8.92	11.22	6.29	7.77	9.81	3.83	4.96	6.47
61	9.04	11.16	13.99	7.85	9.68	12.20	6.79	8.43	10.65	4.08	5.34	7.00
62	9.77	12.10	15.18	8.46	10.49	13.23	7.32	9.13	11.54	4.35	5.76	7.54
63	10.57	13.15	16.50	9.15	11.39	14.37	7.90	9.90	12.53	4.67	6.22	8.17
64	11.45	14.30	17.97	9.91	12.40	15.64	8.55	10.77	13.64	5.02	6.73	8.86
65	12.45	15.60	19.59	10.77	13.52	17.05	9.29	11.75	14.88	5.42	7.33	9.65
66	13.52	17.00	21.34	11.71	14.75	18.60	10.07	12.80	16.21	5.84	7.97	10.49
67	14.70	18.57	23.30	12.74	16.11	20.31	10.96	13.99	17.69	6.32	8.68	11.43
68	16.04	20.33	25.50	13.91	17.65	22.23	11.96	15.33	19.36	6.85	9.50	12.49
69	17.54	22.34	27.98	15.23	19.40	24.41	13.09	16.84	21.27	7.45	10.42	13.69
70	19.29	24.61	30.80	16.73	21.39	26.88	14.38	18.57	23.42	8.18	11.48	15.06
71	21.09	27.02	33.78	18.31	23.51	29.49	15.74	20.41	25.69	8.91	12.60	16.50
72	23.14	29.75	37.14	20.10	25.90	32.43	17.28	22.48	28.25	9.74	13.85	18.11
73	25.49	32.88	40.97	22.18	28.63	35.80	19.04	24.86	31.17	10.70	15.29	19.92
74	28.13	36.42	45.29	24.49	31.73	39.57	21.03	27.55	34.44	11.76	16.90	21.94
75	31.06	40.34	50.07	27.06	35.17	43.74	23.23	30.52	38.04	12.95	18.68	24.14
76	34.26	44.65	55.28	29.85	38.92	48.27	25.63	33.76	41.96	14.23	20.60	26.52
77	37.74	49.34	60.92	32.90	42.99	53.16	28.23	37.27	46.15	15.61	22.67	29.00
78	41.60	54.42	66.98	36.20	47.38	58.37	31.03	41.03	50.61	17.08	24.85	31.61
79	45.72	59.90	73.46	39.80	52.10	63.91	34.08	45.08	55.33	18.66	27.15	34.29
80	50.23	65.79	80.32	43.67	57.16	69.76	37.36	49.37	60.30	20.32	29.54	37.05
81	69.61	92.25	112.54	60.28	79.59	96.98	51.29	68.31	83.17	27.16	39.84	49.68
82	77.03	102.13	124.05	66.60	87.91	106.58	56.58	75.28	91.16	29.72	43.49	53.83
83	85.23	112.80	136.46	73.38	96.85	116.85	62.23	82.74	99.65	32.42	47.36	58.13
84	93.63	124.16	149.64	80.57	106.32	127.71	68.15	90.60	108.57	35.23	51.34	62.54
85	102.61	136.04	163.40	87.97	116.15	138.94	74.28	98.72	117.73	38.07	55.34	66.95
86	111.76	148.29	177.54	95.62	126.19	150.36	80.53	106.94	126.96	40.87	59.25	71.21
87	121.31	160.77	191.85	103.39	136.30	161.74	86.85	115.12	136.05	43.62	62.96	75.21
88	131.07	173.49	206.21	111.34	146.41	172.97	93.25	123.18	144.88	46.25	66.38	78.79
89	141.19	186.42	220.57	119.45	156.54	183.98	99.73	131.18	153.38	48.77	69.48	81.88
90	151.56	199.53	234.92	127.70	166.67	194.77	106.25	139.03	161.58	51.19	72.30	84.55
91	162.18	212.79	249.24	136.06	176.73	205.31	112.78	146.73	169.45	53.49	74.82	86.84
92	172.94	226.09	263.46	144.44	186.65	215.58	119.27	154.22	176.97	55.67	77.07	88.80
93	183.65	239.26	277.40	152.70	196.33	225.44	125.62	161.40	184.06	57.72	79.04	90.39
94	194.55	252.65	291.46	161.04	206.03	235.17	131.97	168.51	190.94	59.70	80.81	91.70
95	206.65	267.62	307.15	170.23	216.73	245.90	138.93	176.28	198.42	61.83	82.64	93.03
96	214.92	278.32	319.44	177.05	225.40	255.74	144.49	183.33	206.36	64.30	85.95	96.76
97	223.52	289.46	332.22	184.12	234.41	265.97	150.27	190.66	214.62	66.88	89.38	100.62
98	232.46	301.04	345.50	191.49	243.79	276.61	156.27	198.30	223.20	69.56	92.96	104.65
99	241.76	313.08	359.32	199.15	253.54	287.67	162.53	206.22	232.12	72.34	96.68	108.83
100	251.42	325.61	373.69	207.11	263.68	299.18	169.03	214.48	241.41	75.23	100.55	113.19

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: 5% Compound - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	3.19	3.69	4.57	2.88	3.33	4.13	2.63	3.04	3.76	1.98	2.31	2.89
22	3.27	3.80	4.73	2.95	3.43	4.28	2.69	3.12	3.88	2.02	2.36	2.97
23	3.36	3.92	4.88	3.04	3.54	4.41	2.76	3.21	4.00	2.05	2.41	3.05
24	3.46	4.05	5.06	3.11	3.64	4.55	2.83	3.31	4.13	2.09	2.47	3.13
25	3.55	4.17	5.23	3.20	3.75	4.70	2.90	3.39	4.26	2.13	2.52	3.22
26	3.65	4.31	5.40	3.28	3.87	4.86	2.98	3.49	4.40	2.16	2.58	3.30
27	3.76	4.44	5.58	3.38	3.99	5.02	3.05	3.60	4.53	2.20	2.64	3.39
28	3.87	4.59	5.77	3.47	4.11	5.17	3.12	3.70	4.67	2.25	2.71	3.48
29	4.00	4.74	5.97	3.57	4.24	5.35	3.21	3.81	4.82	2.29	2.78	3.56
30	4.12	4.90	6.16	3.67	4.38	5.52	3.30	3.94	4.96	2.34	2.84	3.67
31	4.24	5.07	6.38	3.78	4.51	5.70	3.38	4.05	5.12	2.39	2.92	3.76
32	4.38	5.24	6.61	3.90	4.67	5.90	3.48	4.18	5.29	2.44	2.99	3.87
33	4.55	5.46	6.90	4.05	4.86	6.16	3.62	4.35	5.52	2.50	3.09	4.01
34	4.75	5.71	7.23	4.21	5.07	6.44	3.74	4.53	5.77	2.57	3.20	4.17
35	4.94	5.97	7.58	4.37	5.29	6.75	3.89	4.72	6.02	2.64	3.31	4.34
36	5.14	6.22	7.92	4.54	5.52	7.05	4.03	4.92	6.28	2.72	3.42	4.51
37	5.36	6.51	8.29	4.72	5.76	7.37	4.18	5.12	6.57	2.80	3.54	4.69
38	5.60	6.80	8.69	4.92	6.01	7.71	4.35	5.34	6.86	2.89	3.68	4.88
39	5.83	7.12	9.11	5.13	6.29	8.08	4.53	5.57	7.18	2.98	3.81	5.08
40	6.09	7.45	9.54	5.34	6.58	8.46	4.71	5.82	7.51	3.08	3.96	5.29
41	6.48	7.97	10.23	5.67	7.01	9.04	4.98	6.19	8.03	3.21	4.18	5.61
42	6.77	8.34	10.72	5.92	7.33	9.48	5.19	6.47	8.40	3.31	4.34	5.85
43	7.07	8.75	11.25	6.17	7.68	9.94	5.41	6.77	8.79	3.43	4.53	6.11
44	7.39	9.16	11.81	6.45	8.04	10.43	5.65	7.08	9.21	3.55	4.71	6.38
45	7.75	9.62	12.41	6.74	8.44	10.94	5.89	7.42	9.68	3.68	4.91	6.67
46	8.13	10.11	13.07	7.07	8.87	11.51	6.16	7.79	10.16	3.83	5.14	7.00
47	8.54	10.65	13.78	7.42	9.32	12.13	6.46	8.18	10.71	3.99	5.38	7.34
48	8.97	11.22	14.53	7.79	9.82	12.80	6.78	8.61	11.29	4.16	5.63	7.72
49	9.43	11.83	15.35	8.19	10.36	13.52	7.11	9.08	11.91	4.33	5.92	8.13
50	10.07	12.62	16.37	8.75	11.05	14.41	7.60	9.69	12.71	4.65	6.35	8.70
51	10.53	13.23	17.17	9.14	11.57	15.11	7.95	10.15	13.33	4.83	6.63	9.11
52	11.00	13.84	17.98	9.53	12.10	15.83	8.28	10.61	13.95	5.02	6.91	9.52
53	11.48	14.48	18.84	9.95	12.67	16.58	8.63	11.09	14.60	5.20	7.21	9.94
54	11.99	15.15	19.72	10.38	13.26	17.36	9.00	11.60	15.29	5.41	7.53	10.39
55	12.53	15.87	20.66	10.85	13.87	18.18	9.40	12.14	16.01	5.62	7.86	10.86
56	13.10	16.62	21.66	11.33	14.53	19.05	9.82	12.71	16.76	5.85	8.22	11.37
57	13.70	17.42	22.72	11.84	15.23	19.98	10.26	13.32	17.58	6.09	8.59	11.91
58	14.34	18.28	23.84	12.40	15.98	20.97	10.74	13.97	18.45	6.36	9.00	12.49
59	15.04	19.20	25.05	13.00	16.78	22.04	11.24	14.67	19.39	6.63	9.43	13.11
60	15.83	20.25	26.41	13.69	17.70	23.25	11.84	15.47	20.45	6.99	9.96	13.82
61	16.85	21.61	28.23	14.56	18.89	24.84	12.60	16.52	21.85	7.39	10.60	14.73
62	17.90	23.00	30.07	15.46	20.11	26.45	13.36	17.58	23.26	7.81	11.27	15.67
63	19.03	24.51	32.06	16.45	21.44	28.21	14.19	18.73	24.80	8.28	11.99	16.70
64	20.25	26.17	34.24	17.50	22.88	30.14	15.10	20.00	26.48	8.78	12.79	17.82
65	21.57	27.96	36.60	18.65	24.45	32.22	16.10	21.37	28.31	9.32	13.67	19.03
66	23.04	29.94	39.19	19.93	26.20	34.50	17.20	22.89	30.32	9.95	14.64	20.38
67	24.61	32.07	41.99	21.29	28.07	36.99	18.38	24.54	32.50	10.60	15.68	21.83
68	26.36	34.44	45.09	22.80	30.16	39.72	19.68	26.36	34.90	11.34	16.84	23.43
69	28.29	37.08	48.54	24.49	32.48	42.77	21.13	28.40	37.58	12.15	18.14	25.21
70	30.45	40.04	52.39	26.37	35.09	46.19	22.76	30.68	40.58	13.06	19.58	27.19
71	32.73	43.17	56.48	28.36	37.86	49.80	24.48	33.10	43.74	14.02	21.13	29.29
72	35.29	46.69	61.06	30.59	40.97	53.84	26.40	35.82	47.28	15.10	22.84	31.61
73	38.15	50.65	66.20	33.10	44.46	58.37	28.57	38.88	51.26	16.31	24.77	34.20
74	41.36	55.10	71.93	35.90	48.38	63.41	30.98	42.29	55.65	17.65	26.90	37.04
75	44.88	59.97	78.18	38.97	52.66	68.92	33.63	46.03	60.43	19.11	29.22	40.09
76	48.70	65.26	84.94	42.28	57.29	74.83	36.47	50.05	65.56	20.68	31.71	43.32
77	52.80	70.95	92.18	45.84	62.26	81.13	39.52	54.35	71.00	22.35	34.33	46.69
78	57.22	77.06	99.87	49.66	67.58	87.78	42.79	58.93	76.73	24.11	37.08	50.16
79	62.00	83.62	108.02	53.76	73.25	94.79	46.30	63.80	82.72	25.97	39.94	53.68
80	67.15	90.59	116.58	58.17	79.24	102.10	50.04	68.93	88.94	27.92	42.89	57.25
81	91.30	125.04	162.04	78.67	108.63	140.82	67.32	93.90	121.73	36.81	57.26	76.61
82	100.74	138.12	178.28	86.62	119.64	154.39	73.97	103.16	133.03	40.10	62.29	82.72
83	110.90	152.35	195.91	95.15	131.59	169.03	81.11	113.15	145.15	43.60	67.61	89.09
84	121.61	167.60	214.83	104.14	144.32	184.60	88.61	123.74	157.96	47.24	73.16	95.63
85	132.82	183.63	234.68	113.50	157.58	200.80	96.37	134.70	171.18	50.93	78.74	102.18
86	144.44	200.18	255.14	123.10	171.12	217.27	104.28	145.78	184.47	54.58	84.18	108.52
87	156.41	217.06	275.81	132.88	184.71	233.67	112.24	156.78	197.51	58.09	89.30	114.40
88	168.74	234.18	296.49	142.83	198.28	249.70	120.27	167.58	210.05	61.44	93.95	119.55
89	181.46	251.58	317.05	152.98	211.81	265.28	128.36	178.17	221.98	64.62	98.09	123.86
90	194.54	269.19	337.46	163.27	225.23	280.38	136.47	188.50	233.30	67.64	101.75	127.42
91	207.88	286.89	357.64	173.64	238.46	294.94	144.55	198.52	243.98	70.47	104.96	130.34
92	221.35	304.50	377.41	183.96	251.36	308.87	152.50	208.12	253.97	73.10	107.71	132.67
93	234.56	321.66	396.34	193.97	263.69	321.83	160.12	217.12	263.04	75.51	109.99	134.36
94	247.82	338.84	415.05	203.93	275.79	334.28	167.64	225.82	271.54	77.80	111.92	135.54
95	262.64	358.30	436.23	214.98	289.31	348.16	175.93	235.41	280.88	80.29	113.96	136.74
96	273.15	372.63	453.68	223.58	300.88	362.09	182.96	244.83	292.12	83.50	118.52	142.20
97	284.07	387.54	471.83	232.52	312.91	376.57	190.28	254.62	303.80	86.85	123.26	147.89
98	295.43	403.03	490.71	241.82	325.43	391.63	197.89	264.81	315.96	90.32	128.19	153.81
99	307.25	419.16	510.33	251.50	338.45	407.30	205.80	275.40	328.59	93.94	133.32	159.97
100	319.54	435.92	530.75	261.56	351.99	423.59	214.04	286.42	341.73	97.69	138.65	166.36

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	2.02	2.18	2.53	1.89	2.03	2.35	1.80	1.91	2.20	1.55	1.64	1.87
22	2.05	2.21	2.59	1.93	2.07	2.40	1.82	1.94	2.24	1.56	1.65	1.90
23	2.09	2.26	2.65	1.96	2.10	2.46	1.85	1.98	2.28	1.57	1.67	1.93
24	2.12	2.31	2.72	1.98	2.14	2.51	1.87	2.00	2.34	1.57	1.67	1.94
25	2.16	2.36	2.79	2.02	2.19	2.56	1.89	2.04	2.39	1.59	1.70	1.97
26	2.20	2.41	2.85	2.04	2.23	2.61	1.92	2.08	2.43	1.60	1.71	1.99
27	2.25	2.46	2.92	2.08	2.28	2.68	1.94	2.10	2.48	1.61	1.73	2.02
28	2.30	2.52	2.98	2.12	2.32	2.73	1.98	2.15	2.53	1.62	1.75	2.06
29	2.34	2.58	3.06	2.16	2.37	2.80	2.00	2.19	2.57	1.65	1.77	2.09
30	2.40	2.66	3.14	2.20	2.42	2.86	2.04	2.24	2.64	1.66	1.80	2.11
31	2.45	2.72	3.23	2.25	2.48	2.93	2.08	2.29	2.69	1.67	1.82	2.14
32	2.51	2.79	3.33	2.30	2.55	3.01	2.13	2.34	2.76	1.70	1.85	2.18
33	2.61	2.92	3.47	2.37	2.64	3.14	2.19	2.42	2.88	1.72	1.89	2.24
34	2.71	3.04	3.64	2.46	2.74	3.29	2.25	2.51	2.98	1.76	1.94	2.31
35	2.80	3.17	3.81	2.56	2.87	3.43	2.32	2.61	3.12	1.80	1.99	2.39
36	2.93	3.32	4.01	2.66	2.99	3.60	2.42	2.72	3.26	1.83	2.05	2.47
37	3.06	3.49	4.22	2.76	3.12	3.78	2.51	2.83	3.41	1.88	2.12	2.56
38	3.20	3.67	4.45	2.88	3.27	3.97	2.61	2.95	3.58	1.93	2.19	2.65
39	3.36	3.86	4.70	3.01	3.44	4.18	2.71	3.09	3.76	1.98	2.25	2.76
40	3.53	4.07	4.98	3.15	3.62	4.41	2.82	3.23	3.95	2.04	2.34	2.88
41	3.74	4.35	5.33	3.32	3.85	4.73	2.98	3.43	4.21	2.10	2.44	3.01
42	3.94	4.60	5.65	3.48	4.06	4.99	3.10	3.60	4.44	2.16	2.53	3.15
43	4.15	4.87	5.99	3.67	4.28	5.28	3.26	3.80	4.69	2.24	2.63	3.30
44	4.38	5.17	6.36	3.86	4.53	5.60	3.41	4.01	4.96	2.31	2.76	3.46
45	4.62	5.49	6.78	4.07	4.80	5.94	3.59	4.24	5.25	2.41	2.88	3.63
46	4.90	5.83	7.22	4.29	5.09	6.32	3.78	4.49	5.58	2.50	3.03	3.83
47	5.19	6.20	7.71	4.54	5.41	6.75	4.00	4.76	5.93	2.61	3.17	4.04
48	5.52	6.62	8.24	4.82	5.77	7.19	4.22	5.06	6.32	2.72	3.35	4.28
49	5.87	7.07	8.82	5.12	6.15	7.70	4.46	5.39	6.76	2.84	3.53	4.54
50	6.26	7.56	9.45	5.45	6.57	8.24	4.74	5.74	7.22	2.98	3.73	4.82
51	6.68	8.11	10.14	5.79	7.04	8.83	5.04	6.14	7.72	3.14	3.96	5.13
52	7.12	8.67	10.88	6.19	7.53	9.46	5.36	6.56	8.26	3.30	4.19	5.46
53	7.60	9.30	11.67	6.59	8.06	10.15	5.71	7.01	8.87	3.48	4.46	5.82
54	8.13	9.98	12.51	7.04	8.63	10.89	6.08	7.50	9.49	3.67	4.75	6.22
55	8.71	10.73	13.46	7.54	9.29	11.71	6.52	8.07	10.20	3.90	5.08	6.67
56	9.32	11.51	14.47	8.07	9.96	12.58	6.95	8.65	10.96	4.12	5.42	7.13
57	9.99	12.39	15.56	8.63	10.70	13.52	7.43	9.29	11.77	4.38	5.79	7.63
58	10.71	13.32	16.76	9.25	11.53	14.56	7.96	9.99	12.66	4.65	6.20	8.17
59	11.51	14.37	18.07	9.94	12.41	15.69	8.54	10.76	13.65	4.96	6.65	8.79
60	12.41	15.53	19.52	10.71	13.42	16.96	9.20	11.62	14.74	5.31	7.18	9.48
61	13.43	16.89	21.23	11.60	14.59	18.44	9.95	12.63	16.02	5.71	7.77	10.26
62	14.49	18.28	22.98	12.52	15.79	19.96	10.74	13.67	17.33	6.13	8.39	11.09
63	15.66	19.80	24.90	13.53	17.12	21.62	11.59	14.81	18.78	6.57	9.07	11.99
64	16.96	21.49	27.01	14.62	18.57	23.44	12.52	16.06	20.35	7.07	9.82	12.96
65	18.35	23.32	29.29	15.84	20.18	25.45	13.58	17.45	22.10	7.64	10.66	14.06
66	19.79	25.24	31.68	17.10	21.84	27.54	14.65	18.89	23.89	8.22	11.51	15.19
67	21.12	27.00	33.87	18.24	23.37	29.44	15.63	20.21	25.56	8.73	12.31	16.24
68	22.57	28.93	36.27	19.52	25.07	31.55	16.72	21.68	27.39	9.32	13.20	17.37
69	24.19	31.08	38.95	20.93	26.94	33.87	17.92	23.31	29.41	9.96	14.18	18.65
70	25.98	33.47	41.90	22.51	29.03	36.47	19.26	25.12	31.67	10.71	15.30	20.06
71	27.79	35.89	44.88	24.08	31.14	39.09	20.61	26.96	33.92	11.44	16.41	21.49
72	29.77	38.56	48.17	25.82	33.49	41.96	22.12	28.99	36.43	12.25	17.64	23.05
73	31.97	41.54	51.81	27.76	36.10	45.14	23.78	31.25	39.19	13.15	19.00	24.76
74	34.38	44.81	55.78	29.88	38.95	48.60	25.60	33.73	42.20	14.13	20.48	26.60
75	36.95	48.29	59.99	32.14	41.99	52.29	27.54	36.37	45.37	15.17	22.05	28.53
76	39.62	51.91	64.35	34.49	45.15	56.07	29.54	39.09	48.62	16.25	23.67	30.48
77	42.35	55.58	68.72	36.88	48.35	59.85	31.59	41.84	51.86	17.33	25.29	32.39
78	45.14	59.21	72.98	39.24	51.50	63.52	33.60	44.55	54.99	18.40	26.85	34.19
79	47.77	62.69	76.94	41.56	54.50	66.90	35.56	47.11	57.87	19.42	28.30	35.77
80	50.23	65.79	80.32	43.67	57.16	69.76	37.36	49.37	60.30	20.32	29.54	37.05
81	69.61	92.25	112.54	60.28	79.59	96.98	51.29	68.31	83.17	27.16	39.84	49.68
82	77.03	102.13	124.05	66.60	87.91	106.58	56.58	75.28	91.16	29.72	43.49	53.83
83	85.23	112.80	136.46	73.38	96.85	116.85	62.23	82.74	99.65	32.42	47.36	58.13
84	93.63	124.16	149.64	80.57	106.32	127.71	68.15	90.60	108.57	35.23	51.34	62.54
85	102.61	136.04	163.40	87.97	116.15	138.94	74.28	98.72	117.73	38.07	55.34	66.95
86	111.76	148.29	177.54	95.62	126.19	150.36	80.53	106.94	126.96	40.87	59.25	71.21
87	121.31	160.77	191.85	103.39	136.30	161.74	86.85	115.12	136.05	43.62	62.96	75.21
88	131.07	173.49	206.21	111.34	146.41	172.97	93.25	123.18	144.88	46.25	66.38	78.79
89	141.19	186.42	220.57	119.45	156.54	183.98	99.73	131.18	153.38	48.77	69.48	81.88
90	151.56	199.53	234.92	127.70	166.67	194.77	106.25	139.03	161.58	51.19	72.30	84.55
91	162.18	212.79	249.24	136.06	176.73	205.31	112.78	146.73	169.45	53.49	74.82	86.84
92	172.94	226.09	263.46	144.44	186.65	215.58	119.27	154.22	176.97	55.67	77.07	88.80
93	183.65	239.26	277.40	152.70	196.33	225.44	125.62	161.40	184.06	57.72	79.04	90.39
94	194.55	252.65	291.46	161.04	206.03	235.17	131.97	168.51	190.94	59.70	80.81	91.70
95	206.65	267.62	307.15	170.23	216.73	245.90	138.93	176.28	198.42	61.83	82.64	93.03
96	214.92	278.32	319.44	177.05	225.40	255.74	144.49	183.33	206.36	64.30	85.95	96.76
97	223.52	289.46	332.22	184.12	234.41	265.97	150.27	190.66	214.62	66.88	89.38	100.62
98	232.46	301.04	345.50	191.49	243.79	276.61	156.27	198.30	223.20	69.56	92.96	104.65
99	241.76	313.08	359.32	199.15	253.54	287.67	162.53	206.22	232.12	72.34	96.68	108.83
100	251.42	325.61	373.69	207.11	263.68	299.18	169.03	214.48	241.41	75.23	100.55	113.19

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300% - Rider FR 540
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	2.14	2.34	2.73	2.00	2.16	2.52	1.88	2.02	2.35	1.60	1.70	1.95
22	2.19	2.39	2.81	2.04	2.20	2.59	1.91	2.07	2.40	1.61	1.71	1.99
23	2.24	2.45	2.88	2.08	2.25	2.65	1.94	2.10	2.46	1.62	1.73	2.02
24	2.29	2.52	2.98	2.12	2.31	2.73	1.98	2.15	2.53	1.62	1.75	2.05
25	2.34	2.58	3.06	2.16	2.37	2.80	2.02	2.19	2.59	1.65	1.77	2.09
26	2.40	2.66	3.15	2.20	2.42	2.88	2.05	2.24	2.65	1.66	1.80	2.13
27	2.45	2.73	3.25	2.25	2.48	2.96	2.09	2.30	2.72	1.69	1.83	2.16
28	2.51	2.80	3.35	2.30	2.55	3.04	2.13	2.35	2.79	1.70	1.86	2.20
29	2.58	2.89	3.45	2.36	2.62	3.13	2.18	2.40	2.86	1.72	1.88	2.24
30	2.64	2.98	3.56	2.42	2.69	3.22	2.23	2.46	2.93	1.75	1.92	2.28
31	2.73	3.08	3.68	2.48	2.77	3.31	2.28	2.53	3.02	1.77	1.96	2.34
32	2.80	3.17	3.81	2.55	2.87	3.43	2.34	2.60	3.12	1.80	1.99	2.39
33	2.93	3.32	4.00	2.64	2.98	3.59	2.41	2.71	3.25	1.83	2.05	2.47
34	3.05	3.48	4.20	2.74	3.12	3.76	2.50	2.82	3.39	1.88	2.12	2.55
35	3.19	3.64	4.42	2.87	3.26	3.95	2.60	2.94	3.56	1.92	2.18	2.64
36	3.33	3.83	4.67	2.99	3.42	4.16	2.69	3.08	3.74	1.97	2.25	2.75
37	3.49	4.03	4.92	3.12	3.59	4.37	2.80	3.22	3.92	2.03	2.34	2.86
38	3.67	4.26	5.20	3.27	3.78	4.62	2.93	3.38	4.13	2.09	2.41	2.98
39	3.85	4.49	5.50	3.42	3.97	4.87	3.05	3.54	4.34	2.15	2.51	3.12
40	4.05	4.75	5.83	3.59	4.19	5.15	3.20	3.73	4.59	2.23	2.61	3.25
41	4.33	5.10	6.28	3.81	4.48	5.54	3.38	3.97	4.91	2.30	2.74	3.43
42	4.56	5.40	6.68	4.02	4.74	5.86	3.54	4.19	5.19	2.39	2.87	3.60
43	4.82	5.73	7.09	4.23	5.02	6.22	3.73	4.43	5.49	2.47	2.99	3.79
44	5.09	6.08	7.54	4.46	5.31	6.60	3.92	4.67	5.82	2.57	3.14	3.99
45	5.40	6.46	8.03	4.72	5.63	7.02	4.13	4.96	6.18	2.68	3.30	4.20
46	5.72	6.88	8.55	4.99	5.99	7.47	4.37	5.25	6.56	2.79	3.46	4.44
47	6.06	7.32	9.12	5.28	6.37	7.96	4.61	5.57	6.98	2.93	3.65	4.69
48	6.45	7.81	9.74	5.61	6.79	8.50	4.88	5.94	7.44	3.06	3.85	4.96
49	6.85	8.34	10.41	5.95	7.24	9.08	5.18	6.32	7.95	3.21	4.07	5.28
50	7.29	8.91	11.13	6.33	7.72	9.70	5.50	6.74	8.49	3.37	4.32	5.60
51	7.79	9.53	11.93	6.75	8.27	10.39	5.84	7.20	9.07	3.55	4.59	5.97
52	8.29	10.20	12.76	7.18	8.84	11.10	6.21	7.69	9.70	3.74	4.86	6.35
53	8.83	10.90	13.66	7.66	9.45	11.88	6.62	8.20	10.36	3.95	5.17	6.76
54	9.42	11.66	14.63	8.15	10.10	12.71	7.04	8.77	11.07	4.17	5.50	7.19
55	10.07	12.50	15.67	8.72	10.82	13.62	7.52	9.40	11.87	4.43	5.87	7.70
56	10.74	13.37	16.76	9.29	11.57	14.57	8.01	10.04	12.69	4.69	6.25	8.20
57	11.48	14.30	17.94	9.91	12.39	15.59	8.52	10.73	13.57	4.96	6.65	8.74
58	12.19	15.23	19.10	10.52	13.17	16.59	9.04	11.41	14.43	5.23	7.05	9.27
59	12.87	16.13	20.24	11.11	13.95	17.57	9.54	12.08	15.27	5.49	7.44	9.79
60	13.64	17.12	21.49	11.77	14.81	18.66	10.11	12.83	16.22	5.79	7.90	10.39
61	14.54	18.29	22.97	12.53	15.82	19.95	10.76	13.69	17.33	6.13	8.40	11.06
62	15.42	19.47	24.43	13.31	16.83	21.23	11.41	14.55	18.43	6.47	8.92	11.75
63	16.40	20.74	26.04	14.13	17.92	22.61	12.12	15.50	19.63	6.85	9.47	12.50
64	17.44	22.12	27.77	15.04	19.13	24.12	12.89	16.54	20.94	7.26	10.10	13.32
65	18.59	23.63	29.66	16.04	20.44	25.77	13.75	17.69	22.37	7.72	10.80	14.23
66	19.79	25.24	31.68	17.10	21.84	27.54	14.65	18.89	23.89	8.22	11.51	15.19
67	21.12	27.00	33.87	18.24	23.37	29.44	15.63	20.21	25.56	8.73	12.31	16.24
68	22.57	28.93	36.27	19.52	25.07	31.55	16.72	21.68	27.39	9.32	13.20	17.37
69	24.19	31.08	38.95	20.93	26.94	33.87	17.92	23.31	29.41	9.96	14.18	18.65
70	25.98	33.47	41.90	22.51	29.03	36.47	19.26	25.12	31.67	10.71	15.30	20.06
71	27.79	35.89	44.88	24.08	31.14	39.09	20.61	26.96	33.92	11.44	16.41	21.49
72	29.77	38.56	48.17	25.82	33.49	41.96	22.12	28.99	36.43	12.25	17.64	23.05
73	31.97	41.54	51.81	27.76	36.10	45.14	23.78	31.25	39.19	13.15	19.00	24.76
74	34.38	44.81	55.78	29.88	38.95	48.60	25.60	33.73	42.20	14.13	20.48	26.60
75	36.95	48.29	59.99	32.14	41.99	52.29	27.54	36.37	45.37	15.17	22.05	28.53
76	39.62	51.91	64.35	34.49	45.15	56.07	29.54	39.09	48.62	16.25	23.67	30.48
77	42.35	55.58	68.72	36.88	48.35	59.85	31.59	41.84	51.86	17.33	25.29	32.39
78	45.14	59.21	72.98	39.24	51.50	63.52	33.60	44.55	54.99	18.40	26.85	34.19
79	47.77	62.69	76.94	41.56	54.50	66.90	35.56	47.11	57.87	19.42	28.30	35.77
80	50.23	65.79	80.32	43.67	57.16	69.76	37.36	49.37	60.30	20.32	29.54	37.05
81	69.61	92.25	112.54	60.28	79.59	96.98	51.29	68.31	83.17	27.16	39.84	49.68
82	77.03	102.13	124.05	66.60	87.91	106.58	56.58	75.28	91.16	29.72	43.49	53.83
83	85.23	112.80	136.46	73.38	96.85	116.85	62.23	82.74	99.65	32.42	47.36	58.13
84	93.63	124.16	149.64	80.57	106.32	127.71	68.15	90.60	108.57	35.23	51.34	62.54
85	102.61	136.04	163.40	87.97	116.15	138.94	74.28	98.72	117.73	38.07	55.34	66.95
86	111.76	148.29	177.54	95.62	126.19	150.36	80.53	106.94	126.96	40.87	59.25	71.21
87	121.31	160.77	191.85	103.39	136.30	161.74	86.85	115.12	136.05	43.62	62.96	75.21
88	131.07	173.49	206.21	111.34	146.41	172.97	93.25	123.18	144.88	46.25	66.38	78.79
89	141.19	186.42	220.57	119.45	156.54	183.98	99.73	131.18	153.38	48.77	69.48	81.88
90	151.56	199.53	234.92	127.70	166.67	194.77	106.25	139.03	161.58	51.19	72.30	84.55
91	162.18	212.79	249.24	136.06	176.73	205.31	112.78	146.73	169.45	53.49	74.82	86.84
92	172.94	226.09	263.46	144.44	186.65	215.58	119.27	154.22	176.97	55.67	77.07	88.80
93	183.65	239.26	277.40	152.70	196.33	225.44	125.62	161.40	184.06	57.72	79.04	90.39
94	194.55	252.65	291.46	161.04	206.03	235.17	131.97	168.51	190.94	59.70	80.81	91.70
95	206.65	267.62	307.15	170.23	216.73	245.90	138.93	176.28	198.42	61.83	82.64	93.03
96	214.92	278.32	319.44	177.05	225.40	255.74	144.49	183.33	206.36	64.30	85.95	96.76
97	223.52	289.46	332.22	184.12	234.41	265.97	150.27	190.66	214.62	66.88	89.38	100.62
98	232.46	301.04	345.50	191.49	243.79	276.61	156.27	198.30	223.20	69.56	92.96	104.65
99	241.76	313.08	359.32	199.15	253.54	287.67	162.53	206.22	232.12	72.34	96.68	108.83
100	251.42	325.61	373.69	207.11	263.68	299.18	169.03	214.48	241.41	75.23	100.55	113.19

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: **No Inflation**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.01	0.03	0.01	0.02	0.01
22	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
23	0.02	0.02	0.01	0.02	0.02	0.04	0.04	0.02	0.03	0.04	0.04	0.03
24	0.02	0.02	0.03	0.02	0.02	0.04	0.04	0.02	0.03	0.04	0.04	0.03
25	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.04	0.03	0.04	0.02	0.03
26	0.02	0.04	0.03	0.02	0.02	0.04	0.02	0.02	0.04	0.02	0.02	0.03
27	0.04	0.04	0.03	0.02	0.02	0.03	0.04	0.02	0.04	0.04	0.02	0.03
28	0.04	0.04	0.03	0.04	0.04	0.03	0.02	0.02	0.04	0.04	0.02	0.04
29	0.02	0.04	0.04	0.02	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03
30	0.04	0.02	0.04	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.04
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03	0.05	0.04	0.03
32	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.05	0.04	0.04
33	0.05	0.05	0.04	0.04	0.05	0.04	0.05	0.04	0.05	0.06	0.05	0.04
34	0.04	0.05	0.04	0.05	0.05	0.04	0.05	0.05	0.05	0.05	0.05	0.05
35	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.04
36	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.06	0.05	0.05
37	0.05	0.06	0.05	0.06	0.06	0.05	0.06	0.05	0.05	0.06	0.05	0.05
38	0.06	0.05	0.05	0.06	0.06	0.05	0.06	0.06	0.07	0.06	0.06	0.07
39	0.06	0.06	0.07	0.06	0.07	0.05	0.07	0.06	0.07	0.06	0.06	0.07
40	0.06	0.07	0.07	0.07	0.06	0.07	0.07	0.06	0.07	0.07	0.07	0.07
41	0.09	0.07	0.07	0.07	0.09	0.08	0.07	0.07	0.08	0.07	0.07	0.07
42	0.09	0.07	0.08	0.09	0.09	0.08	0.09	0.09	0.08	0.09	0.07	0.08
43	0.09	0.10	0.09	0.09	0.09	0.09	0.10	0.09	0.08	0.09	0.07	0.09
44	0.10	0.10	0.09	0.10	0.10	0.11	0.10	0.10	0.09	0.09	0.09	0.08
45	0.11	0.11	0.12	0.10	0.11	0.11	0.10	0.10	0.11	0.10	0.10	0.11
46	0.11	0.12	0.12	0.11	0.11	0.11	0.10	0.11	0.12	0.10	0.10	0.11
47	0.12	0.12	0.13	0.12	0.12	0.12	0.12	0.12	0.12	0.11	0.11	0.12
48	0.14	0.15	0.15	0.14	0.14	0.13	0.14	0.14	0.13	0.12	0.12	0.11
49	0.15	0.16	0.16	0.14	0.14	0.16	0.14	0.15	0.16	0.14	0.12	0.12
50	0.16	0.17	0.17	0.15	0.17	0.17	0.15	0.15	0.15	0.14	0.14	0.15
51	0.16	0.18	0.20	0.17	0.17	0.17	0.16	0.17	0.18	0.15	0.16	0.16
52	0.20	0.21	0.21	0.18	0.20	0.20	0.17	0.18	0.18	0.16	0.16	0.16
53	0.22	0.22	0.24	0.21	0.22	0.22	0.20	0.20	0.20	0.17	0.17	0.17
54	0.23	0.26	0.25	0.22	0.23	0.24	0.21	0.22	0.22	0.20	0.20	0.20
55	0.26	0.27	0.29	0.26	0.25	0.26	0.23	0.25	0.25	0.21	0.21	0.21
56	0.28	0.31	0.33	0.28	0.30	0.30	0.26	0.27	0.28	0.23	0.22	0.24
57	0.32	0.34	0.37	0.31	0.32	0.34	0.28	0.30	0.32	0.25	0.26	0.25
58	0.34	0.38	0.41	0.34	0.36	0.38	0.31	0.33	0.34	0.26	0.27	0.26
59	0.38	0.43	0.45	0.36	0.41	0.42	0.36	0.37	0.40	0.30	0.30	0.30
60	0.44	0.49	0.53	0.42	0.46	0.48	0.39	0.42	0.42	0.32	0.34	0.34
61	0.50	0.57	0.59	0.47	0.52	0.55	0.44	0.48	0.50	0.36	0.37	0.37
62	0.57	0.64	0.69	0.53	0.59	0.61	0.49	0.54	0.55	0.39	0.42	0.41
63	0.64	0.74	0.77	0.59	0.66	0.69	0.54	0.60	0.63	0.44	0.46	0.46
64	0.73	0.84	0.88	0.68	0.75	0.78	0.62	0.68	0.71	0.48	0.50	0.51
65	0.82	0.96	1.00	0.76	0.85	0.91	0.70	0.77	0.81	0.54	0.58	0.57
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound - Rider FR 540
ROP Rider FR 541

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.06	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.07	0.06	0.06	0.07
22	0.06	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.08	0.06	0.06	0.07
23	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.09	0.06	0.06	0.07
24	0.06	0.06	0.09	0.06	0.06	0.09	0.06	0.06	0.09	0.06	0.06	0.08
25	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.08
26	0.06	0.06	0.12	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.09
27	0.06	0.06	0.13	0.06	0.06	0.12	0.06	0.06	0.12	0.06	0.06	0.11
28	0.06	0.06	0.15	0.06	0.06	0.15	0.06	0.06	0.12	0.06	0.06	0.11
29	0.06	0.06	0.16	0.06	0.06	0.15	0.06	0.06	0.13	0.06	0.07	0.12
30	0.06	0.07	0.17	0.06	0.07	0.16	0.06	0.07	0.15	0.06	0.06	0.15
31	0.06	0.09	0.18	0.06	0.09	0.18	0.06	0.07	0.17	0.06	0.07	0.15
32	0.06	0.09	0.21	0.06	0.10	0.18	0.06	0.09	0.18	0.06	0.10	0.16
33	0.06	0.10	0.22	0.06	0.11	0.21	0.06	0.10	0.21	0.06	0.10	0.18
34	0.06	0.11	0.25	0.06	0.11	0.24	0.06	0.11	0.22	0.07	0.11	0.20
35	0.06	0.14	0.28	0.06	0.14	0.26	0.06	0.12	0.25	0.07	0.12	0.22
36	0.06	0.15	0.32	0.06	0.15	0.29	0.06	0.15	0.28	0.09	0.15	0.25
37	0.07	0.17	0.34	0.07	0.17	0.33	0.09	0.16	0.32	0.09	0.16	0.26
38	0.09	0.20	0.38	0.09	0.18	0.36	0.10	0.18	0.34	0.10	0.17	0.30
39	0.10	0.22	0.42	0.10	0.21	0.41	0.11	0.21	0.38	0.11	0.20	0.33
40	0.12	0.25	0.48	0.12	0.25	0.45	0.12	0.23	0.44	0.12	0.21	0.37
41	0.15	0.30	0.55	0.15	0.28	0.51	0.15	0.27	0.50	0.16	0.25	0.42
42	0.17	0.33	0.61	0.17	0.32	0.58	0.17	0.31	0.55	0.16	0.27	0.48
43	0.18	0.38	0.69	0.20	0.37	0.65	0.20	0.36	0.61	0.18	0.32	0.53
44	0.22	0.43	0.75	0.22	0.41	0.73	0.22	0.39	0.69	0.21	0.34	0.58
45	0.26	0.48	0.84	0.26	0.46	0.81	0.25	0.44	0.77	0.23	0.38	0.66
46	0.30	0.54	0.95	0.30	0.52	0.90	0.28	0.49	0.86	0.27	0.44	0.71
47	0.33	0.60	1.06	0.33	0.58	1.00	0.32	0.55	0.95	0.30	0.49	0.81
48	0.39	0.69	1.17	0.38	0.66	1.12	0.37	0.64	1.06	0.34	0.55	0.91
49	0.44	0.77	1.31	0.43	0.74	1.24	0.42	0.71	1.19	0.38	0.62	1.00
50	0.52	0.90	1.48	0.52	0.86	1.41	0.49	0.82	1.35	0.46	0.73	1.15
51	0.59	1.00	1.65	0.57	0.96	1.57	0.55	0.92	1.50	0.50	0.80	1.27
52	0.66	1.12	1.83	0.65	1.07	1.76	0.64	1.03	1.66	0.57	0.90	1.41
53	0.76	1.25	2.03	0.74	1.21	1.94	0.73	1.16	1.85	0.64	1.01	1.58
54	0.86	1.40	2.24	0.84	1.35	2.15	0.80	1.29	2.06	0.71	1.12	1.76
55	0.97	1.57	2.49	0.95	1.51	2.40	0.91	1.45	2.28	0.80	1.25	1.94
56	1.11	1.76	2.76	1.07	1.69	2.67	1.02	1.62	2.53	0.90	1.40	2.16
57	1.24	1.97	3.08	1.21	1.89	2.96	1.16	1.81	2.81	1.01	1.57	2.42
58	1.40	2.20	3.41	1.35	2.13	3.30	1.30	2.04	3.15	1.12	1.76	2.71
59	1.59	2.47	3.80	1.53	2.39	3.66	1.46	2.29	3.51	1.27	1.98	3.01
60	1.80	2.78	4.25	1.73	2.69	4.09	1.67	2.60	3.93	1.45	2.24	3.39
61	2.07	3.19	4.83	1.99	3.09	4.69	1.92	2.96	4.49	1.65	2.57	3.87
62	2.34	3.59	5.44	2.25	3.49	5.28	2.16	3.36	5.07	1.86	2.90	4.38
63	2.64	4.07	6.11	2.56	3.95	5.94	2.46	3.80	5.73	2.12	3.30	4.95
64	3.00	4.60	6.90	2.90	4.48	6.72	2.80	4.32	6.47	2.41	3.75	5.62
65	3.41	5.22	7.77	3.30	5.08	7.60	3.19	4.92	7.34	2.74	4.29	6.38
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200% - Rider FR 540
ROP Rider FR 541

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.01	0.01	0.03	0.01	0.02	0.03	0.01	0.02	0.01	0.02	0.02	0.01
22	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.03
23	0.01	0.01	0.03	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.03
24	0.02	0.04	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.01	0.02	0.01
25	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
26	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.01	0.02	0.02	0.03
27	0.02	0.02	0.03	0.04	0.04	0.03	0.02	0.02	0.03	0.04	0.02	0.03
28	0.04	0.02	0.04	0.02	0.02	0.03	0.02	0.02	0.03	0.04	0.02	0.03
29	0.04	0.02	0.03	0.02	0.04	0.03	0.02	0.04	0.03	0.04	0.02	0.04
30	0.04	0.04	0.03	0.04	0.04	0.03	0.04	0.04	0.03	0.04	0.02	0.03
31	0.04	0.04	0.03	0.04	0.05	0.04	0.04	0.04	0.03	0.05	0.04	0.04
32	0.02	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.02	0.04
33	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
34	0.05	0.05	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.05	0.04	0.04
35	0.04	0.05	0.05	0.05	0.04	0.04	0.05	0.04	0.04	0.05	0.05	0.04
36	0.05	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05
37	0.05	0.06	0.07	0.06	0.05	0.07	0.06	0.05	0.05	0.05	0.05	0.05
38	0.05	0.07	0.05	0.05	0.05	0.05	0.06	0.05	0.07	0.05	0.05	0.07
39	0.06	0.07	0.07	0.06	0.06	0.07	0.07	0.06	0.07	0.06	0.06	0.05
40	0.07	0.07	0.08	0.06	0.07	0.07	0.07	0.06	0.08	0.07	0.06	0.07
41	0.07	0.07	0.08	0.07	0.09	0.09	0.07	0.07	0.08	0.06	0.07	0.08
42	0.09	0.10	0.09	0.10	0.09	0.09	0.07	0.07	0.09	0.07	0.07	0.08
43	0.10	0.10	0.11	0.10	0.10	0.09	0.10	0.10	0.09	0.09	0.09	0.09
44	0.10	0.11	0.12	0.10	0.11	0.11	0.10	0.10	0.11	0.10	0.09	0.09
45	0.12	0.14	0.13	0.11	0.11	0.12	0.11	0.11	0.12	0.10	0.10	0.11
46	0.14	0.15	0.15	0.12	0.14	0.15	0.12	0.12	0.13	0.11	0.11	0.11
47	0.14	0.16	0.17	0.14	0.15	0.16	0.12	0.14	0.15	0.11	0.11	0.12
48	0.16	0.17	0.18	0.16	0.16	0.17	0.15	0.15	0.16	0.12	0.12	0.13
49	0.17	0.20	0.21	0.16	0.17	0.18	0.15	0.16	0.17	0.14	0.14	0.15
50	0.20	0.21	0.24	0.18	0.20	0.21	0.17	0.18	0.20	0.16	0.16	0.16
51	0.21	0.23	0.26	0.21	0.22	0.25	0.18	0.21	0.22	0.16	0.16	0.17
52	0.23	0.27	0.29	0.23	0.26	0.28	0.22	0.23	0.25	0.17	0.20	0.20
53	0.27	0.31	0.34	0.25	0.28	0.32	0.23	0.26	0.28	0.20	0.21	0.22
54	0.31	0.34	0.38	0.28	0.32	0.34	0.26	0.30	0.33	0.22	0.23	0.24
55	0.36	0.41	0.44	0.32	0.36	0.40	0.30	0.33	0.37	0.25	0.26	0.28
56	0.39	0.44	0.51	0.37	0.41	0.46	0.33	0.38	0.42	0.27	0.28	0.30
57	0.44	0.52	0.58	0.41	0.47	0.51	0.37	0.43	0.46	0.30	0.32	0.34
58	0.49	0.59	0.66	0.46	0.53	0.59	0.42	0.49	0.53	0.33	0.36	0.40
59	0.57	0.68	0.74	0.52	0.62	0.67	0.48	0.55	0.61	0.37	0.42	0.44
60	0.66	0.79	0.87	0.60	0.70	0.78	0.55	0.64	0.70	0.42	0.47	0.50
61	0.76	0.91	1.02	0.69	0.81	0.90	0.63	0.74	0.81	0.48	0.53	0.58
62	0.87	1.05	1.16	0.80	0.93	1.04	0.73	0.85	0.92	0.53	0.60	0.65
63	1.01	1.22	1.35	0.91	1.07	1.19	0.81	0.97	1.07	0.59	0.68	0.73
64	1.16	1.39	1.54	1.03	1.24	1.37	0.92	1.11	1.23	0.68	0.76	0.83
65	1.32	1.61	1.78	1.19	1.43	1.57	1.07	1.27	1.40	0.76	0.89	0.94
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300% - Rider FR 540
ROP Rider FR 541

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.01	0.01	0.01	0.02	0.01	0.02	0.01	0.01	0.02	0.01	0.01
22	0.02	0.02	0.03	0.02	0.02	0.01	0.01	0.02	0.03	0.02	0.01	0.01
23	0.02	0.01	0.03	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.01
24	0.02	0.02	0.01	0.01	0.02	0.01	0.02	0.02	0.03	0.02	0.01	0.01
25	0.02	0.02	0.03	0.02	0.02	0.01	0.02	0.02	0.03	0.02	0.02	0.03
26	0.04	0.02	0.03	0.02	0.02	0.01	0.02	0.02	0.03	0.02	0.01	0.03
27	0.02	0.02	0.03	0.04	0.02	0.03	0.04	0.02	0.03	0.04	0.02	0.03
28	0.02	0.02	0.01	0.04	0.04	0.03	0.04	0.04	0.03	0.02	0.02	0.03
29	0.04	0.02	0.04	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.04	0.03
30	0.04	0.04	0.03	0.04	0.02	0.04	0.02	0.04	0.03	0.04	0.04	0.03
31	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.04	0.04	0.04	0.02	0.04
32	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03
33	0.04	0.05	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.04
34	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.04
35	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.04	0.04	0.05
36	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06	0.05
37	0.05	0.06	0.05	0.06	0.06	0.05	0.05	0.06	0.05	0.05	0.05	0.05
38	0.06	0.06	0.08	0.06	0.07	0.07	0.06	0.06	0.07	0.05	0.06	0.05
39	0.07	0.07	0.08	0.07	0.07	0.08	0.07	0.06	0.07	0.06	0.06	0.07
40	0.07	0.09	0.09	0.07	0.07	0.09	0.07	0.07	0.08	0.07	0.07	0.07
41	0.09	0.09	0.11	0.07	0.09	0.11	0.09	0.09	0.09	0.07	0.07	0.08
42	0.10	0.11	0.12	0.09	0.10	0.11	0.09	0.10	0.11	0.07	0.09	0.08
43	0.11	0.12	0.13	0.10	0.11	0.13	0.10	0.10	0.11	0.09	0.09	0.09
44	0.11	0.14	0.15	0.11	0.12	0.15	0.10	0.11	0.13	0.10	0.10	0.12
45	0.14	0.16	0.17	0.14	0.15	0.15	0.12	0.12	0.15	0.11	0.12	0.12
46	0.15	0.16	0.18	0.15	0.16	0.17	0.15	0.14	0.16	0.12	0.12	0.13
47	0.16	0.20	0.21	0.16	0.18	0.20	0.15	0.16	0.18	0.12	0.12	0.15
48	0.20	0.21	0.25	0.18	0.21	0.22	0.17	0.18	0.21	0.15	0.15	0.16
49	0.21	0.26	0.28	0.20	0.23	0.25	0.18	0.21	0.24	0.15	0.17	0.17
50	0.23	0.28	0.32	0.22	0.26	0.28	0.21	0.25	0.26	0.17	0.18	0.21
51	0.28	0.32	0.36	0.26	0.30	0.33	0.23	0.27	0.30	0.18	0.21	0.22
52	0.31	0.37	0.40	0.28	0.33	0.37	0.27	0.31	0.33	0.21	0.25	0.25
53	0.34	0.41	0.48	0.32	0.38	0.44	0.30	0.34	0.38	0.23	0.27	0.28
54	0.39	0.48	0.53	0.36	0.43	0.48	0.33	0.39	0.44	0.26	0.31	0.33
55	0.46	0.53	0.61	0.42	0.49	0.55	0.38	0.44	0.50	0.31	0.34	0.36
56	0.52	0.62	0.70	0.47	0.55	0.61	0.43	0.50	0.57	0.32	0.37	0.41
57	0.58	0.69	0.78	0.53	0.62	0.70	0.48	0.57	0.62	0.36	0.42	0.46
58	0.64	0.79	0.88	0.60	0.70	0.78	0.54	0.63	0.71	0.39	0.47	0.51
59	0.71	0.86	0.96	0.65	0.77	0.86	0.59	0.70	0.78	0.43	0.52	0.55
60	0.80	0.96	1.07	0.73	0.86	0.96	0.65	0.76	0.86	0.49	0.55	0.61
61	0.90	1.07	1.21	0.81	0.97	1.08	0.73	0.87	0.96	0.53	0.62	0.69
62	0.98	1.21	1.35	0.89	1.07	1.20	0.81	0.96	1.07	0.59	0.69	0.74
63	1.11	1.34	1.49	1.00	1.19	1.32	0.90	1.06	1.17	0.65	0.75	0.81
64	1.22	1.49	1.65	1.09	1.33	1.47	0.97	1.18	1.29	0.70	0.82	0.88
65	1.37	1.66	1.83	1.23	1.48	1.62	1.08	1.32	1.44	0.79	0.91	0.96
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: **No Inflation**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02	0.03	0.02	0.02	0.03
22	0.01	0.02	0.01	0.01	0.01	0.03	0.02	0.01	0.03	0.01	0.02	0.03
23	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.01
24	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.01
25	0.02	0.02	0.03	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02	0.03
26	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.04
27	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.04	0.03	0.04	0.02	0.04
28	0.02	0.02	0.04	0.02	0.04	0.03	0.04	0.02	0.03	0.02	0.04	0.04
29	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.04
30	0.02	0.04	0.03	0.04	0.02	0.03	0.04	0.04	0.04	0.04	0.02	0.04
31	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.02	0.03	0.04	0.04	0.03
32	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
33	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.03	0.04	0.04	0.04
34	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
35	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.05	0.05	0.05	0.05	0.04
36	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.05	0.05
37	0.06	0.06	0.07	0.05	0.05	0.05	0.05	0.06	0.05	0.06	0.06	0.05
38	0.06	0.06	0.05	0.07	0.06	0.07	0.06	0.05	0.07	0.06	0.05	0.05
39	0.06	0.07	0.07	0.06	0.06	0.07	0.07	0.06	0.07	0.07	0.06	0.07
40	0.07	0.07	0.07	0.07	0.07	0.08	0.07	0.06	0.07	0.07	0.07	0.07
41	0.07	0.09	0.08	0.07	0.09	0.08	0.09	0.07	0.08	0.07	0.07	0.07
42	0.09	0.09	0.09	0.09	0.09	0.08	0.09	0.07	0.08	0.09	0.07	0.09
43	0.09	0.10	0.11	0.07	0.09	0.11	0.10	0.09	0.09	0.09	0.09	0.08
44	0.10	0.10	0.11	0.10	0.10	0.11	0.10	0.10	0.09	0.09	0.10	0.09
45	0.10	0.12	0.12	0.11	0.10	0.11	0.10	0.11	0.11	0.10	0.10	0.09
46	0.12	0.12	0.13	0.12	0.12	0.12	0.12	0.12	0.11	0.11	0.11	0.11
47	0.14	0.12	0.15	0.12	0.12	0.13	0.12	0.12	0.13	0.11	0.11	0.11
48	0.14	0.16	0.16	0.14	0.15	0.15	0.14	0.12	0.15	0.12	0.12	0.12
49	0.16	0.17	0.18	0.15	0.15	0.16	0.15	0.16	0.16	0.12	0.14	0.12
50	0.17	0.18	0.20	0.16	0.17	0.20	0.16	0.17	0.17	0.14	0.14	0.15
51	0.18	0.20	0.22	0.18	0.20	0.20	0.17	0.18	0.20	0.16	0.15	0.16
52	0.21	0.23	0.26	0.21	0.21	0.22	0.18	0.20	0.21	0.16	0.17	0.17
53	0.23	0.27	0.28	0.22	0.23	0.25	0.22	0.22	0.22	0.18	0.18	0.18
54	0.26	0.28	0.32	0.25	0.27	0.29	0.23	0.25	0.26	0.20	0.20	0.21
55	0.30	0.33	0.36	0.27	0.30	0.33	0.25	0.27	0.30	0.22	0.22	0.22
56	0.32	0.37	0.41	0.32	0.33	0.37	0.28	0.31	0.33	0.23	0.23	0.25
57	0.38	0.42	0.45	0.34	0.37	0.41	0.32	0.36	0.37	0.25	0.26	0.26
58	0.42	0.48	0.51	0.39	0.42	0.46	0.36	0.39	0.41	0.28	0.28	0.30
59	0.46	0.53	0.59	0.43	0.48	0.53	0.41	0.44	0.46	0.30	0.31	0.33
60	0.53	0.62	0.67	0.48	0.54	0.59	0.44	0.50	0.54	0.33	0.36	0.37
61	0.62	0.71	0.78	0.55	0.63	0.69	0.50	0.57	0.61	0.37	0.41	0.42
62	0.70	0.81	0.88	0.64	0.71	0.78	0.57	0.64	0.69	0.41	0.44	0.46
63	0.80	0.93	1.02	0.71	0.82	0.88	0.64	0.73	0.79	0.46	0.49	0.51
64	0.92	1.06	1.17	0.82	0.93	1.03	0.74	0.82	0.90	0.50	0.55	0.58
65	1.05	1.24	1.35	0.96	1.08	1.17	0.84	0.96	1.03	0.57	0.63	0.66
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.06	0.06	0.07	0.06	0.06	0.07	0.06	0.06	0.07	0.06	0.06	0.07
22	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.07
23	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.08
24	0.06	0.06	0.09	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.09
25	0.06	0.06	0.11	0.06	0.06	0.09	0.06	0.06	0.11	0.06	0.06	0.09
26	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.09	0.06	0.06	0.11
27	0.06	0.06	0.12	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.11
28	0.06	0.06	0.12	0.06	0.06	0.13	0.06	0.06	0.12	0.06	0.06	0.12
29	0.06	0.06	0.15	0.06	0.06	0.13	0.06	0.06	0.13	0.06	0.06	0.13
30	0.06	0.06	0.15	0.06	0.06	0.16	0.06	0.06	0.15	0.06	0.07	0.13
31	0.06	0.06	0.16	0.06	0.06	0.17	0.06	0.06	0.16	0.06	0.07	0.15
32	0.06	0.06	0.18	0.06	0.06	0.18	0.06	0.06	0.17	0.06	0.09	0.17
33	0.06	0.07	0.20	0.06	0.07	0.20	0.06	0.07	0.18	0.06	0.10	0.18
34	0.06	0.09	0.22	0.06	0.09	0.22	0.06	0.09	0.21	0.06	0.10	0.20
35	0.06	0.09	0.25	0.06	0.09	0.25	0.06	0.10	0.24	0.07	0.12	0.22
36	0.06	0.11	0.28	0.06	0.11	0.26	0.06	0.11	0.26	0.07	0.14	0.25
37	0.06	0.12	0.30	0.06	0.12	0.29	0.06	0.12	0.29	0.09	0.15	0.28
38	0.06	0.14	0.33	0.06	0.14	0.32	0.06	0.14	0.30	0.10	0.17	0.32
39	0.06	0.15	0.37	0.06	0.16	0.36	0.06	0.16	0.34	0.11	0.18	0.34
40	0.06	0.18	0.41	0.06	0.17	0.40	0.07	0.17	0.37	0.12	0.21	0.37
41	0.06	0.21	0.48	0.07	0.21	0.45	0.09	0.22	0.44	0.14	0.23	0.44
42	0.07	0.23	0.50	0.09	0.25	0.50	0.11	0.23	0.48	0.15	0.27	0.49
43	0.09	0.26	0.57	0.11	0.27	0.55	0.12	0.27	0.54	0.18	0.31	0.54
44	0.11	0.30	0.62	0.12	0.31	0.61	0.14	0.31	0.59	0.20	0.34	0.61
45	0.12	0.33	0.67	0.15	0.33	0.67	0.16	0.34	0.65	0.22	0.38	0.66
46	0.15	0.37	0.75	0.16	0.38	0.74	0.18	0.38	0.71	0.25	0.43	0.74
47	0.17	0.42	0.82	0.20	0.43	0.82	0.21	0.43	0.79	0.27	0.48	0.83
48	0.20	0.47	0.91	0.22	0.48	0.91	0.25	0.48	0.87	0.31	0.53	0.92
49	0.22	0.53	0.99	0.25	0.53	1.00	0.27	0.53	0.96	0.36	0.60	1.03
50	0.28	0.60	1.11	0.31	0.62	1.12	0.32	0.60	1.08	0.41	0.70	1.16
51	0.31	0.65	1.21	0.34	0.68	1.21	0.37	0.68	1.19	0.46	0.77	1.29
52	0.36	0.74	1.33	0.39	0.76	1.35	0.42	0.76	1.31	0.50	0.86	1.43
53	0.42	0.82	1.47	0.46	0.85	1.48	0.48	0.85	1.44	0.58	0.96	1.58
54	0.48	0.91	1.60	0.52	0.95	1.62	0.53	0.95	1.58	0.64	1.08	1.74
55	0.54	1.02	1.76	0.59	1.05	1.77	0.60	1.05	1.74	0.71	1.21	1.94
56	0.62	1.13	1.93	0.66	1.17	1.95	0.68	1.17	1.91	0.80	1.33	2.15
57	0.70	1.25	2.11	0.75	1.30	2.15	0.76	1.29	2.11	0.90	1.49	2.39
58	0.79	1.40	2.32	0.85	1.45	2.36	0.86	1.44	2.32	1.00	1.66	2.65
59	0.90	1.55	2.56	0.96	1.62	2.60	0.97	1.61	2.56	1.12	1.86	2.94
60	1.02	1.73	2.84	1.08	1.82	2.88	1.11	1.81	2.85	1.27	2.09	3.31
61	1.17	1.98	3.17	1.24	2.05	3.25	1.24	2.04	3.21	1.44	2.39	3.75
62	1.30	2.20	3.51	1.40	2.30	3.60	1.41	2.29	3.56	1.61	2.69	4.22
63	1.48	2.47	3.91	1.56	2.56	4.01	1.57	2.56	3.97	1.82	3.04	4.75
64	1.66	2.76	4.34	1.77	2.88	4.46	1.78	2.87	4.44	2.05	3.43	5.36
65	1.87	3.09	4.83	1.99	3.22	4.99	2.00	3.23	4.95	2.32	3.90	6.05
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound until age 80 or 200% - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.03	0.01	0.02	0.01
22	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.03	0.01	0.02	0.03
23	0.02	0.01	0.01	0.02	0.01	0.03	0.02	0.02	0.01	0.01	0.02	0.03
24	0.01	0.02	0.01	0.01	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.03
25	0.02	0.01	0.03	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.03
26	0.02	0.02	0.03	0.02	0.01	0.03	0.02	0.02	0.03	0.02	0.02	0.03
27	0.02	0.02	0.04	0.02	0.04	0.01	0.02	0.01	0.03	0.02	0.02	0.03
28	0.04	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
29	0.02	0.02	0.04	0.02	0.02	0.03	0.04	0.02	0.04	0.04	0.02	0.03
30	0.02	0.02	0.03	0.02	0.02	0.04	0.04	0.04	0.03	0.04	0.04	0.03
31	0.04	0.04	0.04	0.02	0.04	0.03	0.04	0.04	0.03	0.02	0.04	0.03
32	0.02	0.04	0.04	0.04	0.04	0.03	0.04	0.02	0.03	0.04	0.04	0.03
33	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.05
34	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03
35	0.04	0.05	0.05	0.05	0.04	0.05	0.05	0.04	0.04	0.05	0.04	0.04
36	0.04	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.04	0.05	0.05	0.05
37	0.05	0.05	0.07	0.05	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05
38	0.06	0.06	0.07	0.05	0.05	0.07	0.06	0.05	0.05	0.06	0.05	0.05
39	0.06	0.07	0.08	0.06	0.06	0.07	0.06	0.05	0.07	0.06	0.06	0.07
40	0.06	0.07	0.09	0.07	0.07	0.08	0.06	0.07	0.08	0.07	0.06	0.05
41	0.07	0.10	0.11	0.07	0.09	0.08	0.07	0.07	0.09	0.09	0.07	0.08
42	0.09	0.10	0.11	0.09	0.10	0.11	0.09	0.09	0.09	0.07	0.07	0.08
43	0.11	0.11	0.13	0.10	0.10	0.11	0.10	0.10	0.11	0.09	0.09	0.09
44	0.11	0.12	0.13	0.11	0.11	0.13	0.10	0.10	0.12	0.09	0.09	0.08
45	0.12	0.14	0.16	0.12	0.14	0.13	0.10	0.11	0.13	0.10	0.10	0.11
46	0.15	0.16	0.17	0.14	0.14	0.16	0.12	0.12	0.15	0.10	0.11	0.11
47	0.16	0.17	0.20	0.15	0.16	0.17	0.14	0.14	0.16	0.11	0.11	0.13
48	0.17	0.20	0.22	0.17	0.18	0.20	0.15	0.16	0.18	0.12	0.14	0.15
49	0.20	0.22	0.25	0.18	0.20	0.22	0.17	0.18	0.21	0.14	0.15	0.16
50	0.22	0.26	0.28	0.20	0.23	0.26	0.18	0.21	0.24	0.15	0.16	0.18
51	0.26	0.30	0.33	0.23	0.26	0.29	0.21	0.23	0.26	0.17	0.17	0.18
52	0.28	0.32	0.37	0.26	0.30	0.33	0.23	0.27	0.30	0.17	0.20	0.21
53	0.32	0.38	0.42	0.28	0.34	0.38	0.27	0.31	0.34	0.20	0.22	0.24
54	0.37	0.43	0.49	0.34	0.37	0.42	0.30	0.36	0.38	0.22	0.25	0.28
55	0.42	0.48	0.55	0.38	0.44	0.50	0.33	0.39	0.45	0.25	0.28	0.30
56	0.48	0.55	0.63	0.43	0.50	0.57	0.38	0.46	0.50	0.26	0.31	0.34
57	0.53	0.65	0.74	0.48	0.57	0.65	0.44	0.50	0.57	0.31	0.34	0.38
58	0.62	0.74	0.84	0.55	0.65	0.74	0.49	0.59	0.66	0.33	0.39	0.45
59	0.71	0.85	0.98	0.64	0.75	0.86	0.57	0.66	0.75	0.37	0.44	0.49
60	0.82	0.98	1.14	0.73	0.87	1.00	0.65	0.77	0.87	0.43	0.50	0.58
61	0.96	1.18	1.33	0.85	1.02	1.16	0.75	0.90	1.02	0.49	0.59	0.66
62	1.09	1.35	1.54	0.98	1.18	1.35	0.85	1.03	1.17	0.54	0.66	0.74
63	1.27	1.56	1.80	1.13	1.37	1.56	0.98	1.19	1.36	0.62	0.75	0.84
64	1.46	1.81	2.06	1.29	1.57	1.80	1.12	1.38	1.57	0.69	0.85	0.96
65	1.70	2.10	2.42	1.51	1.83	2.09	1.30	1.57	1.80	0.79	0.97	1.11
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 50% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound until age 80 or 300% - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.01
22	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.02	0.01	0.02	0.01	0.03	0.01	0.01	0.01	0.01	0.02	0.01
24	0.02	0.02	0.03	0.02	0.01	0.03	0.02	0.02	0.01	0.02	0.02	0.01
25	0.02	0.02	0.01	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
26	0.01	0.01	0.03	0.02	0.02	0.01	0.02	0.01	0.01	0.01	0.02	0.03
27	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
28	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
29	0.02	0.02	0.04	0.04	0.04	0.03	0.04	0.02	0.03	0.02	0.04	0.03
30	0.02	0.02	0.04	0.04	0.02	0.04	0.02	0.02	0.03	0.04	0.04	0.03
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03
32	0.04	0.04	0.04	0.04	0.05	0.03	0.04	0.04	0.04	0.04	0.02	0.04
33	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.04
34	0.05	0.05	0.05	0.05	0.04	0.05	0.04	0.05	0.04	0.04	0.04	0.04
35	0.05	0.05	0.07	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.04	0.04
36	0.05	0.05	0.07	0.06	0.05	0.07	0.05	0.05	0.07	0.05	0.05	0.05
37	0.06	0.06	0.07	0.05	0.06	0.07	0.06	0.06	0.07	0.05	0.05	0.05
38	0.06	0.07	0.08	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.07
39	0.07	0.07	0.08	0.07	0.07	0.08	0.07	0.07	0.08	0.06	0.07	0.05
40	0.09	0.10	0.11	0.07	0.09	0.08	0.07	0.09	0.09	0.06	0.07	0.08
41	0.10	0.12	0.12	0.09	0.10	0.12	0.09	0.09	0.11	0.07	0.09	0.08
42	0.11	0.11	0.13	0.10	0.11	0.12	0.10	0.11	0.11	0.09	0.07	0.09
43	0.12	0.14	0.16	0.11	0.14	0.15	0.10	0.12	0.13	0.09	0.10	0.09
44	0.14	0.15	0.18	0.14	0.15	0.16	0.11	0.14	0.15	0.10	0.10	0.11
45	0.16	0.17	0.20	0.15	0.16	0.20	0.14	0.16	0.16	0.11	0.11	0.13
46	0.17	0.20	0.24	0.16	0.17	0.21	0.14	0.17	0.18	0.11	0.12	0.13
47	0.20	0.22	0.26	0.18	0.21	0.24	0.17	0.18	0.22	0.12	0.14	0.16
48	0.22	0.26	0.30	0.21	0.23	0.28	0.20	0.22	0.25	0.15	0.16	0.18
49	0.25	0.30	0.34	0.23	0.26	0.30	0.21	0.25	0.28	0.15	0.18	0.21
50	0.30	0.34	0.40	0.26	0.31	0.36	0.23	0.28	0.32	0.17	0.20	0.22
51	0.33	0.38	0.45	0.31	0.36	0.40	0.26	0.32	0.36	0.20	0.22	0.25
52	0.38	0.44	0.51	0.34	0.39	0.46	0.31	0.34	0.41	0.21	0.25	0.28
53	0.42	0.50	0.58	0.39	0.46	0.51	0.34	0.41	0.46	0.23	0.28	0.32
54	0.49	0.58	0.67	0.44	0.52	0.59	0.39	0.47	0.53	0.27	0.32	0.36
55	0.55	0.66	0.78	0.49	0.60	0.69	0.44	0.53	0.61	0.30	0.36	0.40
56	0.63	0.76	0.88	0.57	0.68	0.79	0.50	0.60	0.69	0.33	0.41	0.46
57	0.71	0.86	1.00	0.64	0.77	0.88	0.57	0.69	0.78	0.38	0.46	0.50
58	0.80	0.98	1.14	0.71	0.87	1.00	0.63	0.76	0.87	0.41	0.49	0.57
59	0.89	1.08	1.25	0.79	0.96	1.11	0.70	0.85	0.96	0.46	0.55	0.62
60	0.98	1.22	1.41	0.90	1.07	1.23	0.79	0.95	1.07	0.50	0.62	0.69
61	1.13	1.39	1.61	1.01	1.22	1.40	0.87	1.07	1.21	0.55	0.69	0.78
62	1.25	1.55	1.78	1.12	1.35	1.54	0.98	1.18	1.35	0.62	0.76	0.84
63	1.40	1.73	1.99	1.24	1.51	1.73	1.08	1.33	1.49	0.65	0.84	0.94
64	1.55	1.94	2.22	1.39	1.69	1.91	1.21	1.46	1.66	0.74	0.91	1.02
65	1.76	2.18	2.49	1.55	1.88	2.14	1.34	1.65	1.85	0.80	1.01	1.12
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: **No Inflation**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.01	0.03	0.01	0.01	0.01	0.02	0.02	0.03	0.01	0.02	0.03
22	0.02	0.01	0.03	0.02	0.01	0.01	0.01	0.02	0.03	0.02	0.02	0.01
23	0.01	0.02	0.03	0.01	0.01	0.03	0.04	0.02	0.03	0.02	0.02	0.03
24	0.01	0.01	0.03	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.02	0.03
25	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.02	0.01	0.02	0.02	0.03
26	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
27	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.04	0.02	0.04
28	0.02	0.02	0.04	0.02	0.02	0.04	0.02	0.04	0.03	0.02	0.02	0.03
29	0.02	0.02	0.04	0.02	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.04
30	0.04	0.02	0.03	0.04	0.04	0.03	0.04	0.02	0.04	0.04	0.04	0.04
31	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
32	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.04
33	0.05	0.02	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
34	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.05	0.04	0.05	0.04	0.04
35	0.05	0.05	0.04	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.04
36	0.05	0.06	0.05	0.06	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.05
37	0.05	0.06	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05
38	0.06	0.06	0.07	0.06	0.06	0.05	0.06	0.06	0.05	0.06	0.06	0.05
39	0.06	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.07	0.06	0.06	0.07
40	0.06	0.07	0.07	0.07	0.06	0.07	0.07	0.07	0.07	0.06	0.06	0.07
41	0.07	0.07	0.08	0.07	0.07	0.08	0.07	0.09	0.08	0.07	0.07	0.08
42	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.08	0.09	0.07	0.08
43	0.09	0.10	0.09	0.09	0.09	0.11	0.07	0.09	0.09	0.07	0.07	0.08
44	0.10	0.10	0.11	0.10	0.10	0.11	0.10	0.09	0.09	0.10	0.09	0.09
45	0.11	0.11	0.12	0.10	0.11	0.12	0.10	0.10	0.12	0.10	0.10	0.09
46	0.11	0.12	0.15	0.11	0.12	0.13	0.11	0.11	0.12	0.11	0.10	0.11
47	0.14	0.14	0.15	0.12	0.14	0.15	0.12	0.12	0.13	0.11	0.11	0.11
48	0.15	0.16	0.17	0.14	0.15	0.17	0.12	0.14	0.15	0.12	0.11	0.12
49	0.16	0.17	0.18	0.16	0.16	0.17	0.15	0.16	0.16	0.14	0.14	0.13
50	0.18	0.20	0.21	0.16	0.18	0.20	0.16	0.16	0.17	0.15	0.15	0.15
51	0.20	0.22	0.24	0.18	0.20	0.21	0.17	0.18	0.20	0.16	0.15	0.16
52	0.22	0.26	0.26	0.21	0.22	0.25	0.20	0.20	0.22	0.16	0.17	0.17
53	0.25	0.27	0.29	0.23	0.25	0.28	0.22	0.23	0.25	0.17	0.18	0.20
54	0.28	0.31	0.34	0.26	0.28	0.30	0.25	0.26	0.28	0.18	0.20	0.21
55	0.31	0.36	0.38	0.28	0.32	0.34	0.26	0.30	0.30	0.21	0.23	0.24
56	0.34	0.41	0.44	0.32	0.34	0.38	0.30	0.32	0.34	0.23	0.25	0.25
57	0.39	0.46	0.49	0.37	0.39	0.44	0.33	0.36	0.40	0.26	0.26	0.28
58	0.44	0.52	0.57	0.41	0.46	0.49	0.37	0.41	0.45	0.28	0.30	0.30
59	0.50	0.58	0.63	0.46	0.52	0.57	0.42	0.46	0.50	0.31	0.32	0.33
60	0.57	0.66	0.73	0.52	0.59	0.63	0.48	0.52	0.57	0.34	0.37	0.38
61	0.66	0.77	0.86	0.59	0.68	0.74	0.53	0.60	0.65	0.38	0.42	0.42
62	0.75	0.87	0.98	0.68	0.77	0.84	0.60	0.68	0.74	0.42	0.46	0.49
63	0.86	1.01	1.14	0.77	0.89	0.96	0.69	0.77	0.86	0.46	0.50	0.53
64	0.98	1.16	1.29	0.89	1.02	1.11	0.77	0.87	0.96	0.50	0.58	0.59
65	1.13	1.34	1.49	1.02	1.17	1.29	0.89	1.02	1.10	0.58	0.65	0.67
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.07
22	0.06	0.06	0.09	0.06	0.06	0.08	0.06	0.06	0.08	0.06	0.06	0.08
23	0.06	0.06	0.09	0.06	0.06	0.09	0.06	0.06	0.09	0.06	0.06	0.08
24	0.06	0.06	0.09	0.06	0.06	0.11	0.06	0.06	0.09	0.06	0.06	0.09
25	0.06	0.06	0.11	0.06	0.06	0.11	0.06	0.06	0.09	0.06	0.06	0.09
26	0.06	0.06	0.12	0.06	0.06	0.12	0.06	0.06	0.11	0.06	0.06	0.11
27	0.06	0.06	0.13	0.06	0.06	0.13	0.06	0.06	0.12	0.06	0.06	0.11
28	0.06	0.06	0.15	0.06	0.06	0.15	0.06	0.06	0.13	0.06	0.06	0.12
29	0.06	0.06	0.16	0.06	0.06	0.15	0.06	0.06	0.15	0.06	0.06	0.15
30	0.06	0.06	0.17	0.06	0.06	0.17	0.06	0.06	0.16	0.06	0.07	0.15
31	0.06	0.06	0.20	0.06	0.07	0.18	0.06	0.07	0.17	0.06	0.07	0.16
32	0.06	0.07	0.20	0.06	0.07	0.20	0.06	0.07	0.18	0.06	0.09	0.17
33	0.06	0.09	0.24	0.06	0.09	0.22	0.06	0.09	0.21	0.06	0.10	0.20
34	0.06	0.10	0.25	0.06	0.10	0.25	0.06	0.10	0.22	0.06	0.11	0.21
35	0.06	0.11	0.28	0.06	0.11	0.26	0.06	0.11	0.26	0.07	0.12	0.24
36	0.06	0.12	0.32	0.06	0.12	0.29	0.06	0.12	0.29	0.07	0.15	0.26
37	0.06	0.15	0.34	0.06	0.15	0.33	0.06	0.15	0.30	0.09	0.16	0.29
38	0.06	0.16	0.38	0.06	0.16	0.36	0.06	0.16	0.34	0.10	0.17	0.32
39	0.06	0.18	0.41	0.06	0.18	0.40	0.07	0.18	0.38	0.11	0.20	0.36
40	0.06	0.21	0.46	0.07	0.20	0.44	0.09	0.21	0.42	0.12	0.22	0.40
41	0.07	0.23	0.51	0.09	0.25	0.51	0.10	0.25	0.48	0.15	0.26	0.46
42	0.10	0.27	0.58	0.11	0.28	0.55	0.11	0.27	0.53	0.17	0.30	0.51
43	0.11	0.31	0.63	0.12	0.31	0.61	0.14	0.31	0.59	0.18	0.32	0.57
44	0.14	0.34	0.70	0.16	0.34	0.67	0.16	0.33	0.65	0.21	0.37	0.63
45	0.15	0.38	0.77	0.17	0.38	0.74	0.18	0.38	0.70	0.25	0.41	0.71
46	0.17	0.43	0.84	0.20	0.43	0.83	0.21	0.43	0.79	0.27	0.46	0.78
47	0.21	0.48	0.92	0.22	0.49	0.91	0.25	0.48	0.87	0.30	0.52	0.87
48	0.25	0.54	1.03	0.26	0.55	1.00	0.27	0.54	0.96	0.33	0.58	0.96
49	0.28	0.60	1.14	0.30	0.60	1.11	0.32	0.59	1.07	0.38	0.64	1.08
50	0.32	0.69	1.25	0.36	0.70	1.24	0.37	0.68	1.19	0.44	0.74	1.23
51	0.38	0.75	1.37	0.41	0.77	1.36	0.41	0.76	1.29	0.49	0.81	1.35
52	0.43	0.85	1.50	0.46	0.86	1.49	0.47	0.84	1.43	0.54	0.91	1.50
53	0.49	0.95	1.64	0.52	0.96	1.62	0.53	0.93	1.57	0.62	1.02	1.66
54	0.55	1.05	1.81	0.60	1.06	1.80	0.60	1.05	1.73	0.69	1.13	1.85
55	0.63	1.16	1.98	0.66	1.18	1.97	0.68	1.16	1.90	0.77	1.27	2.05
56	0.71	1.29	2.15	0.76	1.32	2.16	0.76	1.29	2.10	0.85	1.41	2.27
57	0.81	1.43	2.36	0.86	1.45	2.36	0.86	1.43	2.30	0.96	1.59	2.51
58	0.92	1.59	2.60	0.97	1.61	2.61	0.96	1.59	2.53	1.07	1.76	2.79
59	1.02	1.76	2.86	1.08	1.81	2.88	1.08	1.77	2.80	1.21	1.97	3.10
60	1.17	1.96	3.15	1.23	2.02	3.18	1.22	1.99	3.10	1.35	2.21	3.47
61	1.34	2.23	3.52	1.40	2.28	3.56	1.39	2.24	3.48	1.54	2.52	3.95
62	1.49	2.47	3.91	1.57	2.53	3.96	1.56	2.50	3.87	1.72	2.84	4.44
63	1.67	2.76	4.33	1.76	2.83	4.41	1.76	2.80	4.30	1.94	3.21	4.99
64	1.89	3.08	4.80	1.98	3.17	4.90	1.97	3.14	4.80	2.19	3.63	5.61
65	2.12	3.44	5.35	2.23	3.55	5.45	2.21	3.52	5.36	2.47	4.10	6.34
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound until age 80 or 200% - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.01	0.01	0.02	0.01	0.03	0.01	0.02	0.01	0.02	0.02	0.01
22	0.01	0.02	0.03	0.01	0.01	0.01	0.01	0.02	0.03	0.02	0.02	0.01
23	0.01	0.02	0.01	0.02	0.01	0.01	0.02	0.01	0.03	0.02	0.01	0.01
24	0.02	0.02	0.03	0.02	0.02	0.01	0.01	0.01	0.03	0.02	0.02	0.03
25	0.02	0.02	0.01	0.01	0.01	0.03	0.02	0.01	0.01	0.02	0.01	0.03
26	0.02	0.02	0.01	0.02	0.02	0.03	0.02	0.01	0.03	0.02	0.02	0.03
27	0.02	0.04	0.03	0.02	0.02	0.03	0.02	0.04	0.03	0.02	0.02	0.03
28	0.01	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.04	0.04	0.01
29	0.02	0.02	0.03	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.04	0.03
30	0.02	0.02	0.03	0.02	0.02	0.03	0.04	0.04	0.03	0.02	0.02	0.03
31	0.04	0.04	0.03	0.04	0.02	0.04	0.04	0.02	0.04	0.04	0.04	0.04
32	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.04	0.04	0.04	0.04
33	0.02	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.03	0.05	0.04	0.03
34	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04
35	0.05	0.05	0.05	0.04	0.04	0.04	0.05	0.04	0.05	0.05	0.05	0.04
36	0.06	0.05	0.05	0.04	0.05	0.05	0.04	0.04	0.05	0.06	0.04	0.04
37	0.05	0.05	0.07	0.05	0.06	0.07	0.05	0.05	0.05	0.05	0.05	0.04
38	0.06	0.06	0.08	0.05	0.06	0.07	0.05	0.06	0.07	0.06	0.05	0.05
39	0.06	0.07	0.08	0.05	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.05
40	0.06	0.07	0.08	0.06	0.07	0.09	0.07	0.07	0.08	0.06	0.06	0.05
41	0.09	0.09	0.11	0.09	0.07	0.09	0.06	0.09	0.08	0.06	0.07	0.08
42	0.10	0.10	0.12	0.09	0.09	0.11	0.09	0.10	0.09	0.07	0.07	0.08
43	0.11	0.11	0.13	0.10	0.11	0.12	0.09	0.10	0.11	0.09	0.09	0.08
44	0.11	0.12	0.15	0.10	0.12	0.13	0.11	0.11	0.12	0.09	0.09	0.09
45	0.14	0.14	0.16	0.12	0.14	0.16	0.11	0.11	0.13	0.09	0.10	0.11
46	0.15	0.16	0.18	0.14	0.15	0.17	0.14	0.14	0.15	0.11	0.11	0.12
47	0.16	0.18	0.21	0.16	0.17	0.18	0.12	0.15	0.17	0.11	0.12	0.13
48	0.18	0.21	0.24	0.16	0.18	0.21	0.16	0.17	0.20	0.12	0.12	0.15
49	0.21	0.23	0.26	0.18	0.21	0.24	0.18	0.20	0.21	0.14	0.15	0.16
50	0.22	0.27	0.30	0.21	0.25	0.28	0.20	0.22	0.24	0.16	0.17	0.18
51	0.26	0.31	0.34	0.25	0.27	0.32	0.22	0.25	0.29	0.16	0.17	0.20
52	0.30	0.36	0.41	0.27	0.31	0.36	0.25	0.28	0.33	0.17	0.21	0.22
53	0.34	0.41	0.46	0.31	0.36	0.40	0.28	0.32	0.36	0.20	0.22	0.25
54	0.38	0.46	0.54	0.34	0.41	0.46	0.32	0.37	0.42	0.22	0.25	0.28
55	0.44	0.53	0.62	0.41	0.47	0.54	0.34	0.42	0.48	0.25	0.28	0.32
56	0.50	0.62	0.70	0.46	0.53	0.61	0.41	0.48	0.54	0.28	0.32	0.36
57	0.58	0.69	0.81	0.50	0.62	0.70	0.46	0.54	0.61	0.31	0.36	0.40
58	0.66	0.80	0.92	0.59	0.69	0.79	0.53	0.62	0.71	0.34	0.41	0.46
59	0.75	0.92	1.07	0.68	0.81	0.92	0.60	0.70	0.81	0.38	0.46	0.51
60	0.87	1.07	1.24	0.77	0.93	1.07	0.69	0.81	0.92	0.44	0.52	0.59
61	1.03	1.25	1.48	0.91	1.11	1.25	0.80	0.95	1.08	0.49	0.60	0.69
62	1.19	1.46	1.70	1.05	1.27	1.45	0.90	1.11	1.27	0.55	0.68	0.77
63	1.37	1.70	1.98	1.21	1.46	1.69	1.05	1.27	1.45	0.64	0.77	0.87
64	1.57	1.97	2.27	1.39	1.70	1.97	1.21	1.46	1.69	0.71	0.89	1.00
65	1.85	2.30	2.67	1.61	1.97	2.27	1.39	1.70	1.94	0.81	1.01	1.15
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
WITH THE APPROVED RATE INCREASE

Integrated Plan HHC at 75% - Rider FR 539
Lifetime Payment Term

Indexing: **5% Compound until age 80 or 300% - Rider FR 540**
ROP Rider **FR 541**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan	1000 Day Plan	2000 Day Plan	Unlimited Plan
21	0.02	0.01	0.01	0.01	0.01	0.03	0.01	0.02	0.01	0.01	0.01	0.01
22	0.01	0.02	0.01	0.01	0.02	0.03	0.02	0.01	0.01	0.01	0.02	0.01
23	0.01	0.02	0.03	0.01	0.02	0.01	0.02	0.01	0.03	0.02	0.02	0.01
24	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.01	0.02	0.02	0.03
25	0.02	0.01	0.03	0.01	0.01	0.03	0.01	0.02	0.03	0.01	0.02	0.03
26	0.02	0.02	0.03	0.02	0.02	0.03	0.01	0.02	0.01	0.02	0.02	0.03
27	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.02	0.03	0.01	0.02	0.01
28	0.02	0.02	0.03	0.04	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03
29	0.02	0.02	0.04	0.02	0.02	0.03	0.02	0.04	0.03	0.02	0.04	0.03
30	0.04	0.02	0.04	0.02	0.02	0.03	0.02	0.04	0.04	0.02	0.04	0.03
31	0.02	0.02	0.04	0.04	0.04	0.04	0.02	0.04	0.04	0.02	0.02	0.03
32	0.04	0.04	0.04	0.04	0.02	0.04	0.02	0.05	0.03	0.04	0.04	0.03
33	0.04	0.04	0.05	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.02	0.03
34	0.04	0.04	0.05	0.05	0.04	0.05	0.05	0.05	0.05	0.04	0.04	0.04
35	0.05	0.06	0.07	0.05	0.05	0.07	0.05	0.05	0.04	0.05	0.05	0.05
36	0.05	0.07	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
37	0.06	0.07	0.08	0.05	0.06	0.08	0.05	0.06	0.07	0.05	0.04	0.05
38	0.07	0.07	0.09	0.06	0.07	0.08	0.06	0.06	0.07	0.05	0.06	0.05
39	0.07	0.09	0.11	0.07	0.09	0.09	0.07	0.09	0.08	0.06	0.06	0.07
40	0.10	0.10	0.12	0.09	0.09	0.11	0.07	0.09	0.08	0.06	0.07	0.08
41	0.10	0.11	0.15	0.10	0.12	0.11	0.09	0.10	0.11	0.07	0.07	0.09
42	0.11	0.14	0.15	0.10	0.12	0.15	0.11	0.10	0.13	0.09	0.09	0.09
43	0.12	0.15	0.17	0.12	0.14	0.16	0.11	0.12	0.15	0.09	0.10	0.11
44	0.15	0.17	0.20	0.14	0.16	0.17	0.12	0.14	0.16	0.10	0.10	0.12
45	0.15	0.20	0.22	0.15	0.17	0.20	0.14	0.16	0.17	0.10	0.11	0.13
46	0.18	0.21	0.25	0.16	0.20	0.22	0.15	0.18	0.21	0.12	0.14	0.15
47	0.21	0.25	0.28	0.20	0.22	0.25	0.17	0.21	0.22	0.12	0.14	0.16
48	0.23	0.28	0.33	0.22	0.25	0.29	0.20	0.22	0.26	0.14	0.16	0.18
49	0.27	0.32	0.37	0.25	0.28	0.33	0.22	0.26	0.29	0.16	0.18	0.20
50	0.31	0.37	0.44	0.27	0.33	0.37	0.25	0.30	0.33	0.17	0.20	0.24
51	0.34	0.42	0.49	0.31	0.37	0.44	0.28	0.33	0.38	0.20	0.22	0.26
52	0.39	0.48	0.57	0.36	0.42	0.50	0.32	0.37	0.44	0.22	0.26	0.29
53	0.46	0.55	0.65	0.39	0.48	0.57	0.36	0.43	0.50	0.25	0.30	0.33
54	0.50	0.63	0.73	0.46	0.55	0.65	0.41	0.49	0.57	0.27	0.32	0.37
55	0.59	0.73	0.84	0.53	0.63	0.73	0.47	0.55	0.65	0.31	0.37	0.42
56	0.66	0.82	0.95	0.60	0.71	0.83	0.52	0.63	0.73	0.33	0.41	0.48
57	0.76	0.95	1.10	0.68	0.81	0.95	0.60	0.73	0.83	0.38	0.47	0.53
58	0.85	1.06	1.23	0.76	0.92	1.07	0.68	0.81	0.94	0.42	0.52	0.59
59	0.96	1.18	1.37	0.85	1.03	1.20	0.74	0.90	1.04	0.46	0.57	0.65
60	1.07	1.33	1.53	0.95	1.14	1.33	0.82	1.00	1.15	0.52	0.63	0.71
61	1.22	1.51	1.74	1.08	1.30	1.50	0.93	1.13	1.29	0.58	0.70	0.81
62	1.35	1.67	1.95	1.19	1.46	1.68	1.03	1.27	1.45	0.63	0.77	0.90
63	1.51	1.88	2.18	1.34	1.64	1.87	1.16	1.41	1.61	0.68	0.86	0.98
64	1.69	2.10	2.44	1.49	1.82	2.10	1.28	1.56	1.80	0.75	0.93	1.07
65	1.89	2.36	2.73	1.66	2.03	2.34	1.43	1.73	1.99	0.84	1.03	1.17
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Rider FR 539
Rider FR 540
Rider FR 541

Modal Factors

Payment Mode	Factors
Monthly	1.00
Quarterly	3.00
Semi-Annual	5.86
Annual	11.43

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance Principal 12.10.19.pdf
Item Status:	Received & Acknowledged
Status Date:	01/30/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA rate review requirements checklist_Individual_updated April 2018_20180720.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Principal VA Individual Memorandum 20180720 rev 20191120.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Health Insurance Rate Request Summary_Individual_20180720.pdf VA Health Insurance Request Form_Individual_20191210.pdf
Item Status:	Received & Acknowledged
Status Date:	01/30/2020

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA Individual cover letter 20180720.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	VA Exhibits
Comments:	
Attachment(s):	Principal VA Appendix A_Individual_20180720.pdf Principal VA Individual Experience Exhibits for Actuarial Memorandum_rev 20191120.pdf

Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Third Party Authorization Letter
Comments:	
Attachment(s):	2017 Letter of Authorization.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Additional Filing Information
Comments:	
Attachment(s):	Compliance with Loss Ratio Standard and Policyholder Protection Measures_Individual_20180720.pdf Loss Ratio Compliance Attachment 1_Individual.pdf MedAmerica Claims Procedures_Individual_20160128.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Current VA Rates
Comments:	
Attachment(s):	Principal VA Individual LTC 2_Form FR 406 VA_Current Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Original Memorandum
Comments:	
Attachment(s):	FR 406 IA Actuarial Memorandum.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability Principal.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2020

Satisfied - Item:	Objection Response 08-27-2018
Comments:	

Attachment(s):	Principal VA_Individual_Response to 20180801 objection_20180827.pdf Principal VA Individual_Attachments 1-3_Response 20180827.pdf Principal VA Experience Exhibits_Individual_20180827.xlsb
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Objection Response 04-04-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20190304 objection_20190404.pdf Principal Individual VA_Attachments_Obj 20190304_20190404.xlsx
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Objection Response 11-20-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191021 objection_20191120.pdf
Item Status:	Received & Acknowledged
Status Date:	11/22/2019

Satisfied - Item:	Objection Response 12-12-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191210 objection_20191211.pdf
Item Status:	Received & Acknowledged
Status Date:	01/30/2020

Satisfied - Item:	Readability Compliance Certification
Comments:	
Attachment(s):	Principal VA Readability Compliance Certification 8.20.20.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2020

Satisfied - Item:	Objection and Note to Filer Response 12-30-2019
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191218 objection_20191230.pdf
Item Status:	Received & Acknowledged
Status Date:	01/30/2020

Satisfied - Item:	John Doe Policyholder Notification Letters

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Comments:	
Attachment(s):	John Doe PFGCNF-VA-0718.pdf John Doe PFGN-VA-0718.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2020

Satisfied - Item:	Objection Response 01-24-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20191231 objection_20200123.pdf
Item Status:	Received & Acknowledged
Status Date:	01/30/2020

Satisfied - Item:	Objection Response 08-26-2020
Comments:	
Attachment(s):	Principal VA_Individual_Response to 20200805 objection_20200826.pdf
Item Status:	Received & Acknowledged
Status Date:	09/03/2020

Attachment Principal VA Experience Exhibits_Individual_20180827.xlsb is not a PDF document and cannot be reproduced here.

Attachment Principal Individual VA_Attachments_Obj 20190304_20190404.xlsx is not a PDF document and cannot be reproduced here.

Virginia Certificate of Compliance
MedAmerica Insurance Company
On Behalf of Principal Life Insurance Company
Long-Term Care Insurance Policy (Tax-Qualified)

Form Name and Description	Form Number	New, Replace or Other
Notice of Premium Increase	PFGP-VA-0718	New
Notification letter that we have filed a premium increase with the Virginia Bureau of Insurance with options to mitigate the increase outlined in the letter.		
Option Election Form	PFGOEF-VA-0718	New
Form for the insured to notify us that they have decided to reduce their unlimited lifetime benefit to a three-year maximum benefit and continue paying their current premium amount or stop future premium payments and accept the Contingent Non-Forfeiture Benefit.		
Notice of Premium Increase	PFGN-VA-0718	New
Notification letter that we have filed a premium increase with the Virginia Bureau of Insurance with options to mitigate the increase outlined in the letter.		
Contingent Non-Forfeiture Benefit Election Form	PFGCNF-VA-0718	New
Form for the insured to notify us that they have decided to stop future premium payments and accept the Contingent Non-Forfeiture Benefit.		

The Long Term Care Policy is intended to be a Qualified Long Term Care Contract under the Federal Internal Revenue Code. The policies were sold to individuals between the ages of 18-85.

The company has reviewed the enclosed policy forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Certification by:

William L. Naylon

William L. Naylon

President

Title

Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for 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. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Agent Commissions	§ 38.2-316.1	Describe agent commissions including any limitations or exceptions. (ACA Individual and Small Group Markets Only)		Not Applicable
Certification of Compliance	14VAC5-100-40 3	Certificate of Compliance signed by General Counsel or officer of the company, or attorney, or actuary representing company is required. This is not required if this is a rate only filing.	SERFF	
Information about the filing	14VAC5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.	Cover Letter	
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.	Cover Letter	
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Cover Letter	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.	SERFF Rate/Rule Schedule tab	
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s).	(i) Cover Letter (ii) Cover Letter (iii) Actuarial Memorandum (AM) Section 18 & 21 (iv) AM Section 16 & 17	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		(iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).		
	14VAC5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.	AM Section 5, 14, 16 & 17	
Individual and Small Group Markets – Uniform Age Rating Curve	14VAC5-130- 50 E 1 Virginia Rate Template	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family; (b) The rating area; (c) Age, consistent with the Federal Default Standard Age Curve; (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.		Not Applicable
	14VAC5-130-50 E 2	A premium rate must not vary by any other factor not described in 14VAC5-130-50 E 1.		Not Applicable
	14VAC5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.		Not Applicable
	14VAC5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or; (ii) Coverage requested by the member.		Not Applicable
	14VAC5-130-50 E 5	Premium Rates for student health insurance coverage may be based on school-specific community rating and are exempt from subdivision 1 through 4 above.		Not Applicable
Accident and Sickness Insurance Rate Filing Requirements – Filing a Rate for a New Policy Form	14VAC5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s); (iii) An actuarial memorandum; (iv) All information required in SERFF. Unified Rate Review Template shall also be filed for coverage issued in the individual or small group markets, *except for student health insurance coverage.*		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14VAC5-130-60 B	**An Actuarial Memorandum that includes:**		
	14VAC5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.		Not Applicable
	14VAC5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.		Not Applicable
	14VAC5-130-60 B 3	The estimated average annual premium per policy and per member.		Not Applicable
	14VAC5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.		Not Applicable
	14VAC5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14VAC5-130-65.		Not Applicable
	14VAC5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.		Not Applicable
	14VAC5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		Not Applicable
	14VAC5-130-60 B 8	A certification by a qualified actuary that, to the vest of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.		Not Applicable
Reasonableness of benefits in relation to initial premiums	14VAC5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS						LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14VAC5-130-65 A 1	If the expected average annual premium is at least $200 but less than $1,000.							
		Type of Coverage	Renewal Clause						
			OR	CR	GR	NC	Other		
		Hospital Indemnity	60%	55%	55%	50%	60%		
		Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis	60%	55%	50%	45%	60%		
	14VAC5-130-65 A 2	If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.							Not Applicable
	14VAC5-130-65 A 3	If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.							Not Applicable
	14VAC5-130-65 A 4	If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.							Not Applicable
	14VAC5-130-65 A 5	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.							Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14VAC5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		Not Applicable
	14VAC5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		Not Applicable
	14VAC5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and, except for student health insurance coverage, must be guaranteed renewable or noncancellable.		Not Applicable
	14VAC5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		Not Applicable
	14VAC5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
For Rate Revision, all Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14VAC5-130-70 A	Rate revision submission must include: (i) New Rate Sheet; (ii) An actuarial memorandum; and (iii) All information required in SERFF. Unified Rate Review Template shall be filed for coverage issued in the individual or small group markets, *except for student health insurance coverage.*	(i) SERFF Rate/Rule Schedule tab (ii) SERFF (iii) Not Applicable	
	14VAC5-130-70 B	**Actuarial Memorandum that includes:**		
	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.	AM Sections 2,3, & 9	
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	AM Section 16 & 17	
	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.	Cover Letter & AM Section 17	
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	AM Section 4	
	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.	AM Section 18	
	14VAC5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most	(i) AM Exhibits I and II	Actual and projected experience are based on historical experience through December 31, 2016, which is the most recent data available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		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 (iii) If blended, provide the credibility factor assigned to the national experience.	(ii) AM Section 14 (iii) Not Applicable	
	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.	AM Section 15	
	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.	AM Sections 5,16, & 17	
	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.		Not Applicable
	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.	AM Sections 5 and 14	
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	AM Exhibit I	
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.		Not Applicable
	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 members in the year immediately prior to the filing of the rate revision.	AM Section 21	
	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.	AM Section 22	

	14VAC5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		Not Applicable
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 A	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14VAC5-130-70 B 11. Interest, at a rate consistent with that assumed in the original effective date of the form to the effective date of the revision and the present value of future premiums.	AM Section 22	
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14VAC5-130-70 B 11.		Not Applicable
Health Insurance Issuer – Filing a Rate Revision	14VAC5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14VAC5-130-65, except the average annual premium shall be determined on actual rather than anticipated distribution of business.		Not Applicable
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14VAC5-170-120 A 1	A Medicare supplement policy or certificate shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire premium period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy or certificate form: (a) At least 75% of the aggregate amount of premiums earned in the case of group policies; or (b) At least 65% of the aggregate amount of premiums earned in the case of individual policies.		Not Applicable
	14VAC5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.		Not Applicable

Pre-Standardized Medicare Supplement Forms	14VAC5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.		Not Applicable
Annual Rate and Experience Filing	14VAC5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.		Not Applicable
Actuarial Certification for Medicare Supplement Rate Revision Filings	14VAC5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and		Not Applicable

		6. The premiums are reasonable in relation to the benefits provided.		
Actuarial Certification for Medicare Supplement Rate Revision Filings	14VAC5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.		Not Applicable
Chance in the Rating Structure or Methodology of a Medicare Supplement Form	14VAC5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.		Not Applicable
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14VAC5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*		Not Applicable
	14VAC5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market;		Not Applicable

		2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in this Commonwealth and the health benefit exchange user fees, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.		
	14VAC5-130-81 D	A health insurance issuer may vary premium rates for a particular plan from its index rate for a relevant state market based on the following actuarially justified plan–specified factors: 1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.		Not Applicable

I hereby certify that I have reviewed the attached rate review requirement filing and determined that it is in compliance with the rate review requirement checklist.

Signed: Todd Moltumyr Digitally signed by Todd Moltumyr DN: cn=Todd Moltumyr, o=TriPlus Services, Inc., ou, email=tmoltumyr@tri-plus.net, c=US Date: 2018.07.26 10:10:02 -05'00'

Name (please print): Todd Moltumyr

Company Name: TriPlus Services, Inc.

Date: 7/20/2018 Phone No: ( ) (224) 217-9037 FAX No: ( )_____

E-Mail Address: tmoltumyr@triplusservices.com

PRINCIPAL LIFE INSURANCE COMPANY

Address: 711 High Street, Des Moines, Iowa 50392

Actuarial Memorandum

November 20, 2019

Product	Number
Long-Term Care II (LTC II)	FR 406 VA
Home Health Care/Adult Day Care/Respite Care Rider	FR 539
Benefit Increase Option Rider	FR 540
Return of Premium Death Benefit Rider	FR 541

This policy form was issued in Virginia by Principal Life Insurance Company ("Principal") from November 1989 through December 1995 and is no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase for the above-listed product meets the minimum requirements of your jurisdiction and demonstrating compliance with its loss ratio regulation. It may not be suitable for other purposes.

2. Description of Benefits

This product provides comprehensive coverage on a reimbursement basis. It has benefit eligibility requirements that involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three inflation options: the first two provided benefit increase option increases in the initial daily benefit amount 5% compounded annually to a limit of 200% or 300% of the original amount, or until the insured reached age 80, whichever is first. The third benefit increase option provided daily benefit increases of 5% compounded annually for the life of the insured. The increasing benefits apply even when the insured is in claim status.

The available choices for the benefit period, elimination period, home care percentage and inflation option are shown in Section 20.

A contingent benefit upon lapse (CBUL) will be available to all insureds.

3. Renewability

This policy is guaranteed renewable for life.

4. Applicability

As this policy form is no longer being sold in any jurisdiction, this filing is applicable to in-force policies only. The premium changes will apply to the base form as well as all applicable options and riders.

5. Actuarial Assumptions

All actuarial assumptions relative to morbidity, lapse and mortality are consistent with the best-estimate assumptions used in 2015 asset-adequacy testing by MedAmerica.

a. Morbidity. Incurred claim costs for each policy were based on Milliman's 2014 Long Term Care Guidelines. Claims were adjusted to a percentage of the Guidelines based on the company reported experience. The following tables show the claim cost adjustment factors based on a company morbidity study performed in 2015 for the Principal block.

Duration	Durational Factor	Duration	Durational Factor
1	.89	16	.80
2	.86	17	.81
3	.83	18	.82
4	.79	19	.80
5	.76	20	.78
6	.73	21	.76
7	.71	22	.74
8	.68	23	.72
9	.70	24	.74
10	.72	25	.75
11	.74	26	.77
12	.76	27	.78
13	.78	28	.80
14	.78	29	.80
15	.79	30+	.80

Attained Age Adjustment Factors	
Attained Age	Factor
<65	.83
65-69	.97
70-74	1.10
75-79	1.17
80-84	1.05
85-89	1.64
90+	1.43

Coverage Type Factors	
Coverage Type	**Factor**
Comprehensive	.90
Nursing Home Only	1.09

An additional factor of 1.08 was applied to incurred claims for all policies at all durations. In the projection, morbidity improvement of 1.5% per year for 30 years was assumed.

b. Lapse Rates vary by duration. The experience used to develop the lapse assumptions was the Principal individual policies issued from inception through 1996. The voluntary lapse rates are shown in the following table.

Voluntary Lapse Rates	
Duration	Lapse Rate
1	3.0%
2	3.0%
3	2.5%
4	2.5%
5	2.0%
6	1.5%
7	1.0%
8	1.0%
9	1.0%
10	1.0%
11	1.0%
12+	1.0%

c. Mortality. Gender distinct 1994 Group Annuitant Mortality (GAM) was assumed, and was adjusted with selection factors. The mortality selection factors were based on a company termination study performed in 2015.

25-Year Mortality Selection Factors			
Policy Duration	**Factor**	**Policy Duration**	**Factor**
1	35%	14	71%
2	40	15	72
3	45	16	72
4	49	17	73
5	53	18	74
6	56	19	76
7	60	20	77
8	64	21	79
9	65	22	80
10	66	23	80
11	68	24	80
12	69	25+	80
13	70		

Mortality Improvement per year of 1.0% for males and .5% for females was assumed for 30 years in the projection.

d. Policyholder Behavior Due to the Rate Increase. At the time of the rate increase, policyholders have the option to elect a CBUL or reduced benefit options (RBO). The CBUL election rate is assumed to be 8%. We assume that the election rate Principal individual forms will be greater than experienced by MedAmerica's other blocks due to the size of the increase being requested. Adverse selection assumed based on actuarial judgment relative to CBUL elections is 9% in calendar year 2017, wearing off to 6% in 2018, and 3% in years 2019-2066. A policyholder who elects CBUL forfeits any return of premium that may have been due upon death.

The percentage reduction to premium and benefits due to RBO elections was derived from the actual RBO election rates based on experience of MedAmerica's other blocks and actuarial judgment. We assume that those electing RBO will reduce their benefits so that premiums after the increase are equivalent to those before the increase. We assume that the percent reduction in premium corresponds to an equivalent reduction in claims. A 20% RBO election rate is assumed, resulting in an impact on premium and claims of approximately 10%.

e. Interest Rate. Pursuant to 14 VAC5-200-150.B, loss ratios are calculated using an interest rate of 4.99%, which is the average maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia, based on the issue year distribution of nationwide policies in force at December 31, 2016.

f. Expenses have not been explicitly projected. With the exception of renewal commission rates, it is assumed that the originally filed expense assumptions remain appropriate. The company anticipates adjusting renewal commission rates so that total commissions paid before and after this increase in premium is similar (i.e., commissions will not be paid on the increased premium).

The above assumptions are based on the experience of the Principal block, industry experience and judgment. The experience period is inception through December 31, 2016. These assumptions are based on the nationwide experience of the particular policy form in this filing. The above assumptions are deemed reasonable for the particular policy form in this filing. The assumptions used in this filing are considered best-estimate and do not reflect moderately adverse conditions.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy form were taken into consideration.

6. Marketing Method

This policy form was marketed in Virginia by agents and brokers of Principal.

7. Underwriting Description

This policy was fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, prescription screen, telephone interview, and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, benefit period, initial daily benefit, home care percentage, elimination period, inflation option, and the selection of any riders.

9. Issue Age Range

Issue ages are from 21 to 100.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of December 31, 2016 of the Principal) are applied to the monthly premium (MP):

Premium Mode	Modal Factors	Percent Distribution
Monthly	1.00*MP	45%
Quarterly	3.00*MP	11%
Semi-Annual	5.86*MP	7%
Annual	11.43*MP	37%

12. Reserves

Active life reserves and reserves for the election of a CBUL have not been used in this rate increase analysis. Claim reserves as of December 31, 2016 have been discounted to the incurral date of each respective claim and included in historical incurred claims. A best estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2016 has been allocated to the 2015 calendar year of incurral and included in historic incurred claims.

13. Trend Assumptions

An explicit medical cost trend is not included in the projections.

14. Actual to Expected Experience

Exhibit I provides a comparison of (a) actual and projected experience using current assumptions and (b) expected experience using original pricing assumptions. Included are calendar year earned premiums, incurred claims, annual loss ratios, cumulative loss ratios, and the ratio of actual-to-expected (A:E) loss ratios. Exhibit II provides the same information as Exhibit I, but based on Principal's Virginia-specific experience. Virginia-specific experience is not considered fully credible, but is being provided as it's generally requested. Values in Exhibits I and II are shown before any increases, after any approved increases, and after the proposed rate increase. Lifetime loss ratios in Exhibits I and II are calculated as the sum of accumulated past and discounted future claims divided by the sum of the accumulated past and discounted future earned premium.

The experience and projections provided in Exhibits I and II include all policies regardless of issue date. No policies were issued nationwide or in the Commonwealth of Virginia on or after October 1, 2003, the effective date of rate stability regulation in Virginia.

Actual experience is provided from inception through 2016 and then projected on a seriatim basis for 50 years using the current best-estimate assumptions described above in section 5.

Expected experience was projected on a seriatim basis from issue using the original pricing assumptions and the actual mix of policies sold.

Exhibit III shows nationwide and past experience including earned premiums, incurred claims, increase in ALR, and incurred loss ratios by calendar year. Exhibit IV provides similar information, but based on Virginia-specific experience. Virginia-specific experience is not considered fully

credible but is being provided as required. Please note that the changes in ALR were not available prior to 1996, when MedAmerica acquired the block, and therefore were estimated. The incurred loss ratios shown in Exhibits III and IV are calculated as defined by 14 VAC5-130-70-B.6 (i.e., equal to the sum of incurred claims and increase in ALR divided by earned premium). The values in these exhibits are shown without interest accumulation.

Exhibit V provides a comparison of the current and original pricing assumptions.

The experience in Exhibit I reflects the nationwide experience of the Principal, across the above-referenced form and similar nationwide forms.

15. History of Previous Rate Revisions

There have been no previous rate revisions on this form in Virginia.

Nationwide, there have been two prior rate increase requests on this block of business, which began in September 2010. Departments of Insurance filed these increases for use between 2011 and 2017. As the goal of achieving similar cumulative rate increases across all jurisdictions is ongoing, additional increases have also been filed for use in 2018. On average, a cumulative increase of 81% has been filed for use on this block of business.

Regardless of the prior increase implemented in a particular jurisdiction, the company anticipates requesting an actuarially equivalent cumulative rate increase level across all jurisdictions, except where the rate increase may be limited by regulatory restrictions.

16. Analysis Performed to Consider a Rate Increase

Exhibits I and II demonstrate that experience has been more than adverse from that expected in original pricing as the lifetime loss ratio exceeds 158% nationwide. The adverse experience is due to a combination of higher persistency and morbidity, and lower interest than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

Although a larger premium rate increase is currently supportable under loss ratio regulation, to minimize the impact on policyholders to the extent that the company can, a 30.2% increase is being requested at this time. As the company is not issuing new business, the required statement that the renewal premium rate schedules are not greater than new business premium rate schedules is not applicable. The company is requesting a rate increase which varies by benefit period as shown in the table below. The rate increase was determined by benefit period to better align the rate increase with the adverse experience and current rate relativities. The rate increase was determined in such a way that the company is sharing in the cost of the rate increase with consumers and is not attempting to recoup past losses or lost revenue.

Benefit Period	Requested Increase
Limited Plans	23.0%
Unlimited Plan	32.0%
Average All BP	30.2%

The current and proposed rate schedules are enclosed with this filing. The rates implemented may vary slightly due to rounding algorithms.

Projected experience assuming the requested increase is implemented is shown in Exhibits I and II. As shown in these exhibits, the anticipated lifetime loss ratio without and with the requested rate increase exceeds the minimum loss ratio requirement of 60%, and the original pricing loss ratio of 71% using the maximum interest rate for contract reserves.

Exhibit VI demonstrates that the requested rate increase passes the Bureau's commonly requested "anticipated loss ratio test" based on (a) nationwide experience regardless of issue date, and (b) Virginia-specific experience. For the loss ratio calculations shown in Exhibit VI, the numerator is equal to the anticipated incurred claims less the ALR and the denominator is equal to the anticipated earned premium. The nationwide and Virginia-specific experience underlying Exhibit VI is identical to that used in Exhibits I and II. Virginia-specific experience is not considered fully credible but is being provided as required.

18. Average Annual Premium in Virginia (Annualized Premium Based on December 31, 2016 In-Force)

Principal Virginia			
Benefit Period	**In-Force Insured Count**	**Before Increase Premium**	**After Capped Increase Premium**
Limited Plans	6	$518	$638
Unlimited Plan	9	$1,409	$1,860
Total	15	$1,053	$1,371

19. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following at least a 75-day policyholder notification period following approval.

20. Nationwide Distribution of Business as of December 31, 2016 (based on in-force insured count)

Issue Age	Distribution
< 40	6%
40-44	5%
45-49	10%
50-54	14%
55-59	22%
60-64	29%
65-69	11%
70-74	3%
75+	<1%

Elimination Period	Distribution
20 days	13%
60 days	21%
100 days	57%
365 days	9%

Benefit Period	Distribution
1000 days	6%
2000 days	17%
Unlimited days	77%

Inflation Option	Distribution
None	23%
5% Cmpd until age 80 or 200%	35%
5% Cmpd until age 80 or 300%	37%
5% Cmpd	5%

Home Care %	Distribution
0% (NH only)	26%
50% HC	33%
75% HC	41%

Return of Premium	Distribution
None	22%
ROP at Death	78%

21. Number of Insureds and Annualized Premium

Based on the in-force count as of December 31, 2016 of Principal in this jurisdiction, the number of insureds and annualized premium that will be affected by this increase are:

Jurisdiction	Number of Insureds	Annualized Premium [1]
Virginia	15	$15,792
Nationwide	2,713	$3,649,130

[1] Annualized premiums reflect prior rate increases approved Nationwide.

22. Actuarial Certification

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance."

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of this jurisdiction and the rules of the department of insurance, including the provisions of 14VAC5-200-150.

In my opinion, the rates have been calculated in a manner that complies with accepted actuarial practices, are uniformly applied to all policies within each issue age rate class, are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, or statutory requirements where necessary, the premium rate filing is in compliance with the loss ratio standards of this jurisdiction.

I have relied on data and information provided by MedAmerica to develop this memorandum, including but not limited to management's view of when a rate change may be considered, underwriting and claim adjudication process, seriatim in-force data, claim data, and the company's long-term earnings rate. I have not audited or independently verified the data and information provided, but have reviewed it for reasonableness.

The basis for contract reserves has been previously filed and there is no anticipation of any changes.

Todd M. Moltumyr, ASA, MAAA
TriPlus Services, Inc.

Date: November 20, 2019

Health Insurance Rate Request Summary
Summary of Key Information

Rates are being increased on all policies issued under this policy form to offset anticipated claims that are higher than originally expected. This is due in part to individuals living longer and keeping their policies longer, which resulted in more claims being filed than anticipated when this policy was originally priced. As a result, premiums need to be adjusted to aid in the funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated increased costs, and in no way reflects on the integrity of an individual's policy, nor is it based on an individual's claim history, current age, health status, or any other personal factors.

As required, we have filed our request for this premium increase with the Virginia Bureau of Insurance (Bureau) and included the necessary actuarial data requested by the Bureau to support the increase.

Reset Form

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

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

SERFF Tracking Number: TRIP-131593732

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

(Projected) Number of Insureds Affected: 15

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: 1,371

Average Requested Percentage Rate Change Per Member: 30.2%

Minimum Requested Percentage Rate Change Per Member: 23%

Maximum Requested Percentage Rate Change Per Member: 32%

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

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

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

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

July 20, 2018

Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care Certificate (LTC II) FR 406 VA

Dear Commissioner Cunningham:

The referenced rate filing is being submitted on behalf of Principal for your review.

This is an existing individual policy form that provides comprehensive long-term care coverage on a reimbursement basis. Policies were issued in Virginia from November 1, 1989 to December 1, 1995 and are no longer being marketed in any jurisdiction.

In 1996, MedAmerica assumed 100% of the risk on the Principal block, and manages the entire block. All of the policies remain on Principal paper.

Principal is requesting the approval of a premium rate increase on the captioned policy form which varies by benefit period. The primary reason why this form is in need of a premium rate increase is due to emerging experience running more adverse than expected in pricing. The increase varies by benefit period to more closely align the adverse experience, and to reflect current rate relativities.

Benefit Period	Proposed Increase Year 1	Proposed Increase Year 2	Proposed Increase Year 3	Cumulative Increase
Limited BP	23%	23%	23%	86%
Unlimited BP	32%	32%	32%	130%

The cumulative average rate increase across all benefit periods is 121% in Virginia.

As noted in the enclosed actuarial memorandum, there have been no previous rate revisions on this form in Virginia.

Principal will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the increase. The company will offer a contingent benefit upon lapse to insureds that trigger a substantial rate increase. Additionally, Principal will voluntarily offer a contingent benefit upon lapse to insureds affected by the rate increase, even if the increase is not considered substantial.

Enclosed with this submission is a policyholder notification letter, provided by the company, which is in compliance with 14 VAC5-200-75. Additionally, a contingent nonforfeiture (CNF) benefit election form is provided to policyholders alongside the notification letter is also being filed with the Bureau. Enclosed with this submission are the appropriate statement of variability, certification of compliance, and readability certification for these forms, as required.

The following electronic items are included with this submission:

- cover letter
- Rate Revision Review Requirements Checklist
- Health Insurance Rate Request Summary
- letter from Principal authorizing us to submit this filing on their behalf
- claims and administrative processing plan, as provided by MedAmerica
- actuarial memorandum
- compliance with loss ratio standard and policyholder protection measures
- original actuarial memorandum
- current and proposed premium rate schedules
- policyholder notification letter
- CNF election form
- Statement of variablility
- Certificate of compliance
- Readability certification

No filing fee is required for this submission.

The contact person for this filing is:

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Thank you for your assistance in reviewing this filing.

Respectfully,

Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

Enclosures

Appendix A
Development and Justification of Current Morbidity Assumptions

The morbidity assumption was developed by Milliman based on historical experience. Where actual experience had low credibility or did not exist, industry experience was also used. The experience used to develop these assumptions includes historical experience of MedAmerica Insurance Company (MAPA); MAPA's two sister companies, MedAmerica Insurance Company of Florida (MAFL) and MedAmerica Insurance Company of New York (MANY) (MAPA, MAFL, and MANY collectively referred to as MedAmerica); MedAmerica's affinity partners that issued the same products; and MedAmerica's acquired business, including Principal. The methodology used to develop the current morbidity assumption is provided below.

Morbidity

The claims costs were developed using the 2014 *Milliman Long-Term Care Guidelines* (*Guidelines).* A:E experience analyses were performed to develop most likely (with no explicit margin) morbidity experience adjustments to be applied to the 2014 *Guidelines* claim costs. The experience used includes historical experience for all products of MedAmerica, its affinity partners, and any acquired business from 2004 through 2014, with runout through June 2015. The claim costs were then further adjusted based on historical claim experience by policy duration, attained age, and coverage-type, to the extent credible.

A:E adjustment factors were developed using a complex and proprietary Excel-based model. Adjustments were developed by the following parameters: policy duration, attained age, coverage type, group/individual, benefit payment type, company, and product. The adjustment factors were calculated using an algorithm that simultaneously and iteratively updates the adjustment factors until the adjusted expected incurred claims match actual incurred claims, to the extent credible. The adjusted expected incurred claims equal the 2014 *Guidelines* (with adjustments for historical improvement) multiplied by the A:E adjustment factors. The iterative process normalizes the adjustments for each parameter because the adjusted expected incurred claims capture the adjustments made for the other characteristics and thus normalizes the underlying mix differences.

Exhibit A-1 provides the A:E adjustment factors that are applicable to the Principal block after multiplying the appropriate combination of factors for policy duration, attained age, and coverage type.

Exhibit A-2 provides an indication of the goodness of fit. Exhibit A-2 provides the credibility and ratio of actual to adjusted expected incurred claims by policy duration band and attained age band. The credibility and ratio's numerator (actual incurred claims) reflects the Principal Individual and Group blocks' combined experience. The ratio's denominator (adjusted expected incurred claims) is equal the unadjusted expected incurred claims (2014 *Guidelines*) multiplied by the A:E adjustment factors. The actual-to-adjusted expected ratio provides an indication of the goodness of fit of the assumption relative to actual experience, where a ratio close to 1.00 is a good fit. The actual-to-adjusted expected ratio is close to 1.00 where the experience is fully credible. As can be seen from the Total row (shaded grey), the actual to adjusted expected ratio is close to 1.00. Note that the goodness of fit test by attained age band includes only experience for durations seven and later to reduce the impact of the selection period in the goodness of fit test.

Exhibit A-1
MedAmerica and Affinity Partners
Actual-to-Expected Morbidity Adjustment Factors
Applicable to the Principal Product

Duration	Individual Adjustment Factor	Group Adjustment Factor
1	0.89	0.52
2	0.86	0.53
3	0.83	0.55
4	0.79	0.56
5	0.76	0.57
6	0.73	0.59
7	0.71	0.60
8	0.68	0.62
9	0.70	0.62
10	0.72	0.61
11	0.74	0.61
12	0.76	0.60
13	0.78	0.60
14	0.78	0.61
15	0.79	0.61
16	0.80	0.62
17	0.81	0.62
18	0.82	0.63
19	0.80	0.64
20	0.78	0.64
21	0.76	0.65
22	0.74	0.66
23	0.72	0.67
24	0.74	0.69
25	0.75	0.71
26	0.77	0.74
27	0.78	0.76
28	0.80	0.78
29	0.80	0.78
30+	0.80	0.78

Attained Age	Adjustment Factor
<65	0.83
65-69	0.97
70-74	1.10
75-79	1.17
80-84	1.05
85-89	1.64
90+	1.43

Coverage Type	Adjustment Factor
Comprehensive	0.90
Nursing Home Only	1.09
Home Care Only	1.23

Exhibit A-2
MedAmerica and Affinity Partners
Actual to Adjusted Expected Incurred Claims
Principal Individual and Group Policy Forms

Experience By Policy Duration All Durations		
Duration	Credibility	Actual to Adjusted Expected
1	0%	1.00
2	0%	1.00
3	0%	1.00
4	0%	1.00
5	0%	0.00
6	0%	1.00
7	0%	1.00
8	0%	0.04
9	0%	0.00
10	14%	0.72
11	21%	1.12
12	25%	0.75
13	36%	1.26
14	38%	1.09
15	40%	0.83
16	39%	1.05
17	43%	1.12
18	44%	1.00
19	42%	0.85
20	41%	0.97
21	38%	0.91
22	34%	1.34
23	22%	0.81
24	17%	1.22
25	5%	0.40
1-5	0%	0.00
6-10	14%	0.51
11-15	74%	1.00
16-20	94%	0.99
21-25	58%	1.03
Total	100%	0.99

Experience By Attained Age Durations 7 and Later		
Attained Age	Credibility	Actual to Adjusted Expected
<65	16%	0.71
65-69	20%	0.54
70-74	42%	1.05
75-79	59%	1.04
80-84	71%	0.95
85-89	72%	1.08
90+	41%	0.99
<70	26%	0.62
<75	49%	0.88
<80	77%	0.97
<85	100%	0.96
65-79	75%	0.99
70-84	100%	1.00
75-89	100%	1.02
70+	100%	1.02
75+	100%	1.02
80+	100%	1.01
85+	83%	1.06

Appendix A
Exhibit A-3
Principal Group Policy Forms
Actual Lapse Experience Analysis

Duration	Actual Exposures	Number of Lapses	Actual Lapse Rate	Current Best Estimate Lapse Rate	Actual/Best Estimate
1	7,436	513	6.9%	7.5%	0.92
2	7,634	603	7.9%	7.0%	1.13
3	7,355	427	5.8%	6.0%	0.97
4	6,791	394	5.8%	5.5%	1.05
5	6,215	242	3.9%	4.5%	0.87
6	5,770	254	4.4%	4.0%	1.10
7	5,419	179	3.3%	3.5%	0.94
8	5,094	260	5.1%	3.5%	1.46
9	4,161	137	3.3%	3.0%	1.10
10	4,009	100	2.5%	2.0%	1.25
11	3,859	54	1.4%	1.5%	0.93
12+	41,561	335	0.8%	1.0%	0.81
Total	105,305	3,498	3.3%	3.3%	1.01

Appendix A
Exhibit A-4
All Principal Policy Forms
Actual Mortality Experience Analysis

Duration	Mortality Exposure	Actual Mortality Rate	Expected Mortality Rate [1]	Mortality A:E	Credibility Percent [2]	Smoothed Selection
1	14,139	0.4%	0.5%	76%	35%	35%
2	13,240	0.2%	0.5%	45%	26%	40%
3	12,441	0.3%	0.6%	43%	26%	45%
4	11,712	0.3%	0.7%	42%	27%	49%
5	11,030	0.3%	0.8%	43%	28%	53%
6	10,528	0.5%	0.9%	60%	34%	56%
7	10,064	0.6%	1.0%	55%	35%	60%
8	9,675	0.7%	1.1%	62%	37%	64%
9	8,936	0.9%	1.3%	69%	40%	65%
10	8,431	0.9%	1.4%	66%	41%	66%
11	8,189	1.0%	1.6%	63%	41%	68%
12	8,031	1.2%	1.7%	70%	45%	69%
13	7,864	1.2%	1.9%	65%	45%	70%
14	7,707	1.5%	2.0%	73%	49%	71%
15	7,543	1.6%	2.2%	73%	50%	72%
16	7,354	1.8%	2.4%	74%	52%	72%
17	7,087	2.1%	2.6%	81%	56%	73%
18	6,800	2.1%	2.8%	74%	54%	74%
19	6,462	2.1%	3.1%	69%	54%	76%
20	5,804	2.6%	3.4%	75%	56%	77%
21	4,725	2.7%	3.5%	79%	52%	79%
22	3,724	2.8%	3.4%	84%	47%	80%
23	2,715	2.5%	3.1%	83%	38%	80%
24	989	3.3%	3.1%	109%	26%	80%
25	465	2.4%	2.7%	89%	15%	80%
26	9	11.6%	6.9%	170%	5%	80%
ALL	195,663	1.1%	1.5%	69%	100%	69%

[1] Based on 1994 GAM Mortality

[2] (Number of Events / 481) $^{1/2}$

Exhibit I
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Nationwide Experience at Original Rates
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	494	-	0%	3	494	34	7%	3	0%	7%	0.00
	1990	84,573	-	0%	156	81,063	7,919	10%	139	0%	10%	0.00
	1991	254,241	-	0%	464	229,609	25,338	11%	404	0%	11%	0.00
	1992	950,645	275,614	29%	1,668	890,856	104,427	12%	1,455	21%	11%	1.84
	1993	2,173,531	167,917	8%	2,881	1,995,232	262,818	13%	2,396	13%	12%	1.03
	1994	3,379,860	304,658	9%	4,018	2,957,143	459,133	16%	3,186	11%	14%	0.79
	1995	4,458,407	877,780	20%	5,094	3,735,995	668,853	18%	3,877	14%	15%	0.93
	1996	4,920,468	714,285	15%	4,946	3,802,509	829,832	22%	3,497	14%	17%	0.84
	1997	4,652,268	1,125,034	24%	4,778	3,385,113	943,624	28%	3,176	16%	19%	0.86
	1998	4,495,147	1,756,720	39%	4,651	3,072,299	1,058,805	34%	2,926	20%	21%	0.95
	1999	4,510,902	1,441,558	32%	4,556	2,818,040	1,180,204	42%	2,711	21%	23%	0.93
	2000	4,461,390	1,444,118	32%	4,475	2,595,933	1,303,273	50%	2,519	23%	25%	0.89
	2001	4,311,547	3,204,440	74%	4,388	2,393,738	1,427,818	60%	2,338	27%	28%	0.98
	2002	4,364,654	2,793,990	64%	4,311	2,203,903	1,551,485	70%	2,166	30%	30%	1.00
	2003	4,323,043	3,868,759	89%	4,230	2,023,806	1,673,418	83%	2,001	35%	33%	1.06
	2004	4,334,482	3,768,657	87%	4,149	1,852,800	1,791,964	97%	1,844	38%	35%	1.07
	2005	4,239,336	5,660,163	134%	4,049	1,689,682	1,897,988	112%	1,694	43%	38%	1.14
	2006	4,081,081	4,756,090	117%	3,969	1,534,088	1,987,056	130%	1,550	47%	40%	1.16
	2007	4,044,156	6,384,642	158%	3,867	1,386,336	2,055,556	148%	1,413	52%	43%	1.20
	2008	3,935,572	7,209,607	183%	3,763	1,246,719	2,100,415	168%	1,283	57%	45%	1.25
	2009	3,837,481	8,498,147	221%	3,655	1,115,480	2,122,627	190%	1,160	63%	48%	1.31
	2010	3,767,723	9,564,727	254%	3,540	992,786	2,123,933	214%	1,045	69%	50%	1.37
	2011	3,696,643	6,640,981	180%	3,423	878,727	2,106,897	240%	937	72%	52%	1.37
	2012	3,526,646	8,086,925	229%	3,282	773,332	2,073,583	268%	837	76%	54%	1.40
	2013	3,401,998	10,906,143	321%	3,160	676,586	2,024,777	299%	744	82%	56%	1.45
	2014	3,143,386	11,294,861	359%	3,020	588,453	1,961,200	333%	658	87%	58%	1.50
	2015	2,952,298	13,987,011	474%	2,872	508,790	1,882,017	370%	580	94%	60%	1.57
	2016	2,912,874	12,676,632	435%	2,713	437,313	1,787,667	409%	509	99%	61%	1.62
Projected Future Experience (50 Years)	2017	2,752,723	12,320,397	448%	2,584	373,614	1,679,326	449%	444	104%	63%	1.66
	2018	2,555,227	12,778,642	500%	2,431	317,307	1,559,830	492%	387	109%	64%	1.71
	2019	2,362,039	13,077,696	554%	2,280	267,932	1,424,075	532%	335	114%	65%	1.75
	2020	2,174,094	13,240,027	609%	2,132	224,995	1,276,263	567%	290	119%	66%	1.80
	2021	1,992,293	13,208,051	663%	1,986	187,988	1,132,158	602%	249	123%	67%	1.85
	2022	1,817,489	13,065,558	719%	1,844	156,345	994,637	636%	214	127%	67%	1.89
	2023	1,650,461	12,732,434	771%	1,705	129,495	877,348	678%	184	131%	68%	1.93
	2024	1,491,888	12,298,335	824%	1,572	106,891	780,529	730%	157	135%	68%	1.97
	2025	1,342,335	11,746,534	875%	1,444	87,977	691,587	786%	135	138%	69%	2.01
	2026	1,202,241	11,173,163	929%	1,322	72,243	610,154	845%	115	141%	69%	2.04
	2027	1,071,902	10,556,564	985%	1,207	59,203	537,155	907%	98	144%	69%	2.07
	2028	951,470	9,921,377	1043%	1,097	48,466	472,004	974%	84	146%	70%	2.10
	2029	840,951	9,303,585	1106%	995	39,682	414,316	1044%	72	148%	70%	2.12
	2030	740,207	8,667,856	1171%	900	32,530	363,755	1118%	61	150%	70%	2.15
	2031	648,965	8,059,017	1242%	811	26,709	319,455	1196%	52	152%	70%	2.17
	2032	566,835	7,463,204	1317%	729	21,955	280,853	1279%	44	153%	70%	2.18
	2033	493,336	6,853,939	1389%	654	18,059	246,809	1367%	38	155%	70%	2.20
	2034	427,924	6,287,837	1469%	585	14,850	216,540	1458%	32	156%	70%	2.21
	2035	370,017	5,746,539	1553%	522	12,204	189,788	1555%	27	157%	71%	2.23
	2036	319,011	5,218,909	1636%	465	10,020	166,143	1658%	23	158%	71%	2.24
	2037	274,295	4,707,911	1716%	414	8,221	145,372	1768%	20	159%	71%	2.25
	2038	235,263	4,253,186	1808%	367	6,739	127,034	1885%	17	159%	71%	2.25
	2039	201,328	3,826,007	1900%	325	5,520	110,843	2008%	14	160%	71%	2.26
	2040	171,932	3,420,282	1989%	287	4,516	96,616	2140%	12	160%	71%	2.27
	2041	146,553	3,049,944	2081%	253	3,690	84,070	2278%	10	161%	71%	2.27
	2042	124,705	2,723,661	2184%	223	3,011	72,963	2423%	8	161%	71%	2.28
	2043	105,948	2,429,480	2293%	196	2,453	63,172	2576%	7	161%	71%	2.28
	2044	89,885	2,146,247	2388%	172	1,995	54,619	2738%	6	162%	71%	2.28
	2045	76,159	1,894,678	2488%	151	1,619	47,130	2911%	5	162%	71%	2.29
	2046	64,419	1,685,376	2616%	132	1,311	40,484	3088%	4	162%	71%	2.29
	2047	54,368	1,499,034	2757%	115	1,059	34,587	3267%	3	162%	71%	2.29
	2048	45,788	1,318,806	2880%	100	851	29,399	3454%	3	162%	71%	2.29
	2049	38,480	1,161,599	3019%	87	682	24,865	3646%	2	163%	71%	2.29
	2050	32,272	1,009,968	3129%	75	544	20,880	3839%	2	163%	71%	2.29
	2051	27,013	875,136	3240%	64	431	17,377	4027%	1	163%	71%	2.30
	2052	22,567	751,613	3331%	55	340	14,340	4216%	1	163%	71%	2.30
	2053	18,819	643,897	3422%	47	266	11,756	4413%	1	163%	71%	2.30
	2054	15,663	550,651	3516%	40	207	9,566	4611%	1	163%	71%	2.30
	2055	13,013	471,016	3620%	34	160	7,702	4801%	1	163%	71%	2.30
	2056	10,789	400,887	3716%	29	123	6,139	4990%	0	163%	71%	2.30
	2057	8,926	339,023	3798%	24	94	4,849	5185%	0	163%	71%	2.30
	2058	7,366	286,057	3883%	21	70	3,793	5385%	0	163%	71%	2.30
	2059	6,063	240,585	3968%	17	53	2,933	5584%	0	163%	71%	2.30
	2060	4,975	200,550	4031%	14	39	2,240	5788%	0	163%	71%	2.30
	2061	4,069	166,251	4085%	12	28	1,695	6010%	0	163%	71%	2.30
	2062	3,317	138,312	4170%	10	20	1,269	6226%	0	163%	71%	2.30
	2063	2,693	115,384	4285%	8	15	933	6420%	0	163%	71%	2.30
	2064	2,177	95,326	4379%	7	10	671	6577%	0	163%	71%	2.30
	2065	1,752	78,068	4455%	5	7	471	6712%	0	163%	71%	2.30
	2066	1,404	63,773	4544%	4	5	321	6796%	0	163%	71%	2.30
		without interest				without interest						
History		95,214,848	127,409,459	134%	96,081	45,866,826	37,412,662	82%	47,048	99%	61%	1.62
Future		27,583,410	244,262,373	886%	30,557	2,252,544	15,270,814	678%	3,160	764%	617%	1.24
Lifetime		122,798,257	371,671,832	303%	126,638	48,119,371	52,683,476	109%	50,208	163%	71%	2.30
		with 4.99% interest				with 4.99% interest						
History		185,535,797	184,223,537	99%		102,833,006	63,102,450	61%				
Future		19,684,177	150,313,598	764%		1,791,295	11,061,144	617%				
Lifetime		205,219,974	334,537,135	163%		104,624,300	74,163,594	71%				

Exhibit I
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Nationwide Experience With Prior Approved Increases
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	494	-	0%	3	494	34	7%	3	0%	7%	0.00
	1990	84,573	-	0%	156	81,063	7,919	10%	139	0%	10%	0.00
	1991	254,241	-	0%	464	229,609	25,338	11%	404	0%	11%	0.00
	1992	950,645	275,614	29%	1,668	890,856	104,427	12%	1,455	21%	11%	1.84
	1993	2,173,531	167,917	8%	2,881	1,995,232	262,818	13%	2,396	13%	12%	1.03
	1994	3,379,860	304,658	9%	4,018	2,957,143	459,133	16%	3,186	11%	14%	0.79
	1995	4,458,407	877,780	20%	5,094	3,735,995	668,853	18%	3,877	14%	15%	0.93
	1996	4,920,468	714,285	15%	4,946	3,802,509	829,832	22%	3,497	14%	17%	0.84
	1997	4,652,268	1,125,034	24%	4,778	3,385,113	943,624	28%	3,176	16%	19%	0.86
	1998	4,495,147	1,756,720	39%	4,651	3,072,299	1,058,805	34%	2,926	20%	21%	0.95
	1999	4,510,902	1,441,558	32%	4,556	2,818,040	1,180,204	42%	2,711	21%	23%	0.93
	2000	4,461,390	1,444,118	32%	4,475	2,595,933	1,303,273	50%	2,519	23%	25%	0.89
	2001	4,311,547	3,204,440	74%	4,388	2,393,738	1,427,818	60%	2,338	27%	28%	0.98
	2002	4,364,654	2,793,990	64%	4,311	2,203,903	1,551,485	70%	2,166	30%	30%	1.00
	2003	4,323,043	3,868,759	89%	4,230	2,023,806	1,673,418	83%	2,001	35%	33%	1.06
	2004	4,334,482	3,768,657	87%	4,149	1,852,800	1,791,964	97%	1,844	38%	35%	1.07
	2005	4,239,336	5,660,163	134%	4,049	1,689,682	1,897,988	112%	1,694	43%	38%	1.14
	2006	4,081,081	4,756,090	117%	3,969	1,534,088	1,987,056	130%	1,550	47%	40%	1.16
	2007	4,044,156	6,384,642	158%	3,867	1,386,336	2,055,556	148%	1,413	52%	43%	1.20
	2008	3,935,572	7,209,607	183%	3,763	1,246,719	2,100,415	168%	1,283	57%	45%	1.25
	2009	3,837,481	8,498,147	221%	3,655	1,115,480	2,122,627	190%	1,160	63%	48%	1.31
	2010	3,767,723	9,564,727	254%	3,540	992,786	2,123,933	214%	1,045	69%	50%	1.37
	2011	3,696,643	6,640,981	180%	3,423	878,727	2,106,897	240%	937	72%	52%	1.37
	2012	4,196,139	8,086,925	193%	3,282	773,332	2,073,583	268%	837	76%	54%	1.39
	2013	4,041,315	10,906,143	270%	3,160	676,586	2,024,777	299%	744	81%	56%	1.43
	2014	3,751,218	11,294,861	301%	3,020	588,453	1,961,200	333%	658	86%	58%	1.48
	2015	3,527,041	13,987,011	397%	2,872	508,790	1,882,017	370%	580	92%	60%	1.54
	2016	3,322,471	12,676,632	382%	2,713	437,313	1,787,667	409%	509	98%	61%	1.59
Projected Future Experience (50 Years)	2017	3,139,800	12,320,397	392%	2,584	373,614	1,679,326	449%	444	102%	63%	1.63
	2018	2,914,533	12,778,642	438%	2,431	317,307	1,559,830	492%	387	107%	64%	1.67
	2019	2,694,180	13,077,696	485%	2,280	267,932	1,424,075	532%	335	112%	65%	1.71
	2020	2,479,806	13,240,027	534%	2,132	224,995	1,276,263	567%	290	116%	66%	1.76
	2021	2,272,441	13,208,051	581%	1,986	187,988	1,132,158	602%	249	120%	67%	1.80
	2022	2,073,057	13,065,558	630%	1,844	156,345	994,637	636%	214	124%	67%	1.84
	2023	1,882,542	12,732,434	676%	1,705	129,495	877,348	678%	184	128%	68%	1.88
	2024	1,701,671	12,298,335	723%	1,572	106,891	780,529	730%	157	131%	68%	1.92
	2025	1,531,089	11,746,534	767%	1,444	87,977	691,587	786%	135	134%	69%	1.95
	2026	1,371,295	11,173,163	815%	1,322	72,243	610,154	845%	115	137%	69%	1.99
	2027	1,222,628	10,556,564	863%	1,207	59,203	537,155	907%	98	140%	69%	2.01
	2028	1,085,262	9,921,377	914%	1,097	48,466	472,004	974%	84	142%	70%	2.04
	2029	959,202	9,303,585	970%	995	39,682	414,316	1044%	72	144%	70%	2.06
	2030	844,292	8,667,856	1027%	900	32,530	363,755	1118%	61	146%	70%	2.09
	2031	740,220	8,059,017	1089%	811	26,709	319,455	1196%	52	148%	70%	2.10
	2032	646,541	7,463,204	1154%	729	21,955	280,853	1279%	44	149%	70%	2.12
	2033	562,707	6,853,939	1218%	654	18,059	246,809	1367%	38	150%	70%	2.14
	2034	488,097	6,287,837	1288%	585	14,850	216,540	1458%	32	152%	70%	2.15
	2035	422,048	5,746,539	1362%	522	12,204	189,788	1555%	27	153%	71%	2.16
	2036	363,869	5,218,909	1434%	465	10,020	166,143	1658%	23	153%	71%	2.17
	2037	312,865	4,707,911	1505%	414	8,221	145,372	1768%	20	154%	71%	2.18
	2038	268,345	4,253,186	1585%	367	6,739	127,034	1885%	17	155%	71%	2.19
	2039	229,638	3,826,007	1666%	325	5,520	110,843	2008%	14	155%	71%	2.20
	2040	196,109	3,420,282	1744%	287	4,516	96,616	2140%	12	156%	71%	2.20
	2041	167,160	3,049,944	1825%	253	3,690	84,070	2278%	10	156%	71%	2.21
	2042	142,241	2,723,661	1915%	223	3,011	72,963	2423%	8	157%	71%	2.21
	2043	120,847	2,429,480	2010%	196	2,453	63,172	2576%	7	157%	71%	2.21
	2044	102,525	2,146,247	2093%	172	1,995	54,619	2738%	6	157%	71%	2.22
	2045	86,868	1,894,678	2181%	151	1,619	47,130	2911%	5	157%	71%	2.22
	2046	73,477	1,685,376	2294%	132	1,311	40,484	3088%	4	157%	71%	2.22
	2047	62,013	1,499,034	2417%	115	1,059	34,587	3267%	3	158%	71%	2.22
	2048	52,226	1,318,806	2525%	100	851	29,399	3454%	3	158%	71%	2.23
	2049	43,891	1,161,599	2647%	87	682	24,865	3646%	2	158%	71%	2.23
	2050	36,811	1,009,968	2744%	75	544	20,880	3839%	2	158%	71%	2.23
	2051	30,811	875,136	2840%	64	431	17,377	4027%	1	158%	71%	2.23
	2052	25,741	751,613	2920%	55	340	14,340	4216%	1	158%	71%	2.23
	2053	21,465	643,897	3000%	47	266	11,756	4413%	1	158%	71%	2.23
	2054	17,866	550,651	3082%	40	207	9,566	4611%	1	158%	71%	2.23
	2055	14,842	471,016	3173%	34	160	7,702	4801%	1	158%	71%	2.23
	2056	12,306	400,887	3258%	29	123	6,139	4990%	0	158%	71%	2.23
	2057	10,181	339,023	3330%	24	94	4,849	5185%	0	158%	71%	2.23
	2058	8,402	286,057	3405%	21	70	3,793	5385%	0	158%	71%	2.23
	2059	6,915	240,585	3479%	17	53	2,933	5584%	0	158%	71%	2.23
	2060	5,674	200,550	3534%	14	39	2,240	5788%	0	158%	71%	2.23
	2061	4,642	166,251	3582%	12	28	1,695	6010%	0	158%	71%	2.23
	2062	3,783	138,312	3656%	10	20	1,269	6226%	0	158%	71%	2.23
	2063	3,071	115,384	3757%	8	15	933	6420%	0	158%	71%	2.23
	2064	2,483	95,326	3839%	7	10	671	6577%	0	158%	71%	2.23
	2065	1,999	78,068	3906%	5	7	471	6712%	0	158%	71%	2.23
	2066	1,601	63,773	3984%	4	5	321	6796%	0	158%	71%	2.23
		without interest				without interest						
History		98,115,828	127,409,459	130%	96,081	45,866,826	37,412,662	82%	47,048	98%	61%	1.59
Future		31,462,078	244,262,373	776%	30,557	2,252,544	15,270,814	678%	3,160	669%	617%	1.08
Lifetime		129,577,906	371,671,832	287%	126,638	48,119,371	52,683,476	109%	50,208	158%	71%	2.23
		with 4.99% interest				with 4.99% interest						
History		188,851,927	184,223,537	98%		102,833,006	63,102,450	61%				
Future		22,452,087	150,313,598	669%		1,791,295	11,061,144	617%				
Lifetime		211,304,014	334,537,135	158%		104,624,300	74,163,594	71%				

Exhibit I
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Nationwide Experience After Requested Increase
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	494	-	0%	3	494	34	7%	3	0%	7%	0.00
	1990	84,573	-	0%	156	81,063	7,919	10%	139	0%	10%	0.00
	1991	254,241	-	0%	464	229,609	25,338	11%	404	0%	11%	0.00
	1992	950,645	275,614	29%	1,668	890,856	104,427	12%	1,455	21%	11%	1.84
	1993	2,173,531	167,917	8%	2,881	1,995,232	262,818	13%	2,396	13%	12%	1.03
	1994	3,379,860	304,658	9%	4,018	2,957,143	459,133	16%	3,186	11%	14%	0.79
	1995	4,458,407	877,780	20%	5,094	3,735,995	668,853	18%	3,877	14%	15%	0.93
	1996	4,920,468	714,285	15%	4,946	3,802,509	829,832	22%	3,497	14%	17%	0.84
	1997	4,652,268	1,125,034	24%	4,778	3,385,113	943,624	28%	3,176	16%	19%	0.86
	1998	4,495,147	1,756,720	39%	4,651	3,072,299	1,058,805	34%	2,926	20%	21%	0.95
	1999	4,510,902	1,441,558	32%	4,556	2,818,040	1,180,204	42%	2,711	21%	23%	0.93
	2000	4,461,390	1,444,118	32%	4,475	2,595,933	1,303,273	50%	2,519	23%	25%	0.89
	2001	4,311,547	3,204,440	74%	4,388	2,393,738	1,427,818	60%	2,338	27%	28%	0.98
	2002	4,364,654	2,793,990	64%	4,311	2,203,903	1,551,485	70%	2,166	30%	30%	1.00
	2003	4,323,043	3,868,759	89%	4,230	2,023,806	1,673,418	83%	2,001	35%	33%	1.06
	2004	4,334,482	3,768,657	87%	4,149	1,852,800	1,791,964	97%	1,844	38%	35%	1.07
	2005	4,239,336	5,660,163	134%	4,049	1,689,682	1,897,988	112%	1,694	43%	38%	1.14
	2006	4,081,081	4,756,090	117%	3,969	1,534,088	1,987,056	130%	1,550	47%	40%	1.16
	2007	4,044,156	6,384,642	158%	3,867	1,386,336	2,055,556	148%	1,413	52%	43%	1.20
	2008	3,935,572	7,209,607	183%	3,763	1,246,719	2,100,415	168%	1,283	57%	45%	1.25
	2009	3,837,481	8,498,147	221%	3,655	1,115,480	2,122,627	190%	1,160	63%	48%	1.31
	2010	3,767,723	9,564,727	254%	3,540	992,786	2,123,933	214%	1,045	69%	50%	1.37
	2011	3,696,643	6,640,981	180%	3,423	878,727	2,106,897	240%	937	72%	52%	1.37
	2012	4,196,139	8,086,925	193%	3,282	773,332	2,073,583	268%	837	76%	54%	1.39
	2013	4,041,315	10,906,143	270%	3,160	676,586	2,024,777	299%	744	81%	56%	1.43
	2014	3,751,218	11,294,861	301%	3,020	588,453	1,961,200	333%	658	86%	58%	1.48
	2015	3,527,041	13,987,011	397%	2,872	508,790	1,882,017	370%	580	92%	60%	1.54
	2016	3,322,471	12,676,632	382%	2,713	437,313	1,787,667	409%	509	98%	61%	1.59
Projected Future Experience (50 Years)	2017	3,271,758	12,352,621	378%	2,377	373,614	1,679,326	449%	444	102%	63%	1.63
	2018	3,828,365	12,464,324	326%	2,237	317,307	1,559,830	492%	387	106%	64%	1.66
	2019	4,468,314	12,378,066	277%	2,098	267,932	1,424,075	532%	335	110%	65%	1.69
	2020	4,115,468	12,531,713	305%	1,961	224,995	1,276,263	567%	290	113%	66%	1.71
	2021	3,773,950	12,501,447	331%	1,827	187,988	1,132,158	602%	249	116%	67%	1.74
	2022	3,445,351	12,366,577	359%	1,696	156,345	994,637	636%	214	119%	67%	1.77
	2023	3,131,130	12,051,275	385%	1,569	129,495	877,348	678%	184	122%	68%	1.80
	2024	2,832,567	11,640,399	411%	1,446	106,891	780,529	730%	157	125%	68%	1.82
	2025	2,550,736	11,118,119	436%	1,329	87,977	691,587	786%	135	127%	69%	1.85
	2026	2,286,479	10,575,421	463%	1,216	72,243	610,154	845%	115	129%	69%	1.87
	2027	2,040,378	9,991,809	490%	1,110	59,203	537,155	907%	98	132%	69%	1.89
	2028	1,812,748	9,390,603	518%	1,010	48,466	472,004	974%	84	133%	70%	1.91
	2029	1,603,634	8,805,862	549%	915	39,682	414,316	1044%	72	135%	70%	1.93
	2030	1,412,810	8,204,144	581%	828	32,530	363,755	1118%	61	136%	70%	1.95
	2031	1,239,793	7,627,877	615%	746	26,709	319,455	1196%	52	138%	70%	1.96
	2032	1,083,882	7,063,938	652%	671	21,955	280,853	1279%	44	139%	70%	1.98
	2033	944,199	6,487,267	687%	602	18,059	246,809	1367%	38	140%	70%	1.99
	2034	819,747	5,951,451	726%	538	14,850	216,540	1458%	32	141%	70%	2.00
	2035	709,451	5,439,111	767%	481	12,204	189,788	1555%	27	142%	71%	2.01
	2036	612,192	4,939,708	807%	428	10,020	166,143	1658%	23	142%	71%	2.02
	2037	526,831	4,456,047	846%	381	8,221	145,372	1768%	20	143%	71%	2.03
	2038	452,241	4,025,649	890%	338	6,739	127,034	1885%	17	144%	71%	2.03
	2039	387,323	3,621,324	935%	299	5,520	110,843	2008%	14	144%	71%	2.04
	2040	331,028	3,237,304	978%	264	4,516	96,616	2140%	12	144%	71%	2.04
	2041	282,375	2,886,778	1022%	233	3,690	84,070	2278%	10	145%	71%	2.05
	2042	240,451	2,577,951	1072%	205	3,011	72,963	2423%	8	145%	71%	2.05
	2043	204,423	2,299,507	1125%	181	2,453	63,172	2576%	7	145%	71%	2.05
	2044	173,540	2,031,427	1171%	159	1,995	54,619	2738%	6	146%	71%	2.06
	2045	147,126	1,793,316	1219%	139	1,619	47,130	2911%	5	146%	71%	2.06
	2046	124,517	1,595,212	1281%	121	1,311	40,484	3088%	4	146%	71%	2.06
	2047	105,144	1,418,839	1349%	106	1,059	34,587	3267%	3	146%	71%	2.06
	2048	88,594	1,248,252	1409%	92	851	29,399	3454%	3	146%	71%	2.06
	2049	74,488	1,099,456	1476%	80	682	24,865	3646%	2	146%	71%	2.06
	2050	62,499	955,936	1530%	69	544	20,880	3839%	2	146%	71%	2.06
	2051	52,333	828,318	1583%	59	431	17,377	4027%	1	146%	71%	2.06
	2052	43,737	711,403	1627%	51	340	14,340	4216%	1	146%	71%	2.07
	2053	36,484	609,450	1670%	44	266	11,756	4413%	1	146%	71%	2.07
	2054	30,376	521,192	1716%	37	207	9,566	4611%	1	146%	71%	2.07
	2055	25,243	445,818	1766%	32	160	7,702	4801%	1	147%	71%	2.07
	2056	20,935	379,440	1813%	27	123	6,139	4990%	0	147%	71%	2.07
	2057	17,324	320,886	1852%	22	94	4,849	5185%	0	147%	71%	2.07
	2058	14,301	270,754	1893%	19	70	3,793	5385%	0	147%	71%	2.07
	2059	11,773	227,714	1934%	16	53	2,933	5584%	0	147%	71%	2.07
	2060	9,663	189,821	1964%	13	39	2,240	5788%	0	147%	71%	2.07
	2061	7,906	157,357	1990%	11	28	1,695	6010%	0	147%	71%	2.07
	2062	6,446	130,913	2031%	9	20	1,269	6226%	0	147%	71%	2.07
	2063	5,235	109,212	2086%	7	15	933	6420%	0	147%	71%	2.07
	2064	4,234	90,227	2131%	6	10	671	6577%	0	147%	71%	2.07
	2065	3,409	73,892	2168%	5	7	471	6712%	0	147%	71%	2.07
	2066	2,731	60,362	2210%	4	5	321	6796%	0	147%	71%	2.07
		without interest				without interest						
History		98,115,828	127,409,459	130%	96,081	45,866,826	37,412,662	82%	47,048	98%	61%	1.59
Future		49,475,661	232,255,492	469%	28,112	2,252,544	15,270,814	678%	3,160	415%	617%	0.67
Lifetime		147,591,489	359,664,951	244%	124,193	48,119,371	52,683,476	109%	50,208	147%	71%	2.07
		with 4.99% interest				with 4.99% interest						
History		188,851,927	184,223,537	98%		102,833,006	63,102,450	61%				
Future		34,528,750	143,290,140	415%		1,791,295	11,061,144	617%				
Lifetime		223,380,677	327,513,677	147%		104,624,300	74,163,594	71%				

Exhibit II
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Virginia Specific Experience at Original Rates
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	221	-	0%	1	221	15	7%	1	0%	7%	0.00
	1990	2,654	-	0%	4	2,612	216	8%	4	0%	8%	0.00
	1991	9,822	-	0%	16	9,283	834	9%	14	0%	9%	0.00
	1992	14,181	-	0%	18	11,972	1,334	11%	13	0%	10%	0.00
	1993	22,435	-	0%	23	18,412	2,672	15%	16	0%	12%	0.00
	1994	34,188	-	0%	35	27,786	4,471	16%	25	0%	13%	0.00
	1995	49,530	-	0%	41	40,287	7,118	18%	29	0%	15%	0.00
	1996	54,758	-	0%	40	40,838	9,411	23%	26	0%	17%	0.00
	1997	52,701	-	0%	36	36,432	11,055	30%	24	0%	19%	0.00
	1998	48,596	192,848	397%	32	33,164	12,487	38%	22	59%	22%	2.71
	1999	44,915	16,417	37%	29	30,363	13,768	45%	21	56%	24%	2.33
	2000	43,336	-	0%	28	27,897	15,007	54%	19	51%	27%	1.91
	2001	45,074	-	0%	28	25,613	16,225	63%	18	46%	29%	1.60
	2002	44,281	-	0%	27	23,454	17,301	74%	16	43%	31%	1.36
	2003	42,702	-	0%	27	21,392	18,311	86%	15	40%	34%	1.18
	2004	44,422	357,807	805%	27	19,449	19,146	98%	14	86%	36%	2.36
	2005	44,133	64,757	147%	24	17,615	19,676	112%	13	89%	39%	2.30
	2006	40,960	-	0%	24	15,873	20,071	126%	12	85%	41%	2.07
	2007	38,089	-	0%	23	14,229	20,219	142%	11	82%	43%	1.89
	2008	37,122	-	0%	23	12,687	20,199	159%	10	79%	46%	1.74
	2009	37,122	-	0%	23	11,251	20,020	178%	9	77%	48%	1.61
	2010	38,547	25,098	65%	23	9,925	19,667	198%	8	76%	49%	1.54
	2011	38,547	-	0%	23	8,709	19,258	221%	7	74%	51%	1.44
	2012	38,435	64,572	168%	23	7,604	18,722	246%	6	77%	53%	1.44
	2013	32,970	-	0%	22	6,606	18,112	274%	6	75%	55%	1.37
	2014	25,208	152,091	603%	19	5,712	17,418	305%	5	83%	56%	1.48
	2015	20,226	2,037	10%	18	4,917	16,675	339%	4	82%	57%	1.43
	2016	16,502	39,276	238%	15	4,218	15,863	376%	4	83%	59%	1.42
Projected Future Experience (50 Years)	2017	15,653	90,934	581%	14	3,613	14,887	412%	3	87%	60%	1.46
	2018	14,820	96,014	648%	13	3,088	13,841	448%	3	91%	61%	1.50
	2019	14,004	96,429	689%	13	2,631	12,891	490%	3	95%	62%	1.54
	2020	13,208	95,155	720%	12	2,237	12,029	538%	2	98%	62%	1.58
	2021	12,433	90,738	730%	11	1,900	10,961	577%	2	102%	63%	1.61
	2022	11,681	86,064	737%	11	1,608	9,879	614%	2	104%	64%	1.64
	2023	10,953	79,491	726%	10	1,360	9,108	670%	2	107%	64%	1.66
	2024	10,251	75,156	733%	9	1,150	8,433	733%	1	109%	65%	1.69
	2025	9,577	71,195	743%	9	971	7,788	802%	1	111%	65%	1.70
	2026	8,932	74,046	829%	8	818	7,112	869%	1	113%	66%	1.73
	2027	8,315	77,581	933%	8	687	6,448	939%	1	115%	66%	1.75
	2028	7,728	74,650	966%	7	573	5,828	1016%	1	117%	66%	1.77
	2029	7,169	70,684	986%	7	476	5,242	1101%	1	119%	66%	1.79
	2030	6,639	67,503	1017%	6	393	4,674	1189%	1	120%	67%	1.80
	2031	6,137	62,195	1013%	6	323	4,112	1275%	0	121%	67%	1.82
	2032	5,663	56,826	1003%	5	263	3,589	1366%	0	123%	67%	1.83
	2033	5,216	53,073	1018%	5	213	3,123	1466%	0	124%	67%	1.84
	2034	4,793	48,025	1002%	4	172	2,707	1577%	0	124%	67%	1.85
	2035	4,395	42,256	961%	4	138	2,326	1689%	0	125%	67%	1.86
	2036	4,020	38,848	966%	4	110	1,981	1801%	0	126%	67%	1.87
	2037	3,668	35,346	964%	3	87	1,682	1926%	0	126%	67%	1.88
	2038	3,337	32,019	960%	3	69	1,426	2064%	0	127%	67%	1.88
	2039	3,027	30,722	1015%	3	54	1,206	2220%	0	127%	67%	1.89
	2040	2,738	29,082	1062%	2	43	1,014	2385%	0	128%	67%	1.89
	2041	2,468	26,235	1063%	2	33	851	2557%	0	128%	67%	1.90
	2042	2,216	24,175	1091%	2	26	710	2721%	0	128%	67%	1.90
	2043	1,982	22,395	1130%	2	20	591	2903%	0	129%	67%	1.91
	2044	1,766	20,134	1140%	2	16	492	3129%	0	129%	67%	1.91
	2045	1,566	19,987	1276%	1	12	408	3365%	0	129%	67%	1.91
	2046	1,381	20,688	1498%	1	9	336	3601%	0	129%	67%	1.91
	2047	1,212	19,542	1613%	1	7	273	3806%	0	129%	68%	1.92
	2048	1,056	18,044	1708%	1	5	217	3993%	0	130%	68%	1.92
	2049	915	16,339	1786%	1	4	170	4187%	0	130%	68%	1.92
	2050	787	14,120	1795%	1	3	130	4399%	0	130%	68%	1.92
	2051	672	12,012	1788%	1	2	97	4600%	0	130%	68%	1.93
	2052	570	10,630	1867%	1	1	71	4792%	0	130%	68%	1.93
	2053	479	9,086	1896%	0	1	50	5042%	0	130%	68%	1.93
	2054	400	7,444	1861%	0	1	35	5250%	0	130%	68%	1.93
	2055	331	6,037	1823%	0	0	24	5332%	0	130%	68%	1.93
	2056	272	4,848	1784%	0	0	16	5271%	0	130%	68%	1.93
	2057	221	3,846	1741%	0	0	9	5011%	0	130%	68%	1.93
	2058	178	3,011	1694%	0	0	5	4438%	0	130%	68%	1.93
	2059	141	2,325	1645%	0	0	2	3830%	0	130%	68%	1.93
	2060	111	1,806	1626%	0	0	1	3795%	0	130%	68%	1.93
	2061	86	1,427	1657%	0	0	0	3756%	0	130%	68%	1.93
	2062	66	1,120	1701%	0	0	0	3715%	0	130%	68%	1.93
	2063	50	862	1735%	0	0	0	3671%	0	130%	68%	1.93
	2064	37	650	1758%	0	0	0	3625%	0	130%	68%	1.93
	2065	27	480	1775%	0	0	0	3576%	0	130%	68%	1.93
	2066	19	348	1790%	0	0	0	3525%	0	130%	68%	1.93
		without interest				without interest						
History		961,676	914,902	95%	672	488,522	375,271	77%	370	83%	59%	1.42
Future		213,363	1,841,621	863%	194	23,120	156,772	678%	26	790%	609%	1.30
Lifetime		1,175,039	2,756,523	235%	866	511,642	532,044	104%	396	130%	68%	1.93
		with 4.99% interest				with 4.99% interest						
History		1,934,290	1,613,300	83%		1,110,460	651,147	59%				
Future		137,661	1,087,555	790%		18,193	110,887	609%				
Lifetime		2,071,951	2,700,855	130%		1,128,654	762,034	68%				

Exhibit II
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Virginia Specific Experience After Requested Increase
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	221	-	0%	1	221	15	7%	1	0%	7%	0.00
	1990	2,654	-	0%	4	2,612	216	8%	4	0%	8%	0.00
	1991	9,822	-	0%	16	9,283	834	9%	14	0%	9%	0.00
	1992	14,181	-	0%	18	11,972	1,334	11%	13	0%	10%	0.00
	1993	22,435	-	0%	23	18,412	2,672	15%	16	0%	12%	0.00
	1994	34,188	-	0%	35	27,786	4,471	16%	25	0%	13%	0.00
	1995	49,530	-	0%	41	40,287	7,118	18%	29	0%	15%	0.00
	1996	54,758	-	0%	40	40,838	9,411	23%	26	0%	17%	0.00
	1997	52,701	-	0%	36	36,432	11,055	30%	24	0%	19%	0.00
	1998	48,596	192,848	397%	32	33,164	12,487	38%	22	59%	22%	2.71
	1999	44,915	16,417	37%	29	30,363	13,768	45%	21	56%	24%	2.33
	2000	43,336	-	0%	28	27,897	15,007	54%	19	51%	27%	1.91
	2001	45,074	-	0%	28	25,613	16,225	63%	18	46%	29%	1.60
	2002	44,281	-	0%	27	23,454	17,301	74%	16	43%	31%	1.36
	2003	42,702	-	0%	27	21,392	18,311	86%	15	40%	34%	1.18
	2004	44,422	357,807	805%	27	19,449	19,146	98%	14	86%	36%	2.36
	2005	44,133	64,757	147%	24	17,615	19,676	112%	13	89%	39%	2.30
	2006	40,960	-	0%	24	15,873	20,071	126%	12	85%	41%	2.07
	2007	38,089	-	0%	23	14,229	20,219	142%	11	82%	43%	1.89
	2008	37,122	-	0%	23	12,687	20,199	159%	10	79%	46%	1.74
	2009	37,122	-	0%	23	11,251	20,020	178%	9	77%	48%	1.61
	2010	38,547	25,098	65%	23	9,925	19,667	198%	8	76%	49%	1.54
	2011	38,547	-	0%	23	8,709	19,258	221%	7	74%	51%	1.44
	2012	38,435	64,572	168%	23	7,604	18,722	246%	6	77%	53%	1.44
	2013	32,970	-	0%	22	6,606	18,112	274%	6	75%	55%	1.37
	2014	25,208	152,091	603%	19	5,712	17,418	305%	5	83%	56%	1.48
	2015	20,226	2,037	10%	18	4,917	16,675	339%	4	82%	57%	1.43
	2016	16,502	39,276	238%	15	4,218	15,863	376%	4	83%	59%	1.42
Projected Future Experience (50 Years)	2017	15,653	90,934	581%	14	3,613	14,887	412%	3	87%	60%	1.46
	2018	17,765	93,653	527%	12	3,088	13,841	448%	3	91%	61%	1.50
	2019	16,787	91,270	544%	12	2,631	12,891	490%	3	94%	62%	1.53
	2020	15,833	90,065	569%	11	2,237	12,029	538%	2	98%	62%	1.56
	2021	14,904	85,884	576%	10	1,900	10,961	577%	2	100%	63%	1.59
	2022	14,002	81,460	582%	10	1,608	9,879	614%	2	103%	64%	1.62
	2023	13,130	75,238	573%	9	1,360	9,108	670%	2	105%	64%	1.64
	2024	12,288	71,135	579%	9	1,150	8,433	733%	1	107%	65%	1.66
	2025	11,480	67,386	587%	8	971	7,788	802%	1	109%	65%	1.67
	2026	10,707	70,085	655%	7	818	7,112	869%	1	111%	66%	1.69
	2027	9,968	73,431	737%	7	687	6,448	939%	1	113%	66%	1.71
	2028	9,264	70,656	763%	6	573	5,828	1016%	1	114%	66%	1.73
	2029	8,594	66,903	778%	6	476	5,242	1101%	1	116%	66%	1.74
	2030	7,958	63,891	803%	6	393	4,674	1189%	1	117%	67%	1.76
	2031	7,357	58,868	800%	5	323	4,112	1275%	0	118%	67%	1.77
	2032	6,789	53,786	792%	5	263	3,589	1366%	0	119%	67%	1.78
	2033	6,252	50,233	803%	4	213	3,123	1466%	0	120%	67%	1.79
	2034	5,746	45,456	791%	4	172	2,707	1577%	0	121%	67%	1.80
	2035	5,269	39,995	759%	4	138	2,326	1689%	0	122%	67%	1.81
	2036	4,819	36,770	763%	3	110	1,981	1801%	0	122%	67%	1.82
	2037	4,396	33,455	761%	3	87	1,682	1926%	0	123%	67%	1.82
	2038	4,000	30,306	758%	3	69	1,426	2064%	0	123%	67%	1.83
	2039	3,629	29,078	801%	3	54	1,206	2220%	0	124%	67%	1.83
	2040	3,282	27,526	839%	2	43	1,014	2385%	0	124%	67%	1.84
	2041	2,958	24,831	839%	2	33	851	2557%	0	124%	67%	1.84
	2042	2,657	22,881	861%	2	26	710	2721%	0	125%	67%	1.85
	2043	2,376	21,197	892%	2	20	591	2903%	0	125%	67%	1.85
	2044	2,117	19,057	900%	1	16	492	3129%	0	125%	67%	1.85
	2045	1,877	18,917	1008%	1	12	408	3365%	0	125%	67%	1.85
	2046	1,656	19,581	1182%	1	9	336	3601%	0	125%	67%	1.86
	2047	1,452	18,497	1274%	1	7	273	3806%	0	126%	68%	1.86
	2048	1,266	17,079	1349%	1	5	217	3993%	0	126%	68%	1.86
	2049	1,097	15,465	1410%	1	4	170	4187%	0	126%	68%	1.86
	2050	943	13,364	1417%	1	3	130	4399%	0	126%	68%	1.87
	2051	805	11,369	1412%	1	2	97	4600%	0	126%	68%	1.87
	2052	683	10,062	1474%	0	1	71	4792%	0	126%	68%	1.87
	2053	574	8,600	1497%	0	1	50	5042%	0	126%	68%	1.87
	2054	480	7,046	1469%	0	1	35	5250%	0	126%	68%	1.87
	2055	397	5,714	1439%	0	0	24	5332%	0	126%	68%	1.87
	2056	326	4,589	1408%	0	0	16	5271%	0	126%	68%	1.87
	2057	265	3,640	1375%	0	0	9	5011%	0	126%	68%	1.87
	2058	213	2,850	1338%	0	0	5	4438%	0	126%	68%	1.87
	2059	169	2,200	1299%	0	0	2	3830%	0	126%	68%	1.87
	2060	133	1,709	1284%	0	0	1	3795%	0	126%	68%	1.87
	2061	103	1,350	1308%	0	0	0	3756%	0	126%	68%	1.87
	2062	79	1,060	1343%	0	0	0	3715%	0	126%	68%	1.87
	2063	60	816	1370%	0	0	0	3671%	0	126%	68%	1.87
	2064	44	615	1388%	0	0	0	3625%	0	126%	68%	1.87
	2065	32	454	1401%	0	0	0	3576%	0	126%	68%	1.87
	2066	23	330	1413%	0	0	0	3525%	0	126%	68%	1.87
		without interest				without interest						
History		961,676	914,902	95%	672	488,522	375,271	77%	370	83%	59%	1.42
Future		252,660	1,750,738	693%	180	23,120	156,772	678%	26	640%	609%	1.05
Lifetime		1,214,336	2,665,640	220%	852	511,642	532,044	104%	396	126%	68%	1.87
		with 4.99% interest				with 4.99% interest						
History		1,934,290	1,613,300	83%		1,110,460	651,147	59%				
Future		161,986	1,036,700	640%		18,193	110,887	609%				
Lifetime		2,096,276	2,650,000	126%		1,128,654	762,034	68%				

Exhibit III
Principal Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience without Interest
LTC II Policy Form

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves [1]	(d) = (b+c) / (a) Loss Ratio
1989	494	0	0	0%
1990	84,573	0	395	0%
1991	254,241	0	74,029	29%
1992	950,645	275,614	230,953	53%
1993	2,173,531	167,917	920,078	50%
1994	3,379,860	304,658	2,064,855	70%
1995	4,458,407	877,780	3,895,202	107%
1996	4,920,468	714,285	4,773,104	112%
1997	4,652,268	1,125,034	4,128,957	113%
1998	4,495,147	1,756,720	5,309,003	157%
1999	4,510,902	1,441,558	4,071,596	122%
2000	4,461,390	1,444,118	4,756,569	139%
2001	4,311,547	3,204,440	5,337,415	198%
2002	4,364,654	2,793,990	4,518,311	168%
2003	4,323,043	3,868,759	5,518,755	217%
2004	4,334,482	3,768,657	4,724,745	196%
2005	4,239,336	5,660,163	4,419,910	238%
2006	4,081,081	4,756,090	4,463,926	226%
2007	4,044,156	6,384,642	4,195,012	262%
2008	3,935,572	7,209,607	3,922,268	283%
2009	3,837,481	8,498,147	2,665,390	291%
2010	3,767,723	9,564,727	2,449,258	319%
2011	3,696,643	6,640,981	2,267,414	241%
2012	4,196,139	8,086,925	1,552,616	230%
2013	4,041,315	10,906,143	-4,156,410	167%
2014	3,751,218	11,294,861	475,852	314%
2015	3,527,041	13,987,011	397,307	408%
2016	3,322,471	12,676,632	-1,948,946	323%
Total	98,115,828	127,409,459	71,027,564	202%

[1] Change in Active Life Reserves for Calendar Years 1989 - 1995 was estimated as this was prior to MedAmerica assuming the block in 1996

Exhibit IV
Principal Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia Specific Experience without Interest
LTC II Policy Form

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves [1]	(d) = (b+c) / (a) Loss Ratio
1989	221	0	0	0%
1990	2,654	0	177	7%
1991	9,822	0	2,478	25%
1992	14,181	0	8,772	62%
1993	22,435	0	14,107	63%
1994	34,188	0	21,313	62%
1995	49,530	0	36,654	74%
1996	54,758	0	37,200	68%
1997	52,701	0	41,674	79%
1998	48,596	192,848	53,585	507%
1999	44,915	16,417	-32,329	-35%
2000	43,336	0	29,062	67%
2001	45,074	0	35,778	79%
2002	44,281	0	17,958	41%
2003	42,702	0	33,930	79%
2004	44,422	357,807	34,136	882%
2005	44,133	64,757	-15,992	110%
2006	40,960	0	22,837	56%
2007	38,089	0	31,718	83%
2008	37,122	0	36,286	98%
2009	37,122	0	28,926	78%
2010	38,547	25,098	38,783	166%
2011	38,547	0	-598	-2%
2012	38,435	64,572	60,934	327%
2013	32,970	0	66,952	203%
2014	25,208	152,091	-41,895	437%
2015	20,226	2,037	24,612	132%
2016	16,502	39,276	-114,326	-455%
Total	961,676	914,902	472,732	144%

[1] Change in Active Life Reserves for Calendar Years 1989 - 1995 was estimated as this was prior to MedAmerica assuming the block in 1996

Exhibit V
Principal Life Insurance Company
Comparison of Current and Original Pricing Assumptions
LTC II Policy Form

Current Assumptions	Original Pricing Assumptions
Mortality	
25 year mortality selection factors of the 1994 Group Annuitant Mortality (GAM) Static tables are assumed for males and females in all durations. In additional mortality improvement of 1% for males and .5% for females was assumed for 30 years in the projection.	1980 Commissioner's Standard Ordinary Basic Tables

Lapse Rates

Lapse rates were developed using the mortality assumption described above and actual ILTC and LTC II policy termination experience from inception through June 30, 2015. Lapse rates vary by duration and are provided in the table below.

Duration	Lapse Rate
1	3.0%
2	3.0%
3	2.5%
4	2.5%
5	2.0%
6	1.5%
7	1.0%
8	1.0%
9	1.0%
10	1.0%
11	1.0%
12+	1.0%

Lapse rates vary by issue age and duration.

Policy	Issue Age										
Duration	to 60	61	62	63	64	65	66	67	68	69	70
1	20%	19%	18%	17%	16%	15%	14%	13%	12%	11%	10%
2	15%	14%	13%	12%	11%	10%	9%	8%	7%	6%	5%
3	10%	9%	9%	8%	8%	7%	6%	6%	5%	5%	4%
4	8%	8%	7%	7%	6%	6%	6%	5%	5%	4%	4%
5	6%	6%	5%	5%	5%	5%	4%	4%	4%	3%	3%
6	5%	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%
7	5%	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%
8	5%	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%
9+	5%	5%	4%	4%	4%	4%	3%	3%	3%	2%	2%

Morbidity

Projected claim costs for each policy were based on Milliman's 2014 Long Term Care Guidelines. Claims were adjusted to a percentage of pricing based on the company reported experience. The following tables show the claim cost adjustment factors by duration, attained age and coverage type. The assumptions were based on a company morbidity study performed in 2015.

Original pricing claim costs assumptions were developed using Milliman's long-term care database. The data sources for Milliman included the 1977 and 1985 National Nursing Home Surveys, the Connecticut Department of Health Services, Milliman's Health Cost Guidelines, the 1982 and 1984 National LTC Surveys, Medicare, and the National LTC Demonstration. Adjustments were made to reflect the adverse selection and underwriting effect.

Exhibit V
Principal Life Insurance Company
Comparison of Current and Original Pricing Assumptions
LTC II Policy Form

Durational Claim Cost Adjustment Factors

Duration	Factor	Duration	Factor
1	0.89	16	0.80
2	0.86	17	0.81
3	0.83	18	0.82
4	0.79	19	0.80
5	0.76	20	0.78
6	0.73	21	0.76
7	0.71	22	0.74
8	0.68	23	0.72
9	0.70	24	0.74
10	0.72	25	0.75
11	0.74	26	0.77
12	0.76	27	0.78
13	0.78	28	0.80
14	0.78	29	0.80
15	0.79	30+	0.80

Attained Age Adjustment Factors

Attained Age	Factor
<65	0.83
65-69	0.97
70-74	1.10
75-79	1.17
80-84	1.05
85-89	1.64
90+	1.43

Coverage Type Factors

Coverage Type	Factor
Comp.	0.90
NH Only	1.09

An additional factor of 1.08 is applied to incurred claims for all policies at all durations.

Interest Rate	
5.0%	7.5%

Exhibit VI
Principal Life Insurance Company
Anticipated Loss Ratio Test
LTC II Policy Form

	Nationwide Experience with No Increase	
1	Present Value of Future Claims:	138,776,820
2	Active Life Reserves at 12/31/2016:	71,027,564
3	Present Value of Future Premium:	21,212,534
	Anticipated Loss Ratio = (1 - 2) / 3:	**319%**

	Nationwide Experience with 121% increase	
1	Present Value of Future Claims:	132,362,439
2	Active Life Reserves at 12/31/2016:	71,027,564
3	Present Value of Future Premium:	32,481,495
	Anticipated Loss Ratio = (1 - 2) / 3:	**189%**

Principal

Letter of Authorization

To: Department of Insurance

Principal Life Insurance Company has reinsured its long-term care insurance block with MedAmerica Insurance Company ("MedAmerica"). MedAmerica has entered into a service agreement with TriPlus Services, Inc. ("TriPlus") effective January 1, 2015, that includes long-term care rate filing services on MedAmerica's behalf. The agreement provides, in part, that TriPlus is responsible for preparing and filing for approval with state insurance departments MedAmerica's long-term care rate increase filings as directed by MedAmerica. TriPlus is also authorized to receive, on MedAmerica's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter. Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to:

MedAmerica Insurance Company
165 Court Street
Rochester, NY 14647

11/28/17
Date

Kenneth McCullum
VP-Chief Actuary
Principal Life Insurance Company

PRINCIPAL LIFE INSURANCE COMPANY

Address: 711 High Street, Des Moines, Iowa 50392

Individual LTC II Demonstration of Compliance with Loss Ratio Standard and Policyholder Protection Measures

July 20, 2018

Product	Number
Long-Term Care II (LTC II)	FR 406 VA
Home Health Care/Adult Day Care/Respite Care Rider	FR 539
Benefit Increase Option Rider	FR 540
Return of Premium Death Benefit Rider	FR 541

Changes to Chapter 200 of Title 14 of the Virginia Administration Code (14 VAC5-200) became effective on September 1, 2015. As such, this letter provides the additional information required to comply with the recently adopted changes, as applicable.

1. Information Regarding Revised Premium Rate Increase Standards

14 VAC5-200-150.B

Attachment 1 to this letter provides demonstration that the requested rate increase meets the requirements of the new minimum loss ratio standard.

Attachment 1 shows 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:

a. The greater of 60% or the lifetime loss ratio used in original pricing, applied to the current rate schedule; plus
b. 80% applied to any premium rate increase for individual policy forms.

Attachment 1 reflects pooled nationwide experience for LTC II policies. All policies were issued prior to October 1, 2003.

Present and accumulated values in Attachment 1, including the lifetime loss ratio used in original pricing, are determined at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 5.5% depending on the year of issue and averages 4.99%. We understand that this revised regulation will supersede the requirement to use the original pricing interest rates as prescribed by 14 VAC5-130-75.A.

PRINCIPAL LIFE INSURANCE COMPANY

Address: 711 High Street, Des Moines, Iowa 50392

Individual LTC II Demonstration of Compliance with Loss Ratio Standard and Policyholder Protection Measures

July 20, 2018

2. Information Regarding Policyholder Protection Measures

14 VAC5-200-75.D

Enclosed with this filing are sample policyholder notification letters for use with this increase. These letters clearly disclose each of the items required by the above-referenced regulation.

As noted in the enclosed actuarial memorandum, Principal will notify policyholders of an upcoming rate increase at least 75 days prior to implementation.

14 VAC5-200-183

As part of this rate increase process, Principal will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the increase. Policyholders who prefer to offset the impact of the requested rate increase may have the option to change one or more of the following plan features in order to lower their premiums: (i) reduce their daily benefit, (ii) shorten their benefit period subject to a minimum of 1,000 days, (iii) lengthen their elimination period subject to a maximum of 365 days, (iv) eliminate their inflation protection; or drop rider coverage.

In the event that the reduction in coverage involves the elimination of a policy's inflation protection provision, the company will allow the policyholder to continue the benefit amount in effect at the time of the reduction. Furthermore, the company agrees that the premium for coverage currently in force will be consistent with the approved rate tables.

14 VAC5-200-185

As part of this rate increase request, Principal will voluntarily offer a contingent benefit upon lapse (CBUL) to all insureds affected by the rate increase, even if the increase is not considered substantial as defined in the above-referenced regulation. That is, any policies that lapse due to the requested rate increase will receive some paid-up benefit. The CBUL option is described in the notification letter that will be provided to policyholders at least 75 days prior to the implementation of the requested rate increase.

Attachment 1
Demonstration that the Requested Rate Increase Satisfies 14VAC5-200-150 B
Principal Life Insurance Company Nationwide Experience
Individual Policy Form LTC II

1	Accumulated value of initial earned premium	185,535,797	x	71%	=	131,518,217
2a	Accumulated value of earned premium	188,851,927				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	3,316,130	x	80%	=	2,652,904
3	Present value of future projected initial earned premium	19,684,177	x	71%	=	13,953,253
4a	Present Value of future projected premium	34,528,750				
4b	Present Value of future projected premium in excess of the projected initial earned premiums (4a - 3)	14,844,573	x	80%	=	11,875,658
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**160,000,033**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					184,223,537
6b	Present value of future projected incurred claims without the inclusion of active life reserves					150,313,598
7	**Lifetime Incurred claims with Rate Increase: Sum of 6a and 6b**					**334,537,135**
8	Test: 7 is not less than 5					**Pass**

All values are accumulated or discounted at the average maximum valuation interest rate for contract reserves applicable for the year of issue, which is 4.99%.

MedAmerica Claim Administration and Processing Documentation

As the majority of policies to which this rate increase is applicable are eligible for a contingent benefit upon lapse, the following provides a demonstration that MedAmerica Insurance Company (MedAmerica) has consistently applied appropriate policy administration and claim processing procedures. These procedures are in place to assure that policyholders' long-term care claims are paid according to the provisions of our contracts.

Personal Care Advisors (PCAs) in our Claims Intake area determine whether a claimant qualifies for initial benefit eligibility, and create a plan of care for each eligible claimant. Our Rehabilitation/Case Management team then assigns a PCA to handle all aspects of the insured's contact with the Company, including care planning, ongoing care management, and supervision of claim payment.

While the PCAs are knowledgeable about all of the long term care products administered by the Company, each one specializes in a handful of products to increase claim payment accuracy. For chronically stable patients for whom rehabilitation is unlikely and site of care changes occur infrequently, specialized PCAs are assigned whose primary task is timely adjudication of claims and annual reassessment of benefit eligibility.

All claimants are reassessed at least once per year; claimants in Assisted Living or Home Care status are reassessed more frequently. All claims are reviewed prior to payment. Monthly claims audit procedures are in place. Anti-fraud activities are carried out by the staff of the Special Investigations Unit within our parent company.

MedAmerica management believes that these claims management practices are designed to pay claims correctly and help eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases.

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.08	1.12	1.18	1.06	1.09	1.15	1.04	1.08	1.13	1.01	1.03	1.08
22	1.09	1.13	1.20	1.07	1.11	1.17	1.05	1.09	1.14	1.01	1.04	1.09
23	1.10	1.15	1.22	1.08	1.12	1.18	1.05	1.10	1.16	1.01	1.04	1.10
24	1.10	1.15	1.22	1.08	1.12	1.18	1.05	1.10	1.16	1.01	1.04	1.10
25	1.11	1.16	1.24	1.08	1.13	1.20	1.06	1.10	1.17	1.01	1.05	1.10
26	1.12	1.17	1.25	1.09	1.14	1.21	1.07	1.11	1.18	1.02	1.06	1.11
27	1.12	1.18	1.27	1.10	1.15	1.23	1.07	1.12	1.19	1.02	1.06	1.12
28	1.13	1.19	1.28	1.10	1.15	1.24	1.08	1.13	1.20	1.02	1.07	1.12
29	1.14	1.20	1.28	1.11	1.16	1.24	1.08	1.13	1.21	1.03	1.07	1.13
30	1.14	1.21	1.29	1.11	1.17	1.25	1.09	1.14	1.22	1.03	1.07	1.13
31	1.15	1.21	1.30	1.12	1.18	1.25	1.09	1.14	1.22	1.03	1.08	1.14
32	1.15	1.22	1.30	1.12	1.18	1.26	1.09	1.15	1.22	1.03	1.08	1.14
33	1.17	1.24	1.34	1.14	1.20	1.29	1.11	1.17	1.25	1.04	1.09	1.16
34	1.20	1.27	1.38	1.16	1.23	1.33	1.13	1.19	1.28	1.06	1.11	1.18
35	1.22	1.31	1.42	1.18	1.26	1.36	1.15	1.22	1.32	1.07	1.13	1.21
36	1.25	1.35	1.46	1.21	1.29	1.41	1.17	1.25	1.35	1.08	1.15	1.23
37	1.28	1.38	1.51	1.23	1.33	1.45	1.19	1.28	1.39	1.10	1.17	1.26
38	1.31	1.43	1.57	1.26	1.36	1.50	1.21	1.31	1.43	1.12	1.19	1.29
39	1.35	1.47	1.62	1.29	1.40	1.55	1.24	1.35	1.48	1.14	1.22	1.32
40	1.39	1.52	1.69	1.32	1.45	1.60	1.27	1.39	1.53	1.15	1.24	1.36
41	1.42	1.58	1.76	1.36	1.49	1.66	1.30	1.43	1.58	1.17	1.27	1.40
42	1.47	1.64	1.83	1.40	1.55	1.73	1.33	1.47	1.64	1.19	1.31	1.44
43	1.52	1.70	1.91	1.44	1.61	1.80	1.37	1.53	1.71	1.22	1.34	1.48
44	1.58	1.78	2.01	1.49	1.67	1.88	1.41	1.58	1.78	1.25	1.38	1.54
45	1.64	1.86	2.10	1.55	1.74	1.98	1.46	1.65	1.86	1.28	1.42	1.59
46	1.71	1.95	2.22	1.61	1.83	2.08	1.52	1.72	1.95	1.32	1.47	1.66
47	1.79	2.06	2.34	1.67	1.92	2.19	1.57	1.80	2.05	1.36	1.53	1.73
48	1.88	2.17	2.49	1.75	2.02	2.32	1.64	1.89	2.17	1.40	1.59	1.82
49	1.98	2.30	2.65	1.84	2.14	2.46	1.72	1.99	2.29	1.45	1.67	1.91
50	2.09	2.45	2.83	1.94	2.26	2.62	1.81	2.11	2.44	1.51	1.75	2.01
51	2.22	2.62	3.03	2.05	2.41	2.80	1.90	2.23	2.59	1.57	1.83	2.12
52	2.35	2.79	3.25	2.16	2.56	2.99	2.00	2.37	2.77	1.64	1.93	2.25
53	2.49	2.99	3.48	2.29	2.73	3.20	2.11	2.52	2.96	1.72	2.04	2.38
54	2.66	3.19	3.74	2.43	2.92	3.43	2.23	2.69	3.16	1.79	2.15	2.52
55	2.85	3.45	4.03	2.60	3.15	3.70	2.39	2.89	3.40	1.91	2.30	2.70
56	3.05	3.71	4.34	2.77	3.37	3.97	2.54	3.09	3.64	2.00	2.44	2.87
57	3.26	3.99	4.68	2.96	3.62	4.27	2.70	3.31	3.91	2.12	2.59	3.06
58	3.51	4.31	5.06	3.17	3.90	4.60	2.89	3.56	4.21	2.25	2.77	3.28
59	3.78	4.67	5.49	3.42	4.21	4.98	3.09	3.84	4.54	2.38	2.96	3.51
60	4.10	5.09	5.98	3.70	4.59	5.43	3.35	4.17	4.95	2.57	3.20	3.80
61	4.46	5.56	6.55	4.02	5.01	5.93	3.62	4.54	5.39	2.75	3.46	4.12
62	4.86	6.09	7.16	4.36	5.47	6.48	3.92	4.95	5.88	2.95	3.74	4.46
63	5.31	6.67	7.86	4.76	5.99	7.10	4.27	5.41	6.42	3.18	4.06	4.84
64	5.81	7.35	8.64	5.20	6.59	7.80	4.66	5.94	7.04	3.44	4.43	5.27
65	6.41	8.12	9.54	5.73	7.28	8.59	5.12	6.55	7.76	3.76	4.85	5.78
66	7.04	8.97	10.52	6.29	8.02	9.46	5.61	7.20	8.53	4.09	5.31	6.32
67	7.76	9.92	11.62	6.92	8.86	10.44	6.16	7.95	9.40	4.46	5.83	6.92
68	8.59	11.01	12.87	7.64	9.82	11.55	6.79	8.80	10.38	4.88	6.41	7.59
69	9.53	12.26	14.30	8.47	10.92	12.82	7.52	9.78	11.50	5.37	7.08	8.36
70	10.62	13.70	15.94	9.43	12.20	14.28	8.36	10.90	12.79	5.94	7.86	9.25
71	11.77	15.23	17.68	10.44	13.55	15.82	9.25	12.10	14.16	6.53	8.67	10.18
72	13.07	16.98	19.65	11.60	15.09	17.56	10.26	13.45	15.69	7.20	9.59	11.22
73	14.56	18.96	21.88	12.91	16.84	19.53	11.40	15.00	17.43	7.97	10.63	12.40
74	16.23	21.19	24.37	14.39	18.81	21.74	12.69	16.73	19.37	8.83	11.80	13.68
75	18.06	23.64	27.09	16.01	20.97	24.13	14.11	18.64	21.48	9.76	13.07	15.08
76	20.05	26.29	30.01	17.76	23.30	26.71	15.64	20.69	23.74	10.77	14.44	16.57
77	22.17	29.12	33.10	19.64	25.79	29.43	17.28	22.87	26.12	11.84	15.87	18.11
78	24.46	32.15	36.37	21.65	28.45	32.29	19.03	25.20	28.61	12.97	17.38	19.69
79	26.94	35.39	39.80	23.82	31.28	35.28	20.92	27.66	31.20	14.17	18.94	21.31
80	29.63	38.84	43.40	26.16	34.27	38.39	22.94	30.26	33.89	15.42	20.55	22.94
81	40.87	53.82	59.82	35.91	47.20	52.57	31.30	41.43	46.10	20.58	27.50	30.45
82	45.26	59.44	65.60	39.69	51.99	57.49	34.53	45.53	50.28	22.49	29.91	32.85
83	49.95	65.46	71.76	43.71	57.12	62.71	37.97	49.89	54.69	24.50	32.43	35.33
84	54.85	71.80	78.22	47.92	62.49	68.16	41.55	54.46	59.27	26.58	35.02	37.84
85	59.91	78.32	84.83	52.25	67.99	73.69	45.21	59.11	63.90	28.68	37.59	40.31
86	65.08	84.91	91.44	56.63	73.48	79.17	48.91	63.72	68.44	30.73	40.07	42.66
87	70.33	91.45	97.89	61.05	78.88	84.46	52.60	68.20	72.78	32.69	42.36	44.80
88	75.65	97.91	104.11	65.48	84.13	89.47	56.26	72.51	76.83	34.54	44.41	46.64
89	81.04	104.29	110.04	69.92	89.25	94.17	59.91	76.65	80.56	36.30	46.21	48.13
90	86.45	110.51	115.66	74.33	94.17	98.53	63.50	80.58	83.97	37.94	47.78	49.32
91	91.83	116.53	120.91	78.68	98.85	102.53	67.01	84.28	87.04	39.47	49.13	50.71
92	97.06	122.21	125.69	82.88	103.22	106.11	70.37	87.69	90.52	40.87	50.25	51.87
93	101.95	127.36	131.46	86.78	107.14	110.59	73.47	90.70	93.62	42.11	51.12	52.77
94	106.56	132.10	136.36	90.46	110.71	114.28	76.40	93.40	96.41	43.23	51.77	53.44
95	111.43	137.05	141.47	94.33	114.41	118.10	79.47	96.18	99.28	44.40	52.39	54.08
96	115.89	142.53	147.13	98.10	118.99	122.82	82.65	100.03	103.25	46.18	54.49	56.24
97	120.52	148.23	153.01	102.03	123.75	127.74	85.95	104.03	107.38	48.02	56.67	58.49
98	125.34	154.16	159.13	106.11	128.70	132.85	89.39	108.19	111.68	49.94	58.93	60.83
99	130.36	160.33	165.50	110.35	133.84	138.16	92.97	112.52	116.14	51.94	61.29	63.27
100	135.57	166.74	172.12	114.77	139.20	143.69	96.69	117.02	120.79	54.02	63.74	65.80

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only | **Indexing:** **5% Compound**
Lifetime Payment Term | **ROP Rider** **No**

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.68	1.94	2.26	1.58	1.82	2.13	1.50	1.72	2.01	1.32	1.51	1.74
22	1.73	2.00	2.34	1.62	1.87	2.20	1.54	1.77	2.07	1.35	1.54	1.79
23	1.77	2.06	2.42	1.66	1.93	2.27	1.57	1.82	2.13	1.37	1.58	1.84
24	1.82	2.12	2.50	1.70	1.98	2.34	1.61	1.87	2.20	1.39	1.61	1.89
25	1.86	2.18	2.58	1.74	2.04	2.41	1.64	1.92	2.26	1.42	1.65	1.94
26	1.91	2.25	2.66	1.78	2.10	2.49	1.68	1.97	2.33	1.44	1.69	1.99
27	1.96	2.31	2.74	1.83	2.16	2.56	1.72	2.02	2.40	1.47	1.73	2.04
28	2.01	2.38	2.82	1.87	2.21	2.63	1.75	2.08	2.47	1.50	1.76	2.09
29	2.06	2.45	2.91	1.91	2.28	2.71	1.79	2.13	2.54	1.52	1.80	2.14
30	2.11	2.52	3.00	1.96	2.34	2.79	1.83	2.19	2.61	1.55	1.85	2.19
31	2.17	2.59	3.09	2.01	2.40	2.87	1.88	2.25	2.68	1.58	1.89	2.25
32	2.22	2.67	3.18	2.06	2.47	2.96	1.92	2.31	2.76	1.61	1.93	2.31
33	2.31	2.78	3.33	2.13	2.57	3.09	1.98	2.40	2.87	1.66	2.00	2.39
34	2.39	2.90	3.48	2.21	2.68	3.23	2.05	2.49	3.00	1.70	2.07	2.49
35	2.49	3.02	3.64	2.29	2.79	3.37	2.12	2.59	3.13	1.75	2.14	2.58
36	2.58	3.15	3.80	2.37	2.90	3.52	2.20	2.69	3.26	1.80	2.21	2.68
37	2.68	3.28	3.98	2.46	3.02	3.67	2.27	2.80	3.40	1.86	2.29	2.79
38	2.79	3.43	4.16	2.55	3.15	3.84	2.35	2.91	3.55	1.92	2.38	2.90
39	2.90	3.58	4.36	2.65	3.29	4.01	2.44	3.03	3.71	1.98	2.46	3.02
40	3.02	3.74	4.56	2.75	3.43	4.20	2.53	3.16	3.87	2.04	2.56	3.14
41	3.19	3.98	4.87	2.90	3.64	4.48	2.66	3.35	4.12	2.12	2.69	3.33
42	3.33	4.17	5.11	3.02	3.81	4.69	2.77	3.50	4.31	2.20	2.80	3.47
43	3.48	4.36	5.36	3.15	3.98	4.91	2.88	3.65	4.52	2.28	2.91	3.62
44	3.63	4.57	5.63	3.29	4.17	5.15	3.00	3.82	4.73	2.36	3.04	3.78
45	3.80	4.80	5.91	3.43	4.37	5.41	3.13	4.00	4.96	2.45	3.17	3.95
46	3.98	5.05	6.23	3.59	4.60	5.70	3.27	4.20	5.22	2.55	3.31	4.15
47	4.19	5.33	6.58	3.77	4.84	6.01	3.43	4.42	5.50	2.66	3.47	4.36
48	4.40	5.62	6.96	3.96	5.10	6.35	3.60	4.65	5.81	2.77	3.64	4.58
49	4.64	5.94	7.37	4.17	5.39	6.72	3.78	4.91	6.14	2.90	3.83	4.83
50	5.00	6.39	7.91	4.49	5.80	7.22	4.08	5.29	6.60	3.14	4.13	5.20
51	5.24	6.72	8.32	4.71	6.09	7.59	4.27	5.55	6.93	3.27	4.33	5.45
52	5.49	7.05	8.74	4.92	6.39	7.96	4.45	5.81	7.27	3.40	4.52	5.70
53	5.75	7.40	9.18	5.15	6.70	8.36	4.65	6.09	7.63	3.54	4.72	5.96
54	6.02	7.78	9.65	5.39	7.03	8.78	4.87	6.39	8.00	3.69	4.94	6.24
55	6.31	8.17	10.14	5.64	7.38	9.22	5.09	6.70	8.40	3.85	5.17	6.54
56	6.62	8.59	10.67	5.91	7.76	9.69	5.33	7.04	8.82	4.01	5.41	6.85
57	6.95	9.04	11.23	6.20	8.16	10.20	5.59	7.40	9.28	4.19	5.67	7.18
58	7.31	9.53	11.84	6.52	8.59	10.74	5.86	7.78	9.76	4.39	5.96	7.54
59	7.70	10.06	12.50	6.86	9.07	11.34	6.17	8.21	10.29	4.60	6.26	7.93
60	8.16	10.68	13.25	7.27	9.62	12.02	6.53	8.70	10.91	4.86	6.64	8.39
61	8.73	11.46	14.22	7.77	10.31	12.88	6.97	9.32	11.69	5.17	7.08	8.96
62	9.32	12.27	15.22	8.29	11.03	13.78	7.43	9.96	12.49	5.49	7.55	9.55
63	9.98	13.16	16.34	8.87	11.83	14.78	7.94	10.68	13.38	5.84	8.07	10.21
64	10.71	14.16	17.56	9.51	12.72	15.88	8.50	11.47	14.37	6.23	8.64	10.92
65	11.51	15.25	18.91	10.21	13.69	17.08	9.12	12.33	15.44	6.66	9.26	11.71
66	12.41	16.47	20.40	10.99	14.78	18.42	9.82	13.30	16.64	7.15	9.97	12.58
67	13.38	17.80	22.02	11.85	15.96	19.87	10.57	14.36	17.93	7.67	10.72	13.51
68	14.46	19.28	23.83	12.80	17.28	21.48	11.41	15.54	19.37	8.25	11.57	14.55
69	15.68	20.96	25.86	13.87	18.77	23.29	12.35	16.86	20.99	8.91	12.52	15.71
70	17.04	22.83	28.12	15.07	20.43	25.32	13.41	18.34	22.79	9.64	13.58	16.99
71	18.49	24.83	30.54	16.34	22.22	27.48	14.53	19.93	24.71	10.42	14.70	18.36
72	20.11	27.07	33.24	17.77	24.21	29.88	15.79	21.70	26.85	11.28	15.96	19.87
73	21.93	29.59	36.24	19.37	26.44	32.56	17.21	23.69	29.23	12.25	17.36	21.53
74	23.95	32.38	39.56	21.15	28.93	35.51	18.77	25.89	31.84	13.32	18.90	23.35
75	26.14	35.41	43.15	23.08	31.62	38.69	20.47	28.27	34.66	14.48	20.55	25.29
76	28.48	38.65	46.95	25.14	34.49	42.06	22.28	30.81	37.63	15.71	22.31	27.32
77	30.97	42.09	50.95	27.33	37.52	45.59	24.20	33.49	40.73	17.00	24.14	29.41
78	33.62	45.72	55.12	29.65	40.72	49.26	26.24	36.31	43.94	18.35	26.03	31.53
79	36.46	49.58	59.46	32.13	44.10	53.06	28.40	39.27	47.25	19.77	27.97	33.66
80	39.51	53.64	63.96	34.78	47.64	56.97	30.70	42.35	50.64	21.23	29.95	35.78
81	53.18	72.97	87.28	46.62	64.48	77.32	40.99	57.06	68.34	27.97	39.76	47.52
82	58.65	80.30	95.42	51.30	70.77	84.28	45.01	62.47	74.27	30.43	43.08	51.08
83	64.52	88.23	104.15	56.33	77.55	91.71	49.32	68.27	80.58	33.04	46.57	54.76
84	70.66	96.63	113.39	61.58	84.70	99.51	53.83	74.38	87.16	35.75	50.18	58.51
85	77.01	105.30	122.87	66.99	92.02	107.47	58.44	80.60	93.83	38.48	53.77	62.21
86	83.48	114.05	132.35	72.46	99.34	115.35	63.07	86.76	100.37	41.13	57.21	65.73
87	90.03	122.71	141.58	77.94	106.50	122.92	67.67	92.72	106.59	43.65	60.37	68.91
88	96.66	131.22	150.40	83.41	113.42	130.02	72.22	98.40	112.33	46.01	63.15	71.58
89	103.36	139.58	158.75	88.88	120.10	136.60	76.72	103.81	117.53	48.22	65.54	73.67
90	110.07	147.70	166.57	94.30	126.48	142.62	81.14	108.89	122.20	50.26	67.58	75.26
91	116.70	155.47	173.78	99.60	132.49	148.04	85.41	113.61	126.31	52.13	69.27	76.42
92	123.10	162.70	180.19	104.67	138.00	152.76	89.46	117.87	129.81	53.81	70.61	77.17
93	128.94	169.08	185.48	109.27	142.78	156.54	93.12	121.50	132.52	55.25	71.56	77.45
94	134.32	174.74	189.79	113.50	146.96	159.51	96.46	124.62	134.55	56.52	72.17	77.33
95	139.99	180.66	194.17	117.96	151.31	162.48	99.99	127.85	136.55	57.85	72.75	77.09
96	145.59	187.89	201.94	122.68	157.36	168.98	103.99	132.96	142.01	60.16	75.66	80.17
97	151.41	195.40	210.01	127.59	163.66	175.74	108.15	138.28	147.69	62.57	78.69	83.38
98	157.47	203.22	218.41	132.69	170.20	182.77	112.48	143.81	153.60	65.07	81.83	86.72
99	163.77	211.35	227.15	138.00	177.01	190.08	116.97	149.57	159.74	67.68	85.11	90.18
100	170.32	219.80	236.24	143.52	184.09	197.68	121.52	155.55	166.13	70.38	88.51	93.79

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.16	1.22	1.30	1.13	1.18	1.26	1.10	1.15	1.23	1.04	1.08	1.15
22	1.17	1.24	1.33	1.14	1.20	1.29	1.11	1.17	1.25	1.05	1.09	1.16
23	1.19	1.26	1.35	1.15	1.22	1.31	1.12	1.18	1.27	1.06	1.10	1.18
24	1.19	1.26	1.38	1.15	1.22	1.33	1.12	1.19	1.28	1.06	1.10	1.19
25	1.21	1.29	1.40	1.17	1.24	1.35	1.13	1.20	1.30	1.06	1.11	1.20
26	1.22	1.31	1.43	1.18	1.26	1.37	1.15	1.22	1.33	1.07	1.13	1.21
27	1.24	1.33	1.45	1.19	1.27	1.39	1.16	1.23	1.34	1.07	1.14	1.22
28	1.25	1.35	1.47	1.21	1.30	1.41	1.17	1.25	1.36	1.08	1.15	1.24
29	1.27	1.37	1.50	1.22	1.31	1.44	1.18	1.26	1.38	1.09	1.16	1.25
30	1.28	1.39	1.52	1.23	1.33	1.46	1.19	1.28	1.40	1.10	1.17	1.27
31	1.30	1.41	1.55	1.25	1.34	1.48	1.20	1.29	1.42	1.10	1.18	1.28
32	1.32	1.43	1.57	1.26	1.37	1.50	1.22	1.31	1.44	1.12	1.20	1.29
33	1.35	1.48	1.64	1.29	1.41	1.56	1.25	1.35	1.49	1.14	1.22	1.33
34	1.39	1.53	1.70	1.33	1.46	1.62	1.28	1.39	1.54	1.15	1.25	1.37
35	1.44	1.59	1.77	1.37	1.51	1.68	1.31	1.44	1.60	1.18	1.28	1.41
36	1.49	1.65	1.85	1.41	1.56	1.75	1.34	1.49	1.66	1.20	1.31	1.45
37	1.54	1.72	1.93	1.45	1.62	1.82	1.38	1.54	1.73	1.23	1.35	1.50
38	1.60	1.79	2.03	1.51	1.69	1.91	1.42	1.60	1.80	1.26	1.39	1.55
39	1.66	1.87	2.13	1.56	1.76	1.99	1.47	1.66	1.88	1.29	1.43	1.61
40	1.72	1.96	2.23	1.62	1.83	2.09	1.52	1.73	1.96	1.32	1.48	1.67
41	1.81	2.08	2.38	1.69	1.93	2.21	1.59	1.81	2.07	1.36	1.53	1.74
42	1.89	2.18	2.51	1.75	2.02	2.33	1.65	1.90	2.18	1.40	1.60	1.82
43	1.97	2.30	2.65	1.83	2.13	2.46	1.71	1.98	2.29	1.44	1.66	1.90
44	2.08	2.43	2.81	1.92	2.24	2.60	1.79	2.09	2.42	1.49	1.73	1.99
45	2.18	2.57	2.99	2.01	2.37	2.76	1.87	2.20	2.56	1.55	1.81	2.09
46	2.30	2.73	3.18	2.12	2.51	2.93	1.96	2.32	2.71	1.61	1.89	2.20
47	2.44	2.91	3.39	2.24	2.67	3.12	2.07	2.46	2.88	1.68	1.99	2.33
48	2.59	3.11	3.64	2.37	2.84	3.34	2.18	2.62	3.07	1.76	2.10	2.46
49	2.76	3.33	3.90	2.52	3.04	3.58	2.31	2.79	3.29	1.84	2.22	2.61
50	2.94	3.58	4.20	2.68	3.25	3.84	2.45	2.98	3.52	1.93	2.35	2.78
51	3.15	3.85	4.53	2.86	3.49	4.13	2.61	3.19	3.78	2.04	2.50	2.96
52	3.38	4.14	4.88	3.05	3.75	4.44	2.77	3.42	4.06	2.16	2.65	3.16
53	3.61	4.46	5.26	3.27	4.03	4.78	2.96	3.67	4.36	2.28	2.83	3.37
54	3.88	4.81	5.68	3.50	4.34	5.16	3.17	3.94	4.69	2.41	3.02	3.61
55	4.19	5.21	6.16	3.78	4.70	5.58	3.41	4.26	5.07	2.58	3.25	3.88
56	4.51	5.64	6.65	4.05	5.07	6.02	3.65	4.59	5.46	2.75	3.48	4.16
57	4.86	6.10	7.20	4.37	5.48	6.51	3.92	4.95	5.90	2.93	3.73	4.46
58	5.26	6.62	7.81	4.71	5.94	7.05	4.22	5.35	6.38	3.13	4.01	4.80
59	5.69	7.19	8.49	5.09	6.44	7.65	4.55	5.80	6.91	3.35	4.31	5.17
60	6.19	7.85	9.25	5.53	7.03	8.33	4.94	6.32	7.52	3.62	4.68	5.60
61	6.77	8.61	10.14	6.04	7.70	9.12	5.38	6.91	8.22	3.91	5.09	6.08
62	7.37	9.41	11.07	6.56	8.40	9.94	5.84	7.53	8.95	4.22	5.52	6.59
63	8.04	10.30	12.10	7.15	9.19	10.86	6.36	8.23	9.76	4.57	6.00	7.16
64	8.79	11.30	13.25	7.82	10.06	11.88	6.94	9.00	10.66	4.95	6.53	7.77
65	9.65	12.41	14.53	8.56	11.05	13.02	7.59	9.88	11.67	5.40	7.13	8.47
66	10.52	13.57	15.86	9.33	12.08	14.20	8.26	10.78	12.71	5.85	7.75	9.19
67	11.34	14.66	17.11	10.05	13.03	15.30	8.89	11.63	13.69	6.27	8.32	9.85
68	12.25	15.87	18.50	10.85	14.10	16.52	9.59	12.57	14.77	6.73	8.97	10.59
69	13.26	17.23	20.04	11.75	15.29	17.89	10.37	13.62	15.98	7.25	9.68	11.41
70	14.41	18.75	21.77	12.76	16.64	19.42	11.26	14.81	17.33	7.85	10.50	12.34
71	15.57	20.30	23.53	13.78	18.01	20.98	12.16	16.02	18.70	8.45	11.32	13.26
72	16.85	22.03	25.47	14.91	19.53	22.69	13.14	17.36	20.21	9.10	12.22	14.27
73	18.28	23.93	27.60	16.17	21.21	24.58	14.24	18.84	21.87	9.83	13.21	15.37
74	19.83	26.02	29.91	17.54	23.04	26.61	15.44	20.45	23.65	10.62	14.29	16.55
75	21.46	28.20	32.32	18.98	24.97	28.74	16.70	22.15	25.52	11.45	15.42	17.77
76	23.14	30.45	34.78	20.47	26.95	30.89	17.99	23.89	27.41	12.30	16.56	18.99
77	24.83	32.70	37.20	21.96	28.93	33.02	19.30	25.62	29.26	13.15	17.69	20.18
78	26.50	34.90	39.51	23.43	30.85	35.04	20.58	27.30	31.01	13.97	18.76	21.27
79	28.12	36.98	41.62	24.85	32.67	36.87	21.81	28.87	32.59	14.74	19.74	22.21
80	29.63	38.84	43.40	26.16	34.27	38.39	22.94	30.26	33.89	15.42	20.55	22.94
81	40.87	53.82	59.82	35.91	47.20	52.57	31.30	41.43	46.10	20.58	27.50	30.45
82	45.26	59.44	65.60	39.69	51.99	57.49	34.53	45.53	50.28	22.49	29.91	32.85
83	49.95	65.46	71.76	43.71	57.12	62.71	37.97	49.89	54.69	24.50	32.43	35.33
84	54.85	71.80	78.22	47.92	62.49	68.16	41.55	54.46	59.27	26.58	35.02	37.84
85	59.91	78.32	84.83	52.25	67.99	73.69	45.21	59.11	63.90	28.68	37.59	40.31
86	65.08	84.91	91.44	56.63	73.48	79.17	48.91	63.72	68.44	30.73	40.07	42.66
87	70.33	91.45	97.89	61.05	78.88	84.46	52.60	68.20	72.78	32.69	42.36	44.80
88	75.65	97.91	104.11	65.48	84.13	89.47	56.26	72.51	76.83	34.54	44.41	46.64
89	81.04	104.29	110.04	69.92	89.25	94.17	59.91	76.65	80.56	36.30	46.21	48.13
90	86.45	110.51	115.66	74.33	94.17	98.53	63.50	80.58	83.97	37.94	47.78	49.32
91	91.83	116.53	120.91	78.68	98.85	102.53	67.01	84.28	87.04	39.47	49.13	50.71
92	97.06	122.21	125.69	82.88	103.22	106.11	70.37	87.69	90.52	40.87	50.25	51.87
93	101.95	127.36	131.46	86.78	107.14	110.59	73.47	90.70	93.62	42.11	51.12	52.77
94	106.56	132.10	136.36	90.46	110.71	114.28	76.40	93.40	96.41	43.23	51.77	53.44
95	111.43	137.05	141.47	94.33	114.41	118.10	79.47	96.18	99.28	44.40	52.39	54.08
96	115.89	142.53	147.13	98.10	118.99	122.82	82.65	100.03	103.25	46.18	54.49	56.24
97	120.52	148.23	153.01	102.03	123.75	127.74	85.95	104.03	107.38	48.02	56.67	58.49
98	125.34	154.16	159.13	106.11	128.70	132.85	89.39	108.19	111.68	49.94	58.93	60.83
99	130.36	160.33	165.50	110.35	133.84	138.16	92.97	112.52	116.14	51.94	61.29	63.27
100	135.57	166.74	172.12	114.77	139.20	143.69	96.69	117.02	120.79	54.02	63.74	65.80

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	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.20	1.28	1.38	1.17	1.23	1.33	1.13	1.20	1.29	1.06	1.12	1.19
22	1.22	1.30	1.41	1.18	1.25	1.36	1.15	1.21	1.31	1.07	1.13	1.21
23	1.24	1.33	1.44	1.20	1.28	1.39	1.16	1.24	1.34	1.08	1.14	1.23
24	1.25	1.35	1.48	1.21	1.29	1.42	1.17	1.25	1.36	1.08	1.15	1.25
25	1.27	1.38	1.51	1.22	1.32	1.45	1.18	1.27	1.39	1.09	1.16	1.26
26	1.29	1.40	1.54	1.24	1.34	1.48	1.20	1.29	1.42	1.10	1.18	1.28
27	1.32	1.43	1.58	1.26	1.37	1.51	1.21	1.31	1.44	1.11	1.19	1.30
28	1.34	1.46	1.62	1.28	1.39	1.54	1.23	1.33	1.47	1.13	1.21	1.32
29	1.36	1.49	1.65	1.30	1.42	1.57	1.25	1.36	1.50	1.14	1.22	1.34
30	1.38	1.52	1.69	1.32	1.45	1.60	1.27	1.38	1.53	1.15	1.24	1.36
31	1.41	1.56	1.73	1.34	1.48	1.64	1.29	1.41	1.56	1.16	1.26	1.38
32	1.44	1.59	1.77	1.37	1.51	1.68	1.31	1.44	1.59	1.18	1.28	1.41
33	1.49	1.65	1.85	1.41	1.56	1.75	1.35	1.49	1.66	1.20	1.31	1.45
34	1.54	1.73	1.94	1.46	1.63	1.83	1.39	1.54	1.73	1.23	1.35	1.50
35	1.60	1.80	2.03	1.51	1.69	1.91	1.43	1.60	1.80	1.26	1.39	1.55
36	1.66	1.88	2.13	1.56	1.76	2.00	1.48	1.66	1.88	1.29	1.43	1.61
37	1.73	1.97	2.24	1.62	1.84	2.10	1.53	1.73	1.97	1.32	1.48	1.67
38	1.80	2.07	2.35	1.68	1.92	2.20	1.58	1.81	2.06	1.36	1.53	1.74
39	1.88	2.17	2.48	1.75	2.01	2.31	1.64	1.89	2.16	1.40	1.59	1.81
40	1.97	2.28	2.62	1.83	2.12	2.43	1.71	1.98	2.27	1.44	1.65	1.89
41	2.08	2.44	2.81	1.93	2.25	2.60	1.79	2.09	2.42	1.49	1.73	1.99
42	2.18	2.57	2.98	2.02	2.37	2.75	1.87	2.20	2.55	1.55	1.80	2.09
43	2.30	2.72	3.16	2.12	2.50	2.91	1.96	2.32	2.70	1.61	1.89	2.19
44	2.43	2.89	3.36	2.23	2.65	3.09	2.06	2.45	2.85	1.67	1.98	2.30
45	2.56	3.07	3.58	2.35	2.81	3.29	2.16	2.59	3.03	1.74	2.07	2.42
46	2.72	3.28	3.83	2.48	2.99	3.51	2.27	2.75	3.22	1.82	2.19	2.56
47	2.89	3.50	4.09	2.63	3.18	3.74	2.41	2.92	3.43	1.91	2.31	2.71
48	3.07	3.75	4.38	2.79	3.40	4.00	2.55	3.11	3.66	2.00	2.44	2.88
49	3.28	4.01	4.71	2.98	3.64	4.29	2.71	3.32	3.92	2.11	2.58	3.06
50	3.51	4.31	5.06	3.17	3.90	4.61	2.88	3.55	4.20	2.22	2.75	3.25
51	3.75	4.64	5.45	3.39	4.19	4.95	3.07	3.81	4.51	2.35	2.92	3.47
52	4.02	4.99	5.87	3.62	4.50	5.32	3.27	4.08	4.84	2.49	3.11	3.70
53	4.31	5.37	6.31	3.88	4.83	5.71	3.49	4.38	5.19	2.63	3.31	3.95
54	4.62	5.77	6.79	4.15	5.19	6.14	3.73	4.69	5.57	2.79	3.53	4.21
55	4.97	6.24	7.33	4.46	5.60	6.62	4.01	5.06	5.99	2.98	3.79	4.52
56	5.33	6.71	7.88	4.78	6.02	7.12	4.28	5.43	6.43	3.17	4.05	4.82
57	5.72	7.23	8.48	5.12	6.48	7.65	4.58	5.83	6.91	3.37	4.33	5.15
58	6.11	7.73	9.07	5.45	6.92	8.17	4.87	6.23	7.37	3.57	4.60	5.47
59	6.48	8.23	9.66	5.79	7.36	8.69	5.16	6.61	7.83	3.76	4.86	5.79
60	6.91	8.79	10.31	6.17	7.86	9.27	5.50	7.06	8.35	3.99	5.18	6.16
61	7.40	9.45	11.07	6.60	8.43	9.95	5.87	7.56	8.95	4.24	5.53	6.58
62	7.91	10.11	11.85	7.04	9.02	10.64	6.25	8.08	9.56	4.49	5.88	7.01
63	8.46	10.85	12.72	7.53	9.67	11.41	6.68	8.66	10.24	4.78	6.28	7.48
64	9.08	11.67	13.67	8.07	10.39	12.25	7.16	9.29	10.99	5.10	6.72	7.99
65	9.78	12.59	14.73	8.68	11.20	13.19	7.70	10.01	11.82	5.46	7.22	8.58
66	10.52	13.57	15.86	9.33	12.08	14.20	8.26	10.78	12.71	5.85	7.75	9.19
67	11.34	14.66	17.11	10.05	13.03	15.30	8.89	11.63	13.69	6.27	8.32	9.85
68	12.25	15.87	18.50	10.85	14.10	16.52	9.59	12.57	14.77	6.73	8.97	10.59
69	13.26	17.23	20.04	11.75	15.29	17.89	10.37	13.62	15.98	7.25	9.68	11.41
70	14.41	18.75	21.77	12.76	16.64	19.42	11.26	14.81	17.33	7.85	10.50	12.34
71	15.57	20.30	23.53	13.78	18.01	20.98	12.16	16.02	18.70	8.45	11.32	13.26
72	16.85	22.03	25.47	14.91	19.53	22.69	13.14	17.36	20.21	9.10	12.22	14.27
73	18.28	23.93	27.60	16.17	21.21	24.58	14.24	18.84	21.87	9.83	13.21	15.37
74	19.83	26.02	29.91	17.54	23.04	26.61	15.44	20.45	23.65	10.62	14.29	16.55
75	21.46	28.20	32.32	18.98	24.97	28.74	16.70	22.15	25.52	11.45	15.42	17.77
76	23.14	30.45	34.78	20.47	26.95	30.89	17.99	23.89	27.41	12.30	16.56	18.99
77	24.83	32.70	37.20	21.96	28.93	33.02	19.30	25.62	29.26	13.15	17.69	20.18
78	26.50	34.90	39.51	23.43	30.85	35.04	20.58	27.30	31.01	13.97	18.76	21.27
79	28.12	36.98	41.62	24.85	32.67	36.87	21.81	28.87	32.59	14.74	19.74	22.21
80	29.63	38.84	43.40	26.16	34.27	38.39	22.94	30.26	33.89	15.42	20.55	22.94
81	40.87	53.82	59.82	35.91	47.20	52.57	31.30	41.43	46.10	20.58	27.50	30.45
82	45.26	59.44	65.60	39.69	51.99	57.49	34.53	45.53	50.28	22.49	29.91	32.85
83	49.95	65.46	71.76	43.71	57.12	62.71	37.97	49.89	54.69	24.50	32.43	35.33
84	54.85	71.80	78.22	47.92	62.49	68.16	41.55	54.46	59.27	26.58	35.02	37.84
85	59.91	78.32	84.83	52.25	67.99	73.69	45.21	59.11	63.90	28.68	37.59	40.31
86	65.08	84.91	91.44	56.63	73.48	79.17	48.91	63.72	68.44	30.73	40.07	42.66
87	70.33	91.45	97.89	61.05	78.88	84.46	52.60	68.20	72.78	32.69	42.36	44.80
88	75.65	97.91	104.11	65.48	84.13	89.47	56.26	72.51	76.83	34.54	44.41	46.64
89	81.04	104.29	110.04	69.92	89.25	94.17	59.91	76.65	80.56	36.30	46.21	48.13
90	86.45	110.51	115.66	74.33	94.17	98.53	63.50	80.58	83.97	37.94	47.78	49.32
91	91.83	116.53	120.91	78.68	98.85	102.53	67.01	84.28	87.04	39.47	49.13	50.71
92	97.06	122.21	125.69	82.88	103.22	106.11	70.37	87.69	90.52	40.87	50.25	51.87
93	101.95	127.36	131.46	86.78	107.14	110.59	73.47	90.70	93.62	42.11	51.12	52.77
94	106.56	132.10	136.36	90.46	110.71	114.28	76.40	93.40	96.41	43.23	51.77	53.44
95	111.43	137.05	141.47	94.33	114.41	118.10	79.47	96.18	99.28	44.40	52.39	54.08
96	115.89	142.53	147.13	98.10	118.99	122.82	82.65	100.03	103.25	46.18	54.49	56.24
97	120.52	148.23	153.01	102.03	123.75	127.74	85.95	104.03	107.38	48.02	56.67	58.49
98	125.34	154.16	159.13	106.11	128.70	132.85	89.39	108.19	111.68	49.94	58.93	60.83
99	130.36	160.33	165.50	110.35	133.84	138.16	92.97	112.52	116.14	51.94	61.29	63.27
100	135.57	166.74	172.12	114.77	139.20	143.69	96.69	117.02	120.79	54.02	63.74	65.80

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.34	1.41	1.50	1.29	1.35	1.43	1.25	1.30	1.37	1.14	1.18	1.24
22	1.36	1.43	1.52	1.31	1.37	1.45	1.26	1.32	1.39	1.15	1.19	1.25
23	1.37	1.45	1.54	1.32	1.38	1.47	1.27	1.33	1.41	1.15	1.20	1.27
24	1.38	1.46	1.56	1.32	1.39	1.48	1.27	1.33	1.42	1.15	1.20	1.27
25	1.39	1.48	1.59	1.33	1.41	1.51	1.28	1.35	1.44	1.15	1.20	1.27
26	1.41	1.50	1.61	1.35	1.42	1.53	1.29	1.36	1.45	1.16	1.21	1.28
27	1.42	1.52	1.63	1.36	1.44	1.55	1.30	1.37	1.47	1.16	1.22	1.29
28	1.44	1.54	1.65	1.37	1.45	1.56	1.31	1.39	1.49	1.17	1.22	1.30
29	1.45	1.55	1.68	1.38	1.47	1.58	1.32	1.40	1.50	1.17	1.23	1.31
30	1.47	1.57	1.70	1.39	1.49	1.60	1.33	1.41	1.51	1.18	1.24	1.32
31	1.48	1.59	1.72	1.41	1.50	1.61	1.34	1.43	1.53	1.18	1.24	1.33
32	1.50	1.61	1.74	1.42	1.52	1.63	1.35	1.44	1.54	1.18	1.25	1.33
33	1.54	1.66	1.80	1.45	1.56	1.68	1.38	1.47	1.59	1.20	1.27	1.36
34	1.58	1.71	1.86	1.49	1.60	1.74	1.41	1.51	1.63	1.21	1.29	1.39
35	1.62	1.76	1.93	1.52	1.65	1.80	1.44	1.55	1.68	1.23	1.31	1.42
36	1.67	1.83	2.00	1.56	1.70	1.86	1.47	1.60	1.74	1.25	1.34	1.45
37	1.72	1.89	2.08	1.61	1.76	1.93	1.51	1.64	1.80	1.26	1.36	1.49
38	1.78	1.97	2.17	1.65	1.82	2.00	1.55	1.70	1.86	1.28	1.40	1.53
39	1.84	2.04	2.27	1.71	1.89	2.08	1.59	1.75	1.93	1.30	1.43	1.57
40	1.91	2.13	2.37	1.76	1.96	2.17	1.64	1.82	2.01	1.33	1.46	1.62
41	1.99	2.23	2.50	1.83	2.04	2.28	1.69	1.89	2.10	1.35	1.50	1.67
42	2.07	2.34	2.62	1.90	2.13	2.39	1.75	1.96	2.19	1.38	1.54	1.72
43	2.16	2.45	2.75	1.98	2.23	2.50	1.81	2.04	2.29	1.41	1.58	1.79
44	2.25	2.57	2.90	2.05	2.33	2.63	1.88	2.13	2.40	1.45	1.63	1.85
45	2.36	2.70	3.06	2.14	2.45	2.77	1.96	2.22	2.52	1.48	1.69	1.93
46	2.47	2.85	3.24	2.24	2.57	2.92	2.03	2.33	2.65	1.52	1.75	2.01
47	2.60	3.02	3.43	2.35	2.71	3.09	2.13	2.45	2.79	1.57	1.82	2.10
48	2.74	3.19	3.65	2.47	2.86	3.28	2.23	2.59	2.96	1.62	1.90	2.20
49	2.90	3.39	3.89	2.60	3.04	3.49	2.34	2.73	3.14	1.68	1.98	2.32
50	3.07	3.61	4.15	2.75	3.22	3.71	2.46	2.89	3.34	1.75	2.08	2.44
51	3.26	3.86	4.44	2.91	3.43	3.97	2.60	3.07	3.55	1.81	2.19	2.58
52	3.46	4.11	4.75	3.08	3.66	4.24	2.75	3.27	3.79	1.89	2.30	2.73
53	3.68	4.39	5.09	3.27	3.90	4.53	2.90	3.47	4.05	1.97	2.42	2.89
54	3.92	4.70	5.46	3.47	4.16	4.85	3.07	3.70	4.32	2.06	2.56	3.06
55	4.19	5.05	5.87	3.72	4.47	5.21	3.29	3.97	4.64	2.18	2.72	3.28
56	4.48	5.41	6.30	3.95	4.78	5.59	3.49	4.24	4.97	2.29	2.89	3.48
57	4.78	5.81	6.78	4.22	5.13	6.00	3.71	4.53	5.33	2.41	3.07	3.72
58	5.12	6.25	7.30	4.51	5.51	6.46	3.96	4.86	5.73	2.54	3.27	3.97
59	5.51	6.75	7.88	4.84	5.94	6.97	4.24	5.23	6.17	2.69	3.49	4.25
60	5.95	7.31	8.55	5.23	6.44	7.56	4.58	5.66	6.68	2.88	3.76	4.59
61	6.44	7.96	9.31	5.66	7.00	8.23	4.94	6.15	7.27	3.07	4.05	4.96
62	6.97	8.65	10.13	6.11	7.60	8.94	5.33	6.68	7.89	3.28	4.37	5.36
63	7.56	9.42	11.04	6.63	8.27	9.74	5.77	7.26	8.58	3.52	4.73	5.82
64	8.22	10.29	12.05	7.20	9.03	10.63	6.25	7.92	9.36	3.78	5.13	6.32
65	8.97	11.25	13.18	7.85	9.88	11.63	6.82	8.66	10.24	4.10	5.60	6.89
66	9.77	12.32	14.41	8.56	10.81	12.71	7.42	9.47	11.19	4.43	6.10	7.51
67	10.66	13.49	15.78	9.34	11.84	13.92	8.10	10.37	12.25	4.80	6.66	8.19
68	11.67	14.83	17.33	10.23	13.02	15.29	8.86	11.40	13.44	5.22	7.29	8.97
69	12.82	16.35	19.08	11.24	14.36	16.84	9.73	12.57	14.80	5.70	8.02	9.85
70	14.15	18.09	21.08	12.39	15.89	18.60	10.73	13.91	16.35	6.26	8.86	10.86
71	15.53	19.93	23.19	13.62	17.52	20.47	11.78	15.33	17.99	6.84	9.73	11.91
72	17.10	22.02	25.58	15.00	19.36	22.59	12.97	16.94	19.84	7.49	10.73	13.10
73	18.89	24.41	28.30	16.59	21.48	24.99	14.33	18.79	21.94	8.24	11.87	14.44
74	20.92	27.12	31.37	18.37	23.86	27.69	15.87	20.86	24.30	9.08	13.14	15.93
75	23.15	30.12	34.74	20.34	26.50	30.67	17.57	23.17	26.89	10.01	14.54	17.55
76	25.59	33.40	38.42	22.49	29.38	33.89	19.42	25.67	29.69	11.02	16.06	19.28
77	28.24	36.94	42.38	24.82	32.48	37.35	21.42	28.36	32.68	12.10	17.68	21.11
78	31.14	40.78	46.62	27.33	35.84	41.04	23.57	31.26	35.86	13.25	19.39	23.01
79	34.27	44.93	51.14	30.07	39.44	44.95	25.90	34.36	39.21	14.48	21.20	24.96
80	37.68	49.39	55.93	33.02	43.28	49.07	28.41	37.65	42.73	15.78	23.07	26.96
81	52.31	69.25	78.33	45.59	60.27	68.18	39.03	52.09	58.91	21.09	31.12	36.14
82	57.96	76.71	86.35	50.47	66.60	74.93	43.09	57.43	64.56	23.09	33.98	39.15
83	64.13	84.77	94.98	55.64	73.40	82.16	47.43	63.14	70.58	25.19	37.00	42.27
84	70.53	93.34	104.15	61.11	80.60	89.79	51.98	69.16	76.89	27.38	40.11	45.46
85	77.20	102.31	113.72	66.75	88.07	97.67	56.68	75.37	83.36	29.60	43.24	48.65
86	84.20	111.53	123.52	72.56	95.67	105.65	61.46	81.63	89.85	31.79	46.29	51.72
87	91.33	120.90	133.38	78.46	103.30	113.58	66.29	87.84	96.23	33.91	49.17	54.59
88	98.72	130.39	143.24	84.48	110.91	121.34	71.16	93.96	102.37	35.94	51.81	57.12
89	106.31	140.02	153.03	90.61	118.50	128.91	76.08	99.97	108.25	37.89	54.18	59.29
90	114.07	149.74	162.75	96.84	126.03	136.27	81.02	105.85	113.86	39.74	56.31	61.12
91	121.99	159.51	172.36	103.11	133.48	143.40	85.94	111.58	119.19	41.49	58.20	62.67
92	129.98	169.22	181.81	109.36	140.77	150.25	90.81	117.10	124.22	43.13	59.87	63.96
93	137.85	178.74	190.93	115.47	147.78	156.71	95.50	122.33	128.87	44.65	61.28	64.96
94	145.78	188.29	199.98	121.56	154.71	162.98	100.16	127.42	133.28	46.10	62.51	65.71
95	154.52	198.90	210.00	128.23	162.31	169.82	105.23	132.94	138.04	47.65	63.77	66.46
96	160.70	206.86	218.40	133.36	168.80	176.61	109.44	138.26	143.56	49.56	66.32	69.12
97	167.13	215.13	227.14	138.69	175.55	183.68	113.82	143.79	149.30	51.54	68.97	71.88
98	173.81	223.74	236.22	144.24	182.58	191.02	118.37	149.54	155.28	53.60	71.73	74.76
99	180.77	232.68	245.67	150.01	189.88	198.67	123.10	155.52	161.49	55.74	74.60	77.75
100	188.00	241.99	255.50	156.01	197.47	206.61	128.03	161.74	167.95	57.97	77.59	80.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	2.30	2.66	3.08	2.11	2.44	2.82	1.94	2.24	2.59	1.51	1.76	2.06
22	2.36	2.74	3.18	2.16	2.51	2.91	1.99	2.30	2.68	1.53	1.80	2.12
23	2.43	2.83	3.29	2.22	2.58	3.01	2.03	2.37	2.76	1.56	1.84	2.17
24	2.49	2.92	3.40	2.27	2.66	3.11	2.08	2.44	2.85	1.59	1.88	2.23
25	2.56	3.01	3.51	2.33	2.74	3.21	2.14	2.51	2.93	1.61	1.92	2.29
26	2.64	3.10	3.63	2.40	2.82	3.31	2.19	2.58	3.03	1.64	1.97	2.35
27	2.71	3.20	3.75	2.46	2.91	3.42	2.24	2.65	3.12	1.67	2.01	2.42
28	2.79	3.30	3.88	2.53	2.99	3.52	2.30	2.73	3.21	1.70	2.06	2.48
29	2.87	3.40	4.00	2.59	3.08	3.64	2.36	2.80	3.31	1.73	2.11	2.54
30	2.95	3.51	4.14	2.67	3.18	3.75	2.42	2.89	3.41	1.77	2.16	2.61
31	3.04	3.63	4.28	2.74	3.28	3.87	2.48	2.97	3.52	1.80	2.21	2.68
32	3.14	3.75	4.42	2.82	3.39	4.00	2.55	3.07	3.63	1.84	2.27	2.75
33	3.26	3.91	4.63	2.93	3.53	4.18	2.64	3.19	3.79	1.89	2.34	2.86
34	3.39	4.08	4.84	3.04	3.68	4.37	2.74	3.32	3.95	1.94	2.43	2.97
35	3.53	4.27	5.07	3.16	3.84	4.57	2.84	3.46	4.13	1.99	2.51	3.09
36	3.67	4.45	5.30	3.28	4.00	4.78	2.94	3.60	4.31	2.05	2.60	3.21
37	3.83	4.65	5.55	3.41	4.17	5.00	3.06	3.75	4.50	2.11	2.69	3.34
38	3.99	4.86	5.81	3.55	4.36	5.23	3.17	3.91	4.71	2.17	2.79	3.47
39	4.16	5.09	6.09	3.70	4.55	5.47	3.30	4.08	4.92	2.24	2.90	3.61
40	4.34	5.32	6.38	3.85	4.76	5.73	3.43	4.26	5.15	2.31	3.01	3.77
41	4.61	5.68	6.83	4.08	5.07	6.13	3.62	4.52	5.49	2.41	3.17	3.99
42	4.81	5.95	7.17	4.26	5.30	6.42	3.77	4.73	5.75	2.49	3.29	4.16
43	5.03	6.24	7.52	4.44	5.55	6.73	3.93	4.94	6.02	2.57	3.43	4.35
44	5.26	6.54	7.89	4.64	5.81	7.06	4.10	5.17	6.31	2.67	3.57	4.54
45	5.51	6.86	8.30	4.85	6.10	7.41	4.28	5.42	6.62	2.76	3.72	4.75
46	5.78	7.22	8.74	5.09	6.41	7.81	4.48	5.69	6.97	2.87	3.89	4.98
47	6.07	7.60	9.22	5.34	6.74	8.23	4.69	5.98	7.34	2.99	4.08	5.23
48	6.38	8.02	9.73	5.61	7.11	8.68	4.92	6.30	7.74	3.12	4.28	5.50
49	6.72	8.46	10.29	5.90	7.50	9.17	5.17	6.64	8.17	3.25	4.49	5.79
50	7.18	9.04	10.99	6.31	8.02	9.80	5.54	7.11	8.74	3.50	4.82	6.21
51	7.52	9.49	11.54	6.60	8.41	10.29	5.79	7.45	9.17	3.64	5.04	6.50
52	7.86	9.93	12.09	6.89	8.80	10.78	6.04	7.79	9.60	3.78	5.26	6.80
53	8.21	10.40	12.67	7.20	9.21	11.30	6.30	8.15	10.06	3.92	5.49	7.11
54	8.58	10.90	13.29	7.52	9.65	11.84	6.58	8.53	10.54	4.08	5.73	7.44
55	8.97	11.42	13.93	7.86	10.11	12.42	6.87	8.94	11.04	4.24	5.99	7.78
56	9.39	11.97	14.62	8.22	10.60	13.02	7.18	9.36	11.58	4.42	6.27	8.15
57	9.83	12.57	15.35	8.60	11.12	13.67	7.51	9.82	12.15	4.60	6.56	8.53
58	10.31	13.20	16.13	9.01	11.68	14.37	7.87	10.31	12.77	4.80	6.88	8.95
59	10.82	13.89	16.97	9.46	12.28	15.12	8.25	10.84	13.43	5.02	7.22	9.41
60	11.41	14.67	17.92	9.98	12.97	15.97	8.70	11.45	14.18	5.29	7.63	9.93
61	12.16	15.68	19.18	10.63	13.87	17.08	9.27	12.24	15.16	5.60	8.13	10.60
62	12.94	16.72	20.46	11.30	14.78	18.22	9.84	13.04	16.17	5.93	8.64	11.28
63	13.78	17.85	21.86	12.04	15.79	19.46	10.48	13.92	17.27	6.28	9.21	12.03
64	14.70	19.10	23.39	12.84	16.89	20.83	11.17	14.89	18.47	6.68	9.84	12.85
65	15.70	20.45	25.05	13.71	18.09	22.31	11.93	15.94	19.78	7.10	10.52	13.75
66	16.81	21.95	26.88	14.68	19.42	23.94	12.77	17.11	21.23	7.59	11.29	14.74
67	18.00	23.58	28.87	15.73	20.86	25.71	13.68	18.38	22.79	8.10	12.11	15.80
68	19.33	25.38	31.07	16.89	22.46	27.68	14.68	19.80	24.53	8.68	13.03	16.98
69	20.81	27.41	33.54	18.19	24.26	29.87	15.81	21.38	26.46	9.32	14.05	18.29
70	22.46	29.67	36.29	19.63	26.27	32.32	17.06	23.15	28.63	10.04	15.20	19.76
71	24.21	32.08	39.21	21.17	28.42	34.93	18.40	25.03	30.93	10.79	16.42	21.31
72	26.16	34.78	42.48	22.89	30.82	37.84	19.89	27.15	33.50	11.64	17.78	23.03
73	28.37	37.83	46.15	24.83	33.52	41.11	21.57	29.52	36.37	12.59	19.31	24.94
74	30.83	41.24	50.24	26.99	36.54	44.73	23.45	32.17	39.55	13.65	21.00	27.03
75	33.51	44.97	54.70	29.35	39.85	48.68	25.49	35.07	43.00	14.80	22.83	29.28
76	36.42	49.01	59.49	31.89	43.41	52.91	27.69	38.18	46.70	16.03	24.79	31.66
77	39.54	53.34	64.61	34.61	47.22	57.41	30.04	41.50	50.61	17.34	26.86	34.13
78	42.89	57.98	70.04	37.53	51.29	62.15	32.55	45.04	54.71	18.72	29.03	36.67
79	46.51	62.95	75.77	40.67	55.62	67.12	35.24	48.78	58.99	20.18	31.27	39.25
80	50.41	68.23	81.78	44.03	60.19	72.31	38.11	52.72	63.43	21.70	33.59	41.86
81	68.57	94.19	113.66	59.56	82.52	99.71	51.28	71.82	86.80	28.61	44.85	56.02
82	75.73	104.10	125.05	65.63	90.93	109.32	56.39	78.93	94.86	31.18	48.80	60.47
83	83.45	114.89	137.44	72.17	100.05	119.70	61.88	86.61	103.51	33.92	52.98	65.11
84	91.60	126.45	150.71	79.05	109.76	130.74	67.65	94.75	112.64	36.77	57.33	69.88
85	100.11	138.60	164.64	86.20	119.88	142.20	73.62	103.17	122.05	39.66	61.71	74.64
86	108.92	151.11	178.95	93.52	130.18	153.82	79.68	111.66	131.48	42.49	65.96	79.25
87	117.99	163.84	193.35	100.97	140.50	165.34	85.79	120.05	140.71	45.22	69.95	83.50
88	127.32	176.70	207.68	108.54	150.75	176.56	91.91	128.25	149.52	47.82	73.55	87.19
89	136.93	189.73	221.86	116.23	160.92	187.38	98.08	136.27	157.85	50.27	76.74	90.23
90	146.77	202.85	235.84	124.02	170.97	197.79	104.24	144.05	165.68	52.58	79.52	92.71
91	156.78	215.98	249.56	131.83	180.83	207.74	110.35	151.54	173.00	54.74	81.93	94.69
92	166.82	228.94	262.87	139.56	190.36	217.14	116.32	158.66	179.75	56.72	83.97	96.22
93	176.58	241.40	275.41	146.98	199.33	225.73	121.99	165.23	185.75	58.51	85.60	97.25
94	186.25	253.74	287.58	154.27	208.03	233.82	127.50	171.48	191.24	60.19	86.92	97.86
95	197.01	267.62	301.28	162.31	217.67	242.76	133.55	178.33	197.21	62.00	88.31	98.46
96	204.89	278.32	313.33	168.80	226.38	252.47	138.89	185.46	205.10	64.48	91.84	102.40
97	213.09	289.46	325.86	175.55	235.43	262.57	144.45	192.88	213.30	67.06	95.52	106.49
98	221.61	301.04	338.90	182.58	244.85	273.07	150.23	200.60	221.83	69.74	99.34	110.75
99	230.47	313.08	352.45	189.88	254.64	283.99	156.23	208.62	230.71	72.53	103.31	115.18
100	239.69	325.60	366.55	197.47	264.83	295.35	162.48	216.97	239.94	75.43	107.44	119.79

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.48	1.59	1.72	1.41	1.50	1.62	1.35	1.43	1.53	1.19	1.25	1.34
22	1.51	1.62	1.76	1.43	1.53	1.65	1.36	1.45	1.56	1.20	1.26	1.35
23	1.53	1.65	1.80	1.45	1.56	1.68	1.38	1.47	1.59	1.21	1.27	1.37
24	1.56	1.68	1.84	1.47	1.58	1.72	1.39	1.49	1.62	1.21	1.28	1.38
25	1.58	1.72	1.88	1.49	1.61	1.76	1.41	1.52	1.65	1.21	1.29	1.40
26	1.61	1.75	1.92	1.51	1.64	1.79	1.43	1.54	1.68	1.22	1.31	1.42
27	1.64	1.79	1.96	1.54	1.66	1.83	1.45	1.57	1.71	1.23	1.32	1.44
28	1.66	1.83	2.01	1.56	1.70	1.86	1.47	1.59	1.74	1.24	1.33	1.46
29	1.70	1.87	2.05	1.59	1.73	1.90	1.49	1.62	1.77	1.25	1.35	1.48
30	1.73	1.91	2.11	1.62	1.77	1.94	1.51	1.65	1.81	1.26	1.36	1.50
31	1.77	1.95	2.15	1.65	1.80	1.99	1.54	1.68	1.85	1.28	1.38	1.52
32	1.81	2.00	2.21	1.68	1.84	2.04	1.56	1.72	1.89	1.29	1.40	1.54
33	1.87	2.08	2.31	1.73	1.91	2.12	1.61	1.77	1.96	1.31	1.43	1.58
34	1.94	2.17	2.42	1.79	1.99	2.21	1.66	1.84	2.04	1.34	1.47	1.64
35	2.02	2.26	2.53	1.85	2.07	2.31	1.71	1.91	2.13	1.36	1.51	1.69
36	2.10	2.37	2.65	1.92	2.16	2.42	1.77	1.98	2.22	1.39	1.55	1.74
37	2.18	2.48	2.79	2.00	2.25	2.54	1.83	2.06	2.32	1.42	1.60	1.80
38	2.28	2.60	2.94	2.08	2.36	2.66	1.90	2.15	2.43	1.45	1.65	1.87
39	2.39	2.73	3.10	2.16	2.47	2.80	1.97	2.25	2.54	1.49	1.70	1.94
40	2.50	2.88	3.27	2.26	2.59	2.95	2.06	2.35	2.67	1.53	1.76	2.03
41	2.65	3.06	3.50	2.38	2.75	3.15	2.15	2.49	2.84	1.57	1.83	2.12
42	2.78	3.24	3.71	2.50	2.90	3.32	2.25	2.61	2.99	1.63	1.91	2.22
43	2.92	3.42	3.93	2.62	3.06	3.52	2.35	2.74	3.16	1.68	1.98	2.32
44	3.08	3.63	4.18	2.75	3.23	3.73	2.47	2.90	3.34	1.74	2.07	2.44
45	3.26	3.85	4.44	2.90	3.42	3.96	2.60	3.06	3.54	1.80	2.16	2.56
46	3.44	4.09	4.73	3.06	3.63	4.21	2.73	3.24	3.76	1.87	2.27	2.70
47	3.65	4.36	5.05	3.24	3.86	4.49	2.88	3.44	4.00	1.95	2.39	2.84
48	3.88	4.65	5.40	3.43	4.11	4.79	3.04	3.65	4.26	2.03	2.51	3.01
49	4.13	4.97	5.79	3.65	4.39	5.13	3.22	3.89	4.55	2.13	2.65	3.20
50	4.40	5.32	6.21	3.89	4.69	5.49	3.42	4.15	4.87	2.23	2.81	3.39
51	4.70	5.71	6.67	4.14	5.03	5.90	3.64	4.44	5.22	2.34	2.98	3.62
52	5.03	6.13	7.16	4.42	5.39	6.33	3.87	4.74	5.59	2.47	3.16	3.86
53	5.37	6.57	7.70	4.72	5.77	6.79	4.12	5.08	6.00	2.60	3.36	4.12
54	5.74	7.06	8.27	5.03	6.20	7.30	4.40	5.44	6.44	2.74	3.58	4.39
55	6.17	7.61	8.92	5.41	6.67	7.86	4.72	5.86	6.93	2.92	3.84	4.72
56	6.61	8.19	9.60	5.79	7.17	8.45	5.04	6.29	7.45	3.10	4.10	5.05
57	7.10	8.81	10.34	6.21	7.72	9.10	5.39	6.77	8.02	3.28	4.39	5.41
58	7.63	9.50	11.15	6.67	8.32	9.82	5.79	7.28	8.64	3.50	4.70	5.80
59	8.21	10.27	12.05	7.17	8.99	10.60	6.22	7.86	9.32	3.73	5.05	6.25
60	8.87	11.13	13.05	7.75	9.74	11.48	6.71	8.52	10.09	4.00	5.46	6.74
61	9.63	12.12	14.22	8.41	10.61	12.51	7.28	9.27	10.99	4.30	5.91	7.31
62	10.42	13.16	15.43	9.10	11.51	13.57	7.87	10.06	11.91	4.62	6.39	7.91
63	11.29	14.30	16.76	9.85	12.51	14.74	8.51	10.92	12.93	4.97	6.92	8.56
64	12.25	15.56	18.23	10.69	13.61	16.03	9.23	11.88	14.05	5.36	7.51	9.28
65	13.31	16.95	19.83	11.61	14.83	17.44	10.02	12.95	15.30	5.80	8.17	10.08
66	14.40	18.39	21.50	12.57	16.09	18.91	10.85	14.04	16.58	6.25	8.85	10.90
67	15.40	19.72	23.05	13.44	17.27	20.27	11.60	15.06	17.76	6.66	9.48	11.67
68	16.52	21.20	24.75	14.43	18.56	21.77	12.43	16.19	19.08	7.12	10.17	12.51
69	17.74	22.84	26.64	15.51	20.01	23.44	13.37	17.46	20.53	7.63	10.95	13.45
70	19.12	24.67	28.74	16.72	21.63	25.30	14.41	18.87	22.16	8.21	11.82	14.50
71	20.51	26.53	30.87	17.94	23.26	27.18	15.46	20.30	23.80	8.79	12.71	15.54
72	22.04	28.59	33.22	19.29	25.08	29.25	16.62	21.88	25.61	9.43	13.68	16.70
73	23.73	30.88	35.82	20.79	27.10	31.55	17.92	23.64	27.61	10.14	14.76	17.95
74	25.59	33.39	38.65	22.43	29.31	34.03	19.33	25.57	29.78	10.91	15.94	19.31
75	27.56	36.06	41.64	24.17	31.66	36.66	20.84	27.61	32.06	11.73	17.17	20.73
76	29.61	38.82	44.72	25.98	34.09	39.36	22.39	29.72	34.40	12.58	18.45	22.16
77	31.69	41.62	47.80	27.82	36.54	42.06	23.96	31.85	36.73	13.43	19.73	23.57
78	33.80	44.38	50.80	29.63	38.95	44.66	25.52	33.93	38.97	14.27	20.96	24.88
79	35.81	47.02	53.57	31.40	41.25	47.04	27.03	35.91	41.01	15.07	22.10	26.03
80	37.68	49.39	55.93	33.02	43.28	49.07	28.41	37.65	42.73	15.78	23.07	26.96
81	52.31	69.25	78.33	45.59	60.27	68.18	39.03	52.09	58.91	21.09	31.12	36.14
82	57.96	76.71	86.35	50.47	66.60	74.93	43.09	57.43	64.56	23.09	33.98	39.15
83	64.13	84.77	94.98	55.64	73.40	82.16	47.43	63.14	70.58	25.19	37.00	42.27
84	70.53	93.34	104.15	61.11	80.60	89.79	51.98	69.16	76.89	27.38	40.11	45.46
85	77.20	102.31	113.72	66.75	88.07	97.67	56.68	75.37	83.36	29.60	43.24	48.65
86	84.20	111.53	123.52	72.56	95.67	105.65	61.46	81.63	89.85	31.79	46.29	51.72
87	91.33	120.90	133.38	78.46	103.30	113.58	66.29	87.84	96.23	33.91	49.17	54.59
88	98.72	130.39	143.24	84.48	110.91	121.34	71.16	93.96	102.37	35.94	51.81	57.12
89	106.31	140.02	153.03	90.61	118.50	128.91	76.08	99.97	108.25	37.89	54.18	59.29
90	114.07	149.74	162.75	96.84	126.03	136.27	81.02	105.85	113.86	39.74	56.31	61.12
91	121.99	159.51	172.36	103.11	133.48	143.40	85.94	111.58	119.19	41.49	58.20	62.67
92	129.98	169.22	181.81	109.36	140.77	150.25	90.81	117.10	124.22	43.13	59.87	63.96
93	137.85	178.74	190.93	115.47	147.78	156.71	95.50	122.33	128.87	44.65	61.28	64.96
94	145.78	188.29	199.98	121.56	154.71	162.98	100.16	127.42	133.28	46.10	62.51	65.71
95	154.52	198.90	210.00	128.23	162.31	169.82	105.23	132.94	138.04	47.65	63.77	66.46
96	160.70	206.86	218.40	133.36	168.80	176.61	109.44	138.26	143.56	49.56	66.32	69.12
97	167.13	215.13	227.14	138.69	175.55	183.68	113.82	143.79	149.30	51.54	68.97	71.88
98	173.81	223.74	236.22	144.24	182.58	191.02	118.37	149.54	155.28	53.60	71.73	74.76
99	180.77	232.68	245.67	150.01	189.88	198.67	123.10	155.52	161.49	55.74	74.60	77.75
100	188.00	241.99	255.50	156.01	197.47	206.61	128.03	161.74	167.95	57.97	77.59	80.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300%
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.57	1.70	1.85	1.48	1.59	1.73	1.41	1.50	1.63	1.22	1.29	1.39
22	1.60	1.73	1.90	1.51	1.62	1.77	1.43	1.53	1.66	1.23	1.31	1.42
23	1.63	1.77	1.95	1.53	1.66	1.81	1.45	1.56	1.70	1.24	1.32	1.44
24	1.66	1.82	2.00	1.56	1.70	1.86	1.47	1.59	1.74	1.24	1.33	1.46
25	1.70	1.87	2.06	1.59	1.73	1.91	1.49	1.62	1.78	1.25	1.35	1.48
26	1.74	1.92	2.12	1.62	1.78	1.96	1.52	1.66	1.83	1.27	1.37	1.51
27	1.78	1.96	2.18	1.65	1.82	2.01	1.55	1.69	1.87	1.28	1.39	1.53
28	1.82	2.01	2.24	1.69	1.86	2.06	1.58	1.73	1.91	1.29	1.41	1.56
29	1.86	2.07	2.30	1.72	1.90	2.12	1.60	1.77	1.96	1.31	1.43	1.59
30	1.91	2.13	2.37	1.76	1.96	2.17	1.64	1.81	2.01	1.32	1.45	1.62
31	1.96	2.19	2.45	1.80	2.01	2.24	1.67	1.85	2.06	1.34	1.48	1.65
32	2.01	2.26	2.53	1.85	2.06	2.31	1.71	1.90	2.12	1.36	1.51	1.68
33	2.09	2.36	2.65	1.92	2.15	2.41	1.77	1.98	2.21	1.39	1.55	1.74
34	2.17	2.47	2.78	1.99	2.25	2.53	1.83	2.05	2.31	1.42	1.60	1.80
35	2.27	2.59	2.92	2.07	2.35	2.65	1.89	2.14	2.42	1.45	1.65	1.87
36	2.37	2.72	3.08	2.15	2.46	2.78	1.97	2.24	2.53	1.49	1.70	1.94
37	2.48	2.86	3.25	2.25	2.58	2.93	2.04	2.34	2.66	1.53	1.76	2.02
38	2.60	3.01	3.43	2.35	2.71	3.09	2.13	2.45	2.79	1.57	1.82	2.10
39	2.73	3.18	3.63	2.46	2.85	3.26	2.22	2.57	2.94	1.62	1.89	2.20
40	2.87	3.35	3.84	2.58	3.00	3.45	2.32	2.70	3.10	1.67	1.97	2.29
41	3.06	3.59	4.14	2.74	3.21	3.69	2.45	2.88	3.32	1.73	2.06	2.42
42	3.22	3.81	4.39	2.88	3.39	3.92	2.57	3.03	3.51	1.79	2.16	2.54
43	3.40	4.04	4.66	3.03	3.58	4.15	2.70	3.20	3.71	1.86	2.25	2.67
44	3.59	4.29	4.95	3.19	3.80	4.41	2.84	3.38	3.93	1.93	2.36	2.81
45	3.80	4.56	5.28	3.37	4.03	4.68	2.99	3.58	4.18	2.01	2.48	2.96
46	4.03	4.85	5.62	3.57	4.29	4.99	3.16	3.80	4.44	2.09	2.61	3.13
47	4.28	5.17	6.00	3.78	4.56	5.32	3.33	4.04	4.72	2.19	2.75	3.31
48	4.55	5.52	6.42	4.01	4.86	5.68	3.53	4.30	5.04	2.29	2.90	3.50
49	4.85	5.90	6.87	4.27	5.20	6.08	3.74	4.58	5.38	2.41	3.07	3.72
50	5.16	6.31	7.36	4.54	5.55	6.50	3.98	4.89	5.75	2.53	3.26	3.96
51	5.51	6.77	7.90	4.84	5.94	6.97	4.24	5.23	6.16	2.66	3.46	4.22
52	5.88	7.24	8.46	5.16	6.36	7.46	4.51	5.60	6.59	2.81	3.68	4.50
53	6.28	7.76	9.07	5.50	6.81	8.00	4.80	5.98	7.06	2.96	3.91	4.79
54	6.70	8.31	9.72	5.87	7.29	8.57	5.11	6.39	7.55	3.13	4.16	5.11
55	7.18	8.92	10.43	6.29	7.82	9.19	5.47	6.86	8.10	3.33	4.45	5.47
56	7.68	9.56	11.18	6.71	8.38	9.84	5.83	7.34	8.67	3.52	4.74	5.82
57	8.21	10.25	11.98	7.17	8.98	10.55	6.22	7.86	9.28	3.73	5.05	6.22
58	8.72	10.92	12.77	7.62	9.56	11.24	6.61	8.37	9.88	3.94	5.37	6.60
59	9.23	11.59	13.55	8.06	10.14	11.92	6.98	8.87	10.48	4.13	5.66	6.98
60	9.80	12.32	14.41	8.55	10.79	12.68	7.40	9.43	11.14	4.37	6.01	7.41
61	10.45	13.18	15.42	9.12	11.53	13.56	7.89	10.08	11.91	4.63	6.40	7.90
62	11.11	14.05	16.44	9.69	12.29	14.46	8.37	10.74	12.69	4.89	6.80	8.40
63	11.83	15.00	17.55	10.32	13.12	15.43	8.91	11.45	13.54	5.19	7.24	8.94
64	12.62	16.03	18.76	11.00	14.03	16.50	9.49	12.24	14.46	5.50	7.73	9.54
65	13.48	17.17	20.08	11.76	15.03	17.67	10.15	13.11	15.49	5.87	8.27	10.21
66	14.40	18.39	21.50	12.57	16.09	18.91	10.85	14.04	16.58	6.25	8.85	10.90
67	15.40	19.72	23.05	13.44	17.27	20.27	11.60	15.06	17.76	6.66	9.48	11.67
68	16.52	21.20	24.75	14.43	18.56	21.77	12.43	16.19	19.08	7.12	10.17	12.51
69	17.74	22.84	26.64	15.51	20.01	23.44	13.37	17.46	20.53	7.63	10.95	13.45
70	19.12	24.67	28.74	16.72	21.63	25.30	14.41	18.87	22.16	8.21	11.82	14.50
71	20.51	26.53	30.87	17.94	23.26	27.18	15.46	20.30	23.80	8.79	12.71	15.54
72	22.04	28.59	33.22	19.29	25.08	29.25	16.62	21.88	25.61	9.43	13.68	16.70
73	23.73	30.88	35.82	20.79	27.10	31.55	17.92	23.64	27.61	10.14	14.76	17.95
74	25.59	33.39	38.65	22.43	29.31	34.03	19.33	25.57	29.78	10.91	15.94	19.31
75	27.56	36.06	41.64	24.17	31.66	36.66	20.84	27.61	32.06	11.73	17.17	20.73
76	29.61	38.82	44.72	25.98	34.09	39.36	22.39	29.72	34.40	12.58	18.45	22.16
77	31.69	41.62	47.80	27.82	36.54	42.06	23.96	31.85	36.73	13.43	19.73	23.57
78	33.80	44.38	50.80	29.63	38.95	44.66	25.52	33.93	38.97	14.27	20.96	24.88
79	35.81	47.02	53.57	31.40	41.25	47.04	27.03	35.91	41.01	15.07	22.10	26.03
80	37.68	49.39	55.93	33.02	43.28	49.07	28.41	37.65	42.73	15.78	23.07	26.96
81	52.31	69.25	78.33	45.59	60.27	68.18	39.03	52.09	58.91	21.09	31.12	36.14
82	57.96	76.71	86.35	50.47	66.60	74.93	43.09	57.43	64.56	23.09	33.98	39.15
83	64.13	84.77	94.98	55.64	73.40	82.16	47.43	63.14	70.58	25.19	37.00	42.27
84	70.53	93.34	104.15	61.11	80.60	89.79	51.98	69.16	76.89	27.38	40.11	45.46
85	77.20	102.31	113.72	66.75	88.07	97.67	56.68	75.37	83.36	29.60	43.24	48.65
86	84.20	111.53	123.52	72.56	95.67	105.65	61.46	81.63	89.85	31.79	46.29	51.72
87	91.33	120.90	133.38	78.46	103.30	113.58	66.29	87.84	96.23	33.91	49.17	54.59
88	98.72	130.39	143.24	84.48	110.91	121.34	71.16	93.96	102.37	35.94	51.81	57.12
89	106.31	140.02	153.03	90.61	118.50	128.91	76.08	99.97	108.25	37.89	54.18	59.29
90	114.07	149.74	162.75	96.84	126.03	136.27	81.02	105.85	113.86	39.74	56.31	61.12
91	121.99	159.51	172.36	103.11	133.48	143.40	85.94	111.58	119.19	41.49	58.20	62.67
92	129.98	169.22	181.81	109.36	140.77	150.25	90.81	117.10	124.22	43.13	59.87	63.96
93	137.85	178.74	190.93	115.47	147.78	156.71	95.50	122.33	128.87	44.65	61.28	64.96
94	145.78	188.29	199.98	121.56	154.71	162.98	100.16	127.42	133.28	46.10	62.51	65.71
95	154.52	198.90	210.00	128.23	162.31	169.82	105.23	132.94	138.04	47.65	63.77	66.46
96	160.70	206.86	218.40	133.36	168.80	176.61	109.44	138.26	143.56	49.56	66.32	69.12
97	167.13	215.13	227.14	138.69	175.55	183.68	113.82	143.79	149.30	51.54	68.97	71.88
98	173.81	223.74	236.22	144.24	182.58	191.02	118.37	149.54	155.28	53.60	71.73	74.76
99	180.77	232.68	245.67	150.01	189.88	198.67	123.10	155.52	161.49	55.74	74.60	77.75
100	188.00	241.99	255.50	156.01	197.47	206.61	128.03	161.74	167.95	57.97	77.59	80.86

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: No Inflation
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.46	1.55	1.64	1.40	1.47	1.56	1.34	1.40	1.48	1.21	1.25	1.31
22	1.48	1.57	1.67	1.41	1.49	1.58	1.36	1.42	1.50	1.21	1.26	1.33
23	1.50	1.59	1.70	1.43	1.51	1.60	1.36	1.43	1.52	1.22	1.27	1.34
24	1.51	1.61	1.72	1.43	1.51	1.62	1.36	1.44	1.53	1.22	1.27	1.34
25	1.52	1.63	1.75	1.44	1.53	1.64	1.38	1.46	1.56	1.22	1.27	1.35
26	1.54	1.65	1.78	1.46	1.56	1.67	1.39	1.47	1.58	1.23	1.28	1.36
27	1.56	1.68	1.81	1.48	1.57	1.69	1.41	1.49	1.60	1.23	1.29	1.37
28	1.58	1.70	1.83	1.49	1.59	1.71	1.42	1.50	1.61	1.24	1.30	1.39
29	1.60	1.72	1.86	1.51	1.61	1.73	1.43	1.52	1.63	1.24	1.31	1.39
30	1.62	1.75	1.89	1.52	1.63	1.76	1.44	1.54	1.65	1.25	1.31	1.40
31	1.64	1.77	1.91	1.54	1.65	1.78	1.46	1.55	1.67	1.25	1.32	1.41
32	1.66	1.80	1.95	1.56	1.67	1.80	1.47	1.57	1.69	1.26	1.33	1.42
33	1.70	1.86	2.01	1.59	1.72	1.86	1.50	1.61	1.74	1.27	1.35	1.45
34	1.76	1.92	2.09	1.63	1.77	1.93	1.54	1.65	1.79	1.29	1.38	1.48
35	1.81	1.98	2.17	1.68	1.83	1.99	1.57	1.70	1.85	1.31	1.40	1.52
36	1.87	2.05	2.26	1.72	1.89	2.07	1.61	1.76	1.91	1.33	1.43	1.55
37	1.93	2.13	2.36	1.78	1.96	2.15	1.66	1.81	1.98	1.35	1.46	1.59
38	2.00	2.22	2.46	1.84	2.03	2.24	1.70	1.87	2.06	1.37	1.49	1.64
39	2.08	2.32	2.57	1.90	2.11	2.34	1.76	1.94	2.14	1.40	1.53	1.68
40	2.16	2.42	2.70	1.97	2.20	2.44	1.81	2.01	2.23	1.43	1.57	1.73
41	2.26	2.55	2.85	2.05	2.30	2.57	1.88	2.09	2.33	1.45	1.61	1.79
42	2.35	2.67	3.00	2.13	2.40	2.69	1.94	2.18	2.44	1.48	1.65	1.85
43	2.46	2.80	3.16	2.22	2.52	2.82	2.02	2.27	2.55	1.52	1.71	1.92
44	2.57	2.95	3.33	2.31	2.63	2.97	2.09	2.38	2.68	1.55	1.76	1.99
45	2.70	3.11	3.52	2.42	2.76	3.13	2.18	2.49	2.81	1.60	1.82	2.07
46	2.84	3.28	3.72	2.53	2.91	3.31	2.28	2.61	2.96	1.64	1.89	2.16
47	2.98	3.47	3.95	2.66	3.07	3.50	2.38	2.75	3.13	1.70	1.96	2.26
48	3.15	3.67	4.20	2.80	3.25	3.71	2.50	2.90	3.31	1.75	2.05	2.37
49	3.33	3.91	4.48	2.95	3.45	3.96	2.62	3.06	3.52	1.82	2.14	2.49
50	3.53	4.16	4.78	3.12	3.66	4.21	2.77	3.25	3.74	1.89	2.24	2.62
51	3.75	4.44	5.12	3.30	3.90	4.50	2.92	3.45	3.98	1.96	2.36	2.77
52	3.98	4.73	5.47	3.50	4.15	4.80	3.08	3.67	4.24	2.05	2.48	2.93
53	4.23	5.06	5.86	3.71	4.43	5.13	3.26	3.90	4.53	2.14	2.61	3.10
54	4.50	5.41	6.27	3.94	4.72	5.49	3.45	4.15	4.83	2.24	2.76	3.29
55	4.82	5.80	6.74	4.21	5.06	5.90	3.69	4.44	5.19	2.37	2.93	3.51
56	5.14	6.21	7.23	4.48	5.42	6.32	3.91	4.75	5.55	2.48	3.11	3.74
57	5.49	6.66	7.76	4.78	5.80	6.78	4.16	5.08	5.94	2.61	3.30	3.98
58	5.88	7.16	8.35	5.11	6.23	7.29	4.44	5.44	6.38	2.75	3.51	4.25
59	6.30	7.72	9.01	5.48	6.70	7.85	4.75	5.85	6.87	2.91	3.75	4.55
60	6.80	8.35	9.75	5.90	7.25	8.50	5.11	6.32	7.43	3.11	4.03	4.90
61	7.35	9.07	10.60	6.38	7.87	9.24	5.52	6.85	8.07	3.32	4.34	5.30
62	7.94	9.84	11.50	6.88	8.53	10.02	5.95	7.42	8.74	3.54	4.68	5.71
63	8.59	10.69	12.50	7.44	9.26	10.89	6.42	8.05	9.49	3.80	5.06	6.19
64	9.31	11.63	13.61	8.06	10.08	11.85	6.95	8.76	10.33	4.08	5.47	6.71
65	10.12	12.68	14.84	8.76	10.99	12.92	7.55	9.55	11.27	4.41	5.96	7.31
66	10.99	13.82	16.17	9.52	11.99	14.09	8.19	10.41	12.28	4.75	6.48	7.95
67	11.95	15.10	17.65	10.36	13.10	15.39	8.91	11.37	13.40	5.14	7.06	8.66
68	13.04	16.53	19.32	11.31	14.35	16.84	9.72	12.46	14.67	5.57	7.72	9.46
69	14.26	18.16	21.20	12.38	15.77	18.49	10.64	13.69	16.11	6.06	8.47	10.37
70	15.68	20.01	23.33	13.60	17.39	20.36	11.69	15.10	17.74	6.65	9.33	11.41
71	17.15	21.97	25.59	14.89	19.11	22.34	12.80	16.59	19.46	7.24	10.24	12.50
72	18.81	24.19	28.14	16.34	21.06	24.57	14.05	18.28	21.40	7.92	11.26	13.72
73	20.72	26.73	31.04	18.03	23.28	27.12	15.48	20.21	23.61	8.70	12.43	15.09
74	22.87	29.61	34.31	19.91	25.80	29.98	17.10	22.40	26.09	9.56	13.74	16.62
75	25.25	32.80	37.93	22.00	28.59	33.14	18.89	24.81	28.82	10.53	15.19	18.29
76	27.85	36.30	41.88	24.27	31.64	36.57	20.84	27.45	31.79	11.57	16.75	20.09
77	30.68	40.11	46.15	26.75	34.95	40.27	22.95	30.30	34.96	12.69	18.43	21.97
78	33.82	44.24	50.74	29.43	38.52	44.22	25.23	33.36	38.34	13.89	20.20	23.95
79	37.17	48.70	55.65	32.36	42.36	48.42	27.71	36.65	41.92	15.17	22.07	25.98
80	40.84	53.49	60.85	35.50	46.47	52.85	30.37	40.14	45.68	16.52	24.02	28.07
81	56.59	75.00	85.26	49.01	64.71	73.47	41.70	55.54	63.01	22.08	32.39	37.64
82	62.63	83.03	93.98	54.15	71.47	80.74	46.00	61.20	69.06	24.16	35.36	40.78
83	69.29	91.71	103.38	59.66	78.74	88.52	50.59	67.27	75.49	26.36	38.50	44.04
84	76.12	100.94	113.36	65.50	86.44	96.75	55.41	73.66	82.25	28.64	41.74	47.38
85	83.42	110.60	123.79	71.52	94.43	105.26	60.39	80.26	89.19	30.95	44.99	50.72
86	90.86	120.56	134.50	77.74	102.59	113.91	65.47	86.94	96.18	33.23	48.17	53.95
87	98.63	130.71	145.34	84.06	110.81	122.53	70.61	93.59	103.07	35.46	51.19	56.98
88	106.56	141.05	156.22	90.52	119.03	131.04	75.81	100.15	109.76	37.60	53.97	59.69
89	114.79	151.56	167.10	97.11	127.27	139.38	81.08	106.65	116.20	39.65	56.49	62.03
90	123.22	162.22	177.97	103.82	135.50	147.55	86.38	113.03	122.41	41.62	58.78	64.05
91	131.85	173.00	188.82	110.62	143.68	155.54	91.69	119.29	128.37	43.49	60.83	65.79
92	140.60	183.81	199.59	117.43	151.75	163.32	96.97	125.38	134.07	45.26	62.66	67.27
93	149.31	194.52	210.15	124.15	159.62	170.79	102.13	131.22	139.44	46.93	64.26	68.48
94	158.17	205.41	220.80	130.93	167.50	178.16	107.29	137.00	144.65	48.54	65.70	69.47
95	168.01	217.58	232.69	138.40	176.20	186.29	112.95	143.32	150.32	50.27	67.19	70.48
96	174.73	226.28	242.00	143.94	183.25	193.74	117.47	149.05	156.33	52.28	69.88	73.30
97	181.72	235.33	251.68	149.69	190.58	201.49	122.17	155.01	162.59	54.37	72.67	76.23
98	188.99	244.75	261.74	155.68	198.20	209.55	127.05	161.22	169.09	56.55	75.58	79.28
99	196.55	254.54	272.21	161.91	206.13	217.93	132.14	167.66	175.85	58.81	78.60	82.45
100	204.41	264.72	283.10	168.38	214.37	226.65	137.42	174.37	182.89	61.16	81.75	85.75

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	2.59	3.00	3.46	2.34	2.71	3.13	2.14	2.47	2.85	1.61	1.88	2.19
22	2.66	3.09	3.58	2.40	2.79	3.24	2.19	2.54	2.94	1.64	1.92	2.25
23	2.73	3.19	3.70	2.47	2.88	3.34	2.24	2.61	3.03	1.67	1.96	2.31
24	2.81	3.29	3.83	2.53	2.96	3.45	2.30	2.69	3.13	1.70	2.01	2.37
25	2.89	3.39	3.96	2.60	3.05	3.56	2.36	2.76	3.23	1.73	2.05	2.44
26	2.97	3.50	4.09	2.67	3.15	3.68	2.42	2.84	3.33	1.76	2.10	2.50
27	3.06	3.61	4.23	2.75	3.24	3.80	2.48	2.93	3.43	1.79	2.15	2.57
28	3.15	3.73	4.37	2.82	3.34	3.92	2.54	3.01	3.54	1.83	2.20	2.64
29	3.25	3.85	4.52	2.90	3.45	4.05	2.61	3.10	3.65	1.86	2.26	2.70
30	3.35	3.98	4.67	2.98	3.56	4.18	2.68	3.20	3.76	1.90	2.31	2.78
31	3.45	4.12	4.83	3.07	3.67	4.32	2.75	3.29	3.88	1.94	2.37	2.85
32	3.56	4.26	5.01	3.17	3.80	4.47	2.83	3.40	4.01	1.98	2.43	2.93
33	3.70	4.44	5.23	3.29	3.95	4.67	2.94	3.54	4.18	2.03	2.51	3.04
34	3.86	4.64	5.48	3.42	4.12	4.88	3.04	3.68	4.37	2.09	2.60	3.16
35	4.02	4.85	5.74	3.55	4.30	5.11	3.16	3.84	4.56	2.15	2.69	3.29
36	4.18	5.06	6.00	3.69	4.49	5.34	3.28	4.00	4.76	2.21	2.78	3.42
37	4.36	5.29	6.28	3.84	4.68	5.58	3.40	4.16	4.98	2.28	2.88	3.55
38	4.55	5.53	6.58	4.00	4.89	5.84	3.54	4.34	5.20	2.35	2.99	3.70
39	4.74	5.79	6.90	4.17	5.11	6.12	3.68	4.53	5.44	2.42	3.10	3.85
40	4.95	6.06	7.23	4.34	5.35	6.41	3.83	4.73	5.69	2.50	3.22	4.01
41	5.27	6.48	7.75	4.61	5.70	6.85	4.05	5.03	6.08	2.61	3.40	4.25
42	5.50	6.78	8.12	4.81	5.96	7.18	4.22	5.26	6.36	2.69	3.53	4.43
43	5.75	7.11	8.52	5.02	6.24	7.53	4.40	5.50	6.66	2.79	3.68	4.63
44	6.01	7.45	8.95	5.24	6.54	7.90	4.59	5.76	6.98	2.89	3.83	4.83
45	6.30	7.82	9.40	5.48	6.86	8.29	4.79	6.03	7.33	2.99	3.99	5.05
46	6.61	8.22	9.90	5.75	7.21	8.72	5.01	6.33	7.70	3.11	4.18	5.30
47	6.94	8.66	10.44	6.03	7.58	9.19	5.25	6.65	8.11	3.24	4.37	5.56
48	7.29	9.12	11.01	6.33	7.98	9.70	5.51	7.00	8.55	3.38	4.58	5.85
49	7.67	9.62	11.63	6.66	8.42	10.24	5.78	7.38	9.02	3.52	4.81	6.16
50	8.19	10.26	12.40	7.11	8.98	10.92	6.18	7.88	9.63	3.78	5.16	6.59
51	8.56	10.76	13.01	7.43	9.41	11.45	6.46	8.25	10.10	3.93	5.39	6.90
52	8.94	11.25	13.62	7.75	9.84	11.99	6.73	8.63	10.57	4.08	5.62	7.21
53	9.33	11.77	14.27	8.09	10.30	12.56	7.02	9.02	11.06	4.23	5.86	7.53
54	9.75	12.32	14.94	8.44	10.78	13.15	7.32	9.43	11.58	4.40	6.12	7.87
55	10.19	12.90	15.65	8.82	11.28	13.77	7.64	9.87	12.13	4.57	6.39	8.23
56	10.65	13.51	16.41	9.21	11.81	14.43	7.98	10.33	12.70	4.76	6.68	8.61
57	11.14	14.16	17.21	9.63	12.38	15.14	8.34	10.83	13.32	4.95	6.98	9.02
58	11.66	14.86	18.06	10.08	12.99	15.89	8.73	11.36	13.98	5.17	7.32	9.46
59	12.23	15.61	18.98	10.57	13.64	16.70	9.14	11.93	14.69	5.39	7.67	9.93
60	12.87	16.46	20.01	11.13	14.39	17.61	9.63	12.58	15.49	5.68	8.10	10.47
61	13.70	17.57	21.39	11.84	15.36	18.82	10.24	13.43	16.55	6.01	8.62	11.16
62	14.55	18.70	22.78	12.57	16.35	20.04	10.86	14.29	17.62	6.35	9.16	11.87
63	15.47	19.93	24.29	13.37	17.43	21.37	11.54	15.23	18.79	6.73	9.75	12.65
64	16.46	21.28	25.94	14.23	18.60	22.83	12.28	16.26	20.06	7.14	10.40	13.50
65	17.54	22.73	27.73	15.16	19.88	24.41	13.09	17.37	21.45	7.58	11.11	14.42
66	18.73	24.34	29.69	16.20	21.30	26.14	13.98	18.61	22.97	8.09	11.90	15.44
67	20.01	26.07	31.81	17.31	22.82	28.02	14.94	19.95	24.62	8.62	12.75	16.54
68	21.43	28.00	34.16	18.54	24.52	30.09	16.00	21.43	26.44	9.22	13.69	17.75
69	23.00	30.15	36.77	19.91	26.41	32.40	17.18	23.09	28.47	9.88	14.75	19.10
70	24.76	32.55	39.69	21.44	28.53	34.99	18.50	24.94	30.74	10.62	15.92	20.60
71	26.61	35.10	42.79	23.06	30.78	37.73	19.90	26.91	33.14	11.40	17.18	22.19
72	28.69	37.96	46.26	24.87	33.31	40.79	21.46	29.12	35.82	12.28	18.57	23.95
73	31.02	41.18	50.15	26.91	36.15	44.22	23.23	31.61	38.83	13.26	20.14	25.91
74	33.63	44.80	54.49	29.19	39.33	48.04	25.19	34.38	42.16	14.35	21.87	28.06
75	36.49	48.76	59.23	31.68	42.81	52.21	27.34	37.42	45.78	15.54	23.76	30.37
76	39.59	53.06	64.35	34.37	46.58	56.69	29.65	40.69	49.67	16.81	25.78	32.82
77	42.93	57.68	69.83	37.27	50.62	61.46	32.13	44.19	53.79	18.17	27.91	35.37
78	46.52	62.65	75.66	40.37	54.94	66.50	34.79	47.91	58.13	19.60	30.15	38.00
79	50.41	67.98	81.83	43.71	59.55	71.81	37.64	51.87	62.67	21.11	32.47	40.67
80	54.59	73.65	88.32	47.29	64.42	77.35	40.68	56.04	67.38	22.70	34.87	43.37
81	74.23	101.66	122.76	63.96	88.32	106.68	54.73	76.34	92.22	29.93	46.55	58.04
82	81.90	112.29	135.06	70.42	97.27	116.96	60.14	83.87	100.78	32.60	50.64	62.67
83	90.16	123.86	148.42	77.36	106.98	128.05	65.94	91.99	109.96	35.45	54.97	67.49
84	98.87	136.26	162.75	84.67	117.33	139.85	72.04	100.60	119.67	38.41	59.48	72.45
85	107.98	149.29	177.79	92.28	128.11	152.12	78.35	109.51	129.68	41.41	64.02	77.41
86	117.43	162.75	193.29	100.08	139.12	164.60	84.78	118.52	139.75	44.37	68.44	82.21
87	127.16	176.47	208.95	108.03	150.17	177.02	91.25	127.46	149.63	47.23	72.60	86.67
88	137.19	190.39	224.61	116.12	161.20	189.17	97.78	136.24	159.13	49.95	76.38	90.57
89	147.53	204.54	240.19	124.37	172.20	200.97	104.36	144.85	168.17	52.54	79.75	93.83
90	158.16	218.85	255.65	132.74	183.11	212.41	110.95	153.25	176.74	54.99	82.72	96.53
91	169.01	233.24	270.94	141.17	193.87	223.44	117.52	161.40	184.83	57.29	85.33	98.74
92	179.96	247.56	285.92	149.56	204.36	233.99	123.98	169.20	192.40	59.43	87.57	100.51
93	190.70	261.51	300.26	157.70	214.38	243.81	130.18	176.52	199.27	61.39	89.42	101.79
94	201.48	275.48	314.43	165.80	224.22	253.24	136.29	183.59	205.71	63.25	90.99	102.68
95	213.53	291.30	330.48	174.78	235.21	263.76	143.03	191.39	212.79	65.28	92.65	103.59
96	222.07	302.95	343.70	181.77	244.62	274.31	148.75	199.05	221.30	67.89	96.36	107.73
97	230.95	315.07	357.45	189.04	254.40	285.28	154.70	207.01	230.15	70.61	100.21	112.04
98	240.19	327.67	371.75	196.60	264.58	296.69	160.89	215.29	239.36	73.43	104.22	116.52
99	249.80	340.78	386.61	204.47	275.16	308.56	167.32	223.90	248.93	76.37	108.39	121.19
100	259.79	354.41	402.08	212.65	286.17	320.90	174.02	232.86	258.89	79.42	112.72	126.03

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.64	1.77	1.92	1.54	1.65	1.78	1.46	1.55	1.67	1.26	1.33	1.42
22	1.67	1.80	1.96	1.57	1.68	1.82	1.48	1.58	1.70	1.27	1.34	1.44
23	1.70	1.84	2.01	1.59	1.71	1.86	1.50	1.61	1.73	1.28	1.36	1.46
24	1.72	1.88	2.06	1.61	1.74	1.90	1.52	1.63	1.77	1.28	1.36	1.47
25	1.76	1.92	2.11	1.64	1.78	1.94	1.54	1.66	1.81	1.29	1.38	1.49
26	1.79	1.96	2.16	1.66	1.81	1.98	1.56	1.69	1.84	1.30	1.39	1.51
27	1.83	2.00	2.21	1.69	1.85	2.03	1.58	1.71	1.88	1.31	1.41	1.53
28	1.87	2.05	2.26	1.72	1.89	2.07	1.61	1.75	1.92	1.32	1.42	1.56
29	1.90	2.10	2.32	1.76	1.93	2.12	1.63	1.78	1.95	1.34	1.44	1.58
30	1.95	2.16	2.38	1.79	1.97	2.17	1.66	1.82	2.00	1.35	1.46	1.60
31	1.99	2.21	2.45	1.83	2.02	2.22	1.69	1.86	2.04	1.36	1.48	1.62
32	2.04	2.27	2.52	1.87	2.07	2.28	1.73	1.90	2.09	1.38	1.50	1.65
33	2.12	2.37	2.63	1.93	2.15	2.38	1.78	1.97	2.18	1.40	1.54	1.70
34	2.20	2.47	2.76	2.00	2.23	2.49	1.83	2.04	2.26	1.43	1.58	1.75
35	2.28	2.58	2.89	2.08	2.33	2.60	1.89	2.12	2.36	1.46	1.62	1.81
36	2.38	2.70	3.04	2.16	2.43	2.73	1.97	2.21	2.47	1.49	1.67	1.87
37	2.49	2.84	3.20	2.24	2.54	2.86	2.04	2.30	2.58	1.53	1.72	1.94
38	2.60	2.98	3.37	2.34	2.66	3.01	2.12	2.40	2.71	1.57	1.78	2.01
39	2.73	3.14	3.56	2.45	2.80	3.17	2.20	2.51	2.85	1.61	1.83	2.09
40	2.87	3.31	3.77	2.56	2.94	3.34	2.29	2.63	2.99	1.66	1.90	2.18
41	3.04	3.54	4.04	2.70	3.13	3.58	2.42	2.79	3.19	1.71	1.98	2.28
42	3.20	3.74	4.28	2.83	3.30	3.78	2.52	2.93	3.36	1.76	2.06	2.39
43	3.37	3.96	4.54	2.98	3.48	4.00	2.65	3.09	3.55	1.82	2.14	2.50
44	3.56	4.20	4.82	3.14	3.68	4.24	2.77	3.26	3.76	1.88	2.24	2.62
45	3.76	4.46	5.14	3.31	3.90	4.50	2.92	3.45	3.98	1.96	2.34	2.75
46	3.98	4.74	5.47	3.49	4.14	4.79	3.07	3.65	4.23	2.03	2.46	2.90
47	4.22	5.04	5.84	3.69	4.40	5.11	3.25	3.87	4.49	2.12	2.58	3.06
48	4.49	5.38	6.24	3.92	4.69	5.45	3.43	4.11	4.79	2.21	2.72	3.24
49	4.77	5.75	6.68	4.16	5.00	5.83	3.63	4.38	5.12	2.31	2.87	3.44
50	5.09	6.15	7.16	4.43	5.34	6.24	3.85	4.67	5.47	2.42	3.03	3.65
51	5.43	6.59	7.68	4.71	5.72	6.69	4.10	4.99	5.85	2.55	3.22	3.89
52	5.79	7.05	8.24	5.03	6.12	7.17	4.36	5.33	6.26	2.68	3.41	4.14
53	6.18	7.56	8.84	5.36	6.55	7.69	4.64	5.70	6.72	2.83	3.63	4.41
54	6.61	8.11	9.48	5.72	7.02	8.25	4.94	6.10	7.19	2.98	3.86	4.71
55	7.08	8.72	10.20	6.13	7.55	8.87	5.30	6.56	7.73	3.17	4.13	5.05
56	7.58	9.36	10.96	6.56	8.10	9.53	5.65	7.03	8.30	3.35	4.41	5.40
57	8.12	10.07	11.79	7.02	8.70	10.24	6.04	7.55	8.92	3.56	4.71	5.78
58	8.71	10.83	12.70	7.52	9.37	11.03	6.47	8.12	9.59	3.78	5.04	6.19
59	9.36	11.68	13.69	8.08	10.09	11.89	6.94	8.75	10.34	4.03	5.41	6.66
60	10.09	12.63	14.79	8.71	10.91	12.85	7.48	9.45	11.17	4.32	5.84	7.18
61	10.92	13.73	16.08	9.43	11.86	13.97	8.09	10.27	12.14	4.64	6.32	7.77
62	11.78	14.86	17.41	10.18	12.84	15.12	8.73	11.11	13.13	4.98	6.82	8.40
63	12.73	16.10	18.86	11.00	13.92	16.38	9.42	12.04	14.23	5.34	7.37	9.08
64	13.79	17.47	20.46	11.89	15.10	17.76	10.18	13.06	15.42	5.75	7.98	9.82
65	14.92	18.96	22.19	12.88	16.41	19.28	11.04	14.19	16.74	6.21	8.67	10.65
66	16.09	20.52	24.00	13.90	17.76	20.86	11.91	15.36	18.10	6.68	9.36	11.51
67	17.17	21.95	25.66	14.83	19.00	22.30	12.71	16.43	19.36	7.10	10.01	12.30
68	18.35	23.52	27.48	15.87	20.38	23.90	13.59	17.63	20.75	7.58	10.73	13.16
69	19.67	25.27	29.51	17.02	21.90	25.66	14.57	18.95	22.28	8.10	11.53	14.13
70	21.12	27.21	31.74	18.30	23.60	27.63	15.66	20.42	23.99	8.71	12.44	15.20
71	22.59	29.18	34.00	19.58	25.32	29.61	16.76	21.92	25.70	9.30	13.34	16.28
72	24.20	31.35	36.49	20.99	27.23	31.79	17.98	23.57	27.60	9.96	14.34	17.46
73	25.99	33.77	39.25	22.57	29.35	34.20	19.33	25.41	29.69	10.69	15.45	18.76
74	27.95	36.43	42.26	24.29	31.67	36.82	20.81	27.42	31.97	11.49	16.65	20.15
75	30.04	39.26	45.45	26.13	34.14	39.61	22.39	29.57	34.37	12.33	17.93	21.61
76	32.21	42.20	48.75	28.04	36.71	42.48	24.02	31.78	36.83	13.21	19.24	23.09
77	34.43	45.19	52.06	29.98	39.31	45.34	25.68	34.02	39.29	14.09	20.56	24.54
78	36.70	48.14	55.29	31.90	41.87	48.12	27.32	36.22	41.66	14.96	21.83	25.90
79	38.84	50.97	58.29	33.79	44.31	50.68	28.91	38.30	43.84	15.79	23.01	27.10
80	40.84	53.49	60.85	35.50	46.47	52.85	30.37	40.14	45.68	16.52	24.02	28.07
81	56.59	75.00	85.26	49.01	64.71	73.47	41.70	55.54	63.01	22.08	32.39	37.64
82	62.63	83.03	93.98	54.15	71.47	80.74	46.00	61.20	69.06	24.16	35.36	40.78
83	69.29	91.71	103.38	59.66	78.74	88.52	50.59	67.27	75.49	26.36	38.50	44.04
84	76.12	100.94	113.36	65.50	86.44	96.75	55.41	73.66	82.25	28.64	41.74	47.38
85	83.42	110.60	123.79	71.52	94.43	105.26	60.39	80.26	89.19	30.95	44.99	50.72
86	90.86	120.56	134.50	77.74	102.59	113.91	65.47	86.94	96.18	33.23	48.17	53.95
87	98.63	130.71	145.34	84.06	110.81	122.53	70.61	93.59	103.07	35.46	51.19	56.98
88	106.56	141.05	156.22	90.52	119.03	131.04	75.81	100.15	109.76	37.60	53.97	59.69
89	114.79	151.56	167.10	97.11	127.27	139.38	81.08	106.65	116.20	39.65	56.49	62.03
90	123.22	162.22	177.97	103.82	135.50	147.55	86.38	113.03	122.41	41.62	58.78	64.05
91	131.85	173.00	188.82	110.62	143.68	155.54	91.69	119.29	128.37	43.49	60.83	65.79
92	140.60	183.81	199.59	117.43	151.75	163.32	96.97	125.38	134.07	45.26	62.66	67.27
93	149.31	194.52	210.15	124.15	159.62	170.79	102.13	131.22	139.44	46.93	64.26	68.48
94	158.17	205.41	220.80	130.93	167.50	178.16	107.29	137.00	144.65	48.54	65.70	69.47
95	168.01	217.58	232.69	138.40	176.20	186.29	112.95	143.32	150.32	50.27	67.19	70.48
96	174.73	226.28	242.00	143.94	183.25	193.74	117.47	149.05	156.33	52.28	69.88	73.30
97	181.72	235.33	251.68	149.69	190.58	201.49	122.17	155.01	162.59	54.37	72.67	76.23
98	188.99	244.75	261.74	155.68	198.20	209.55	127.05	161.22	169.09	56.55	75.58	79.28
99	196.55	254.54	272.21	161.91	206.13	217.93	132.14	167.66	175.85	58.81	78.60	82.45
100	204.41	264.72	283.10	168.38	214.37	226.65	137.42	174.37	182.89	61.16	81.75	85.75

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300%
ROP Rider No

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	1.74	1.90	2.07	1.63	1.76	1.91	1.53	1.64	1.78	1.30	1.38	1.48
22	1.78	1.94	2.13	1.66	1.79	1.96	1.55	1.68	1.82	1.31	1.39	1.51
23	1.82	1.99	2.18	1.69	1.83	2.01	1.58	1.71	1.86	1.32	1.41	1.53
24	1.86	2.05	2.26	1.72	1.88	2.07	1.61	1.75	1.92	1.32	1.42	1.55
25	1.90	2.10	2.32	1.76	1.93	2.12	1.64	1.78	1.96	1.34	1.44	1.58
26	1.95	2.16	2.39	1.79	1.97	2.18	1.67	1.82	2.01	1.35	1.46	1.61
27	1.99	2.22	2.46	1.83	2.02	2.24	1.70	1.87	2.06	1.37	1.49	1.64
28	2.04	2.28	2.54	1.87	2.07	2.30	1.73	1.91	2.11	1.38	1.51	1.67
29	2.10	2.35	2.61	1.92	2.13	2.37	1.77	1.95	2.17	1.40	1.53	1.70
30	2.15	2.42	2.70	1.97	2.19	2.44	1.81	2.00	2.22	1.42	1.56	1.73
31	2.22	2.50	2.79	2.02	2.25	2.51	1.85	2.06	2.29	1.44	1.59	1.77
32	2.28	2.58	2.89	2.07	2.33	2.60	1.90	2.11	2.36	1.46	1.62	1.81
33	2.38	2.70	3.03	2.15	2.42	2.72	1.96	2.20	2.46	1.49	1.67	1.87
34	2.48	2.83	3.18	2.23	2.54	2.85	2.03	2.29	2.57	1.53	1.72	1.93
35	2.59	2.96	3.35	2.33	2.65	2.99	2.11	2.39	2.70	1.56	1.77	2.00
36	2.71	3.11	3.54	2.43	2.78	3.15	2.19	2.50	2.83	1.60	1.83	2.08
37	2.84	3.28	3.73	2.54	2.92	3.31	2.28	2.62	2.97	1.65	1.90	2.17
38	2.98	3.46	3.94	2.66	3.07	3.50	2.38	2.75	3.13	1.70	1.96	2.26
39	3.13	3.65	4.17	2.78	3.23	3.69	2.48	2.88	3.29	1.75	2.04	2.36
40	3.29	3.86	4.42	2.92	3.41	3.90	2.60	3.03	3.48	1.81	2.12	2.46
41	3.52	4.15	4.76	3.10	3.64	4.20	2.75	3.23	3.72	1.87	2.23	2.60
42	3.71	4.39	5.06	3.27	3.85	4.44	2.88	3.41	3.93	1.94	2.33	2.73
43	3.92	4.66	5.37	3.44	4.08	4.71	3.03	3.60	4.16	2.01	2.43	2.87
44	4.14	4.94	5.71	3.63	4.32	5.00	3.19	3.80	4.41	2.09	2.55	3.02
45	4.39	5.25	6.08	3.84	4.58	5.32	3.36	4.03	4.68	2.18	2.68	3.18
46	4.65	5.59	6.48	4.06	4.87	5.66	3.55	4.27	4.97	2.27	2.81	3.36
47	4.93	5.95	6.91	4.29	5.18	6.03	3.75	4.53	5.29	2.38	2.97	3.55
48	5.24	6.35	7.38	4.56	5.52	6.44	3.97	4.83	5.64	2.49	3.13	3.76
49	5.57	6.78	7.89	4.84	5.89	6.88	4.21	5.14	6.02	2.61	3.31	4.00
50	5.93	7.24	8.43	5.15	6.28	7.35	4.47	5.48	6.43	2.74	3.51	4.24
51	6.33	7.75	9.04	5.49	6.72	7.87	4.75	5.85	6.87	2.89	3.73	4.52
52	6.74	8.29	9.67	5.84	7.19	8.41	5.05	6.25	7.35	3.04	3.95	4.81
53	7.18	8.86	10.35	6.23	7.68	9.00	5.38	6.67	7.85	3.21	4.20	5.12
54	7.66	9.48	11.08	6.63	8.21	9.63	5.72	7.13	8.39	3.39	4.47	5.45
55	8.19	10.16	11.87	7.09	8.80	10.32	6.11	7.64	8.99	3.60	4.77	5.83
56	8.73	10.87	12.70	7.55	9.41	11.04	6.51	8.16	9.61	3.81	5.08	6.21
57	9.33	11.63	13.59	8.06	10.07	11.81	6.93	8.72	10.28	4.03	5.41	6.62
58	9.91	12.38	14.47	8.55	10.71	12.57	7.35	9.28	10.93	4.25	5.73	7.02
59	10.46	13.11	15.33	9.03	11.34	13.31	7.76	9.82	11.57	4.46	6.05	7.42
60	11.09	13.92	16.28	9.57	12.04	14.14	8.22	10.43	12.29	4.71	6.42	7.87
61	11.82	14.87	17.40	10.19	12.86	15.11	8.75	11.13	13.13	4.98	6.83	8.38
62	12.54	15.83	18.51	10.82	13.68	16.08	9.28	11.83	13.96	5.26	7.25	8.90
63	13.33	16.86	19.73	11.49	14.57	17.13	9.85	12.60	14.87	5.57	7.70	9.47
64	14.18	17.98	21.04	12.23	15.55	18.27	10.48	13.45	15.86	5.90	8.21	10.09
65	15.11	19.21	22.47	13.04	16.62	19.52	11.18	14.38	16.95	6.28	8.78	10.78
66	16.09	20.52	24.00	13.90	17.76	20.86	11.91	15.36	18.10	6.68	9.36	11.51
67	17.17	21.95	25.66	14.83	19.00	22.30	12.71	16.43	19.36	7.10	10.01	12.30
68	18.35	23.52	27.48	15.87	20.38	23.90	13.59	17.63	20.75	7.58	10.73	13.16
69	19.67	25.27	29.51	17.02	21.90	25.66	14.57	18.95	22.28	8.10	11.53	14.13
70	21.12	27.21	31.74	18.30	23.60	27.63	15.66	20.42	23.99	8.71	12.44	15.20
71	22.59	29.18	34.00	19.58	25.32	29.61	16.76	21.92	25.70	9.30	13.34	16.28
72	24.20	31.35	36.49	20.99	27.23	31.79	17.98	23.57	27.60	9.96	14.34	17.46
73	25.99	33.77	39.25	22.57	29.35	34.20	19.33	25.41	29.69	10.69	15.45	18.76
74	27.95	36.43	42.26	24.29	31.67	36.82	20.81	27.42	31.97	11.49	16.65	20.15
75	30.04	39.26	45.45	26.13	34.14	39.61	22.39	29.57	34.37	12.33	17.93	21.61
76	32.21	42.20	48.75	28.04	36.71	42.48	24.02	31.78	36.83	13.21	19.24	23.09
77	34.43	45.19	52.06	29.98	39.31	45.34	25.68	34.02	39.29	14.09	20.56	24.54
78	36.70	48.14	55.29	31.90	41.87	48.12	27.32	36.22	41.66	14.96	21.83	25.90
79	38.84	50.97	58.29	33.79	44.31	50.68	28.91	38.30	43.84	15.79	23.01	27.10
80	40.84	53.49	60.85	35.50	46.47	52.85	30.37	40.14	45.68	16.52	24.02	28.07
81	56.59	75.00	85.26	49.01	64.71	73.47	41.70	55.54	63.01	22.08	32.39	37.64
82	62.63	83.03	93.98	54.15	71.47	80.74	46.00	61.20	69.06	24.16	35.36	40.78
83	69.29	91.71	103.38	59.66	78.74	88.52	50.59	67.27	75.49	26.36	38.50	44.04
84	76.12	100.94	113.36	65.50	86.44	96.75	55.41	73.66	82.25	28.64	41.74	47.38
85	83.42	110.60	123.79	71.52	94.43	105.26	60.39	80.26	89.19	30.95	44.99	50.72
86	90.86	120.56	134.50	77.74	102.59	113.91	65.47	86.94	96.18	33.23	48.17	53.95
87	98.63	130.71	145.34	84.06	110.81	122.53	70.61	93.59	103.07	35.46	51.19	56.98
88	106.56	141.05	156.22	90.52	119.03	131.04	75.81	100.15	109.76	37.60	53.97	59.69
89	114.79	151.56	167.10	97.11	127.27	139.38	81.08	106.65	116.20	39.65	56.49	62.03
90	123.22	162.22	177.97	103.82	135.50	147.55	86.38	113.03	122.41	41.62	58.78	64.05
91	131.85	173.00	188.82	110.62	143.68	155.54	91.69	119.29	128.37	43.49	60.83	65.79
92	140.60	183.81	199.59	117.43	151.75	163.32	96.97	125.38	134.07	45.26	62.66	67.27
93	149.31	194.52	210.15	124.15	159.62	170.79	102.13	131.22	139.44	46.93	64.26	68.48
94	158.17	205.41	220.80	130.93	167.50	178.16	107.29	137.00	144.65	48.54	65.70	69.47
95	168.01	217.58	232.69	138.40	176.20	186.29	112.95	143.32	150.32	50.27	67.19	70.48
96	174.73	226.28	242.00	143.94	183.25	193.74	117.47	149.05	156.33	52.28	69.88	73.30
97	181.72	235.33	251.68	149.69	190.58	201.49	122.17	155.01	162.59	54.37	72.67	76.23
98	188.99	244.75	261.74	155.68	198.20	209.55	127.05	161.22	169.09	56.55	75.58	79.28
99	196.55	254.54	272.21	161.91	206.13	217.93	132.14	167.66	175.85	58.81	78.60	82.45
100	204.41	264.72	283.10	168.38	214.37	226.65	137.42	174.37	182.89	61.16	81.75	85.75

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: No Inflation
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.01	0.02	0.01
22	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
23	0.02	0.02	0.01	0.02	0.02	0.03	0.03	0.02	0.02	0.03	0.03	0.02
24	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.02	0.02	0.03	0.03	0.02
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.03	0.02	0.02
26	0.02	0.03	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.02
27	0.03	0.03	0.02	0.02	0.02	0.02	0.03	0.02	0.03	0.03	0.02	0.02
28	0.03	0.03	0.02	0.03	0.03	0.02	0.02	0.02	0.03	0.03	0.02	0.03
29	0.02	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02
30	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.03
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.04	0.03	0.02
32	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03	0.04	0.03	0.03
33	0.04	0.04	0.03	0.03	0.04	0.03	0.04	0.03	0.04	0.05	0.04	0.03
34	0.03	0.04	0.03	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.04	0.04
35	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.03
36	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.04	0.05	0.04	0.04
37	0.04	0.05	0.04	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.04	0.04
38	0.05	0.04	0.04	0.05	0.05	0.04	0.05	0.05	0.05	0.05	0.05	0.05
39	0.05	0.05	0.05	0.05	0.06	0.04	0.06	0.05	0.05	0.05	0.05	0.05
40	0.05	0.06	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06	0.06	0.05
41	0.07	0.06	0.05	0.06	0.07	0.06	0.06	0.06	0.06	0.06	0.06	0.05
42	0.07	0.06	0.06	0.07	0.07	0.06	0.07	0.07	0.06	0.07	0.06	0.06
43	0.07	0.08	0.07	0.07	0.07	0.07	0.08	0.07	0.06	0.07	0.06	0.07
44	0.08	0.08	0.07	0.08	0.08	0.08	0.08	0.08	0.07	0.07	0.07	0.06
45	0.09	0.09	0.09	0.08	0.09	0.08	0.08	0.08	0.08	0.08	0.08	0.08
46	0.09	0.10	0.09	0.09	0.09	0.08	0.08	0.09	0.09	0.08	0.08	0.08
47	0.10	0.10	0.1	0.10	0.10	0.09	0.10	0.10	0.09	0.09	0.09	0.09
48	0.11	0.12	0.11	0.11	0.11	0.10	0.11	0.11	0.10	0.10	0.10	0.08
49	0.12	0.13	0.12	0.11	0.11	0.12	0.11	0.12	0.12	0.11	0.10	0.09
50	0.13	0.14	0.13	0.12	0.14	0.13	0.12	0.12	0.11	0.11	0.11	0.11
51	0.13	0.15	0.15	0.14	0.14	0.13	0.13	0.14	0.14	0.12	0.13	0.12
52	0.16	0.17	0.16	0.15	0.16	0.15	0.14	0.15	0.14	0.13	0.13	0.12
53	0.18	0.18	0.18	0.17	0.18	0.17	0.16	0.16	0.15	0.14	0.14	0.13
54	0.19	0.21	0.19	0.18	0.19	0.18	0.17	0.18	0.17	0.16	0.16	0.15
55	0.21	0.22	0.22	0.21	0.20	0.20	0.19	0.20	0.19	0.17	0.17	0.16
56	0.23	0.25	0.25	0.23	0.24	0.23	0.21	0.22	0.21	0.19	0.18	0.18
57	0.26	0.28	0.28	0.25	0.26	0.26	0.23	0.24	0.24	0.20	0.21	0.19
58	0.28	0.31	0.31	0.28	0.29	0.29	0.25	0.27	0.26	0.21	0.22	0.20
59	0.31	0.35	0.34	0.29	0.33	0.32	0.29	0.30	0.30	0.24	0.24	0.23
60	0.36	0.40	0.4	0.34	0.37	0.36	0.32	0.34	0.32	0.26	0.28	0.26
61	0.41	0.46	0.45	0.38	0.42	0.42	0.36	0.39	0.38	0.29	0.30	0.28
62	0.46	0.52	0.52	0.43	0.48	0.46	0.40	0.44	0.42	0.32	0.34	0.31
63	0.52	0.60	0.58	0.48	0.54	0.52	0.44	0.49	0.48	0.36	0.37	0.35
64	0.59	0.68	0.67	0.55	0.61	0.59	0.50	0.55	0.54	0.39	0.41	0.39
65	0.67	0.78	0.76	0.62	0.69	0.69	0.57	0.63	0.61	0.44	0.47	0.43
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
22	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.05
23	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.07	0.05	0.05	0.05
24	0.05	0.05	0.07	0.05	0.05	0.07	0.05	0.05	0.07	0.05	0.05	0.06
25	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.06
26	0.05	0.05	0.09	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.07
27	0.05	0.05	0.10	0.05	0.05	0.09	0.05	0.05	0.09	0.05	0.05	0.08
28	0.05	0.05	0.11	0.05	0.05	0.11	0.05	0.05	0.09	0.05	0.05	0.08
29	0.05	0.05	0.12	0.05	0.05	0.11	0.05	0.05	0.10	0.05	0.06	0.09
30	0.05	0.06	0.13	0.05	0.06	0.12	0.05	0.06	0.11	0.05	0.05	0.11
31	0.05	0.07	0.14	0.05	0.07	0.14	0.05	0.06	0.13	0.05	0.06	0.11
32	0.05	0.07	0.16	0.05	0.08	0.14	0.05	0.07	0.14	0.05	0.08	0.12
33	0.05	0.08	0.17	0.05	0.09	0.16	0.05	0.08	0.16	0.05	0.08	0.14
34	0.05	0.09	0.19	0.05	0.09	0.18	0.05	0.09	0.17	0.06	0.09	0.15
35	0.05	0.11	0.21	0.05	0.11	0.20	0.05	0.10	0.19	0.06	0.10	0.17
36	0.05	0.12	0.24	0.05	0.12	0.22	0.05	0.12	0.21	0.07	0.12	0.19
37	0.06	0.14	0.26	0.06	0.14	0.25	0.07	0.13	0.24	0.07	0.13	0.20
38	0.07	0.16	0.29	0.07	0.15	0.27	0.08	0.15	0.26	0.08	0.14	0.23
39	0.08	0.18	0.32	0.08	0.17	0.31	0.09	0.17	0.29	0.09	0.16	0.25
40	0.10	0.20	0.36	0.10	0.20	0.34	0.10	0.19	0.33	0.10	0.17	0.28
41	0.12	0.24	0.42	0.12	0.23	0.39	0.12	0.22	0.38	0.13	0.20	0.32
42	0.14	0.27	0.46	0.14	0.26	0.44	0.14	0.25	0.42	0.13	0.22	0.36
43	0.15	0.31	0.52	0.16	0.30	0.49	0.16	0.29	0.46	0.15	0.26	0.40
44	0.18	0.35	0.57	0.18	0.33	0.55	0.18	0.32	0.52	0.17	0.28	0.44
45	0.21	0.39	0.64	0.21	0.37	0.61	0.20	0.36	0.58	0.19	0.31	0.50
46	0.24	0.44	0.72	0.24	0.42	0.68	0.23	0.40	0.65	0.22	0.36	0.54
47	0.27	0.49	0.80	0.27	0.47	0.76	0.26	0.45	0.72	0.24	0.40	0.61
48	0.32	0.56	0.89	0.31	0.54	0.85	0.30	0.52	0.80	0.28	0.45	0.69
49	0.36	0.63	0.99	0.35	0.60	0.94	0.34	0.58	0.90	0.31	0.50	0.76
50	0.42	0.73	1.12	0.42	0.70	1.07	0.40	0.67	1.02	0.37	0.59	0.87
51	0.48	0.81	1.25	0.46	0.78	1.19	0.45	0.75	1.14	0.41	0.65	0.96
52	0.54	0.91	1.39	0.53	0.87	1.33	0.52	0.84	1.26	0.46	0.73	1.07
53	0.62	1.02	1.54	0.60	0.98	1.47	0.59	0.94	1.40	0.52	0.82	1.20
54	0.70	1.14	1.70	0.68	1.10	1.63	0.65	1.05	1.56	0.58	0.91	1.33
55	0.79	1.28	1.89	0.77	1.23	1.82	0.74	1.18	1.73	0.65	1.02	1.47
56	0.90	1.43	2.09	0.87	1.37	2.02	0.83	1.32	1.92	0.73	1.14	1.64
57	1.01	1.60	2.33	0.98	1.54	2.24	0.94	1.47	2.13	0.82	1.28	1.83
58	1.14	1.79	2.58	1.10	1.73	2.50	1.06	1.66	2.39	0.91	1.43	2.05
59	1.29	2.01	2.88	1.24	1.94	2.77	1.19	1.86	2.66	1.03	1.61	2.28
60	1.46	2.26	3.22	1.41	2.19	3.10	1.36	2.11	2.98	1.18	1.82	2.57
61	1.68	2.59	3.66	1.62	2.51	3.55	1.56	2.41	3.40	1.34	2.09	2.93
62	1.90	2.92	4.12	1.83	2.84	4.00	1.76	2.73	3.84	1.51	2.36	3.32
63	2.15	3.31	4.63	2.08	3.21	4.50	2.00	3.09	4.34	1.72	2.68	3.75
64	2.44	3.74	5.23	2.36	3.64	5.09	2.28	3.51	4.90	1.96	3.05	4.26
65	2.77	4.24	5.89	2.68	4.13	5.76	2.59	4.00	5.56	2.23	3.49	4.83
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.01	0.01	0.02	0.01	0.02	0.02	0.01	0.02	0.01	0.02	0.02	0.01
22	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.02
23	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.02
24	0.02	0.03	0.01	0.02	0.02	0.01	0.02	0.02	0.02	0.01	0.02	0.01
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02
27	0.02	0.02	0.02	0.03	0.03	0.02	0.02	0.02	0.02	0.03	0.02	0.02
28	0.03	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.02
29	0.03	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.03	0.02	0.03
30	0.03	0.03	0.02	0.03	0.03	0.02	0.03	0.03	0.02	0.03	0.02	0.02
31	0.03	0.03	0.02	0.03	0.04	0.03	0.03	0.03	0.02	0.04	0.03	0.03
32	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.02	0.03
33	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
34	0.04	0.04	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.04	0.03	0.03
35	0.03	0.04	0.04	0.04	0.03	0.03	0.04	0.03	0.03	0.04	0.04	0.03
36	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04
37	0.04	0.05	0.05	0.05	0.04	0.05	0.05	0.04	0.04	0.04	0.04	0.04
38	0.04	0.06	0.04	0.04	0.04	0.04	0.05	0.04	0.05	0.04	0.04	0.05
39	0.05	0.06	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.04
40	0.06	0.06	0.06	0.05	0.06	0.05	0.06	0.05	0.06	0.06	0.05	0.05
41	0.06	0.06	0.06	0.06	0.07	0.07	0.06	0.06	0.06	0.05	0.06	0.06
42	0.07	0.08	0.07	0.08	0.07	0.07	0.06	0.06	0.07	0.06	0.06	0.06
43	0.08	0.08	0.08	0.08	0.08	0.07	0.08	0.08	0.07	0.07	0.07	0.07
44	0.08	0.09	0.09	0.08	0.09	0.08	0.08	0.08	0.08	0.08	0.07	0.07
45	0.10	0.11	0.10	0.09	0.09	0.09	0.09	0.09	0.09	0.08	0.08	0.08
46	0.11	0.12	0.11	0.10	0.11	0.11	0.10	0.10	0.10	0.09	0.09	0.08
47	0.11	0.13	0.13	0.11	0.12	0.12	0.10	0.11	0.11	0.09	0.09	0.09
48	0.13	0.14	0.14	0.13	0.13	0.13	0.12	0.12	0.12	0.10	0.10	0.10
49	0.14	0.16	0.16	0.13	0.14	0.14	0.12	0.13	0.13	0.11	0.11	0.11
50	0.16	0.17	0.18	0.15	0.16	0.16	0.14	0.15	0.15	0.13	0.13	0.12
51	0.17	0.19	0.20	0.17	0.18	0.19	0.15	0.17	0.17	0.13	0.13	0.13
52	0.19	0.22	0.22	0.19	0.21	0.21	0.18	0.19	0.19	0.14	0.16	0.15
53	0.22	0.25	0.26	0.20	0.23	0.24	0.19	0.21	0.21	0.16	0.17	0.17
54	0.25	0.28	0.29	0.23	0.26	0.26	0.21	0.24	0.25	0.18	0.19	0.18
55	0.29	0.33	0.33	0.26	0.29	0.30	0.24	0.27	0.28	0.20	0.21	0.21
56	0.32	0.36	0.39	0.30	0.33	0.35	0.27	0.31	0.32	0.22	0.23	0.23
57	0.36	0.42	0.44	0.33	0.38	0.39	0.30	0.35	0.35	0.24	0.26	0.26
58	0.40	0.48	0.50	0.37	0.43	0.45	0.34	0.40	0.40	0.27	0.29	0.30
59	0.46	0.55	0.56	0.42	0.50	0.51	0.39	0.45	0.46	0.30	0.34	0.33
60	0.54	0.64	0.66	0.49	0.57	0.59	0.45	0.52	0.53	0.34	0.38	0.38
61	0.62	0.74	0.77	0.56	0.66	0.68	0.51	0.60	0.61	0.39	0.43	0.44
62	0.71	0.85	0.88	0.65	0.76	0.79	0.59	0.69	0.70	0.43	0.49	0.49
63	0.82	0.99	1.02	0.74	0.87	0.90	0.66	0.79	0.81	0.48	0.55	0.55
64	0.94	1.13	1.17	0.84	1.01	1.04	0.75	0.90	0.93	0.55	0.62	0.63
65	1.07	1.31	1.35	0.97	1.16	1.19	0.87	1.03	1.06	0.62	0.72	0.71
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
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Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Nursing Home Only
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.01	0.01	0.01	0.02	0.01	0.02	0.01	0.01	0.02	0.01	0.01
22	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.02	0.02	0.02	0.01	0.01
23	0.02	0.01	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.01
24	0.02	0.02	0.01	0.01	0.02	0.01	0.02	0.02	0.02	0.02	0.01	0.01
25	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02
26	0.03	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.01	0.02
27	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02
28	0.02	0.02	0.01	0.03	0.03	0.02	0.03	0.03	0.02	0.02	0.02	0.02
29	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.03	0.02
30	0.03	0.03	0.02	0.03	0.02	0.03	0.02	0.03	0.02	0.03	0.03	0.02
31	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.03	0.02	0.03
32	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02
33	0.03	0.04	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.03
34	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.03
35	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.04	0.03	0.03	0.04
36	0.04	0.04	0.04	0.04	0.05	0.04	0.04	0.05	0.04	0.04	0.05	0.04
37	0.04	0.05	0.04	0.05	0.05	0.04	0.04	0.05	0.04	0.04	0.04	0.04
38	0.05	0.05	0.06	0.05	0.06	0.05	0.05	0.05	0.05	0.04	0.05	0.04
39	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.05	0.05	0.05	0.05	0.05
40	0.06	0.07	0.07	0.06	0.06	0.07	0.06	0.06	0.06	0.06	0.06	0.05
41	0.07	0.07	0.08	0.06	0.07	0.08	0.07	0.07	0.07	0.06	0.06	0.06
42	0.08	0.09	0.09	0.07	0.08	0.08	0.07	0.08	0.08	0.06	0.07	0.06
43	0.09	0.10	0.10	0.08	0.09	0.10	0.08	0.08	0.08	0.07	0.07	0.07
44	0.09	0.11	0.11	0.09	0.10	0.11	0.08	0.09	0.10	0.08	0.08	0.09
45	0.11	0.13	0.13	0.11	0.12	0.11	0.10	0.10	0.11	0.09	0.10	0.09
46	0.12	0.13	0.14	0.12	0.13	0.13	0.12	0.11	0.12	0.10	0.10	0.10
47	0.13	0.16	0.16	0.13	0.15	0.15	0.12	0.13	0.14	0.10	0.10	0.11
48	0.16	0.17	0.19	0.15	0.17	0.17	0.14	0.15	0.16	0.12	0.12	0.12
49	0.17	0.21	0.21	0.16	0.19	0.19	0.15	0.17	0.18	0.12	0.14	0.13
50	0.19	0.23	0.24	0.18	0.21	0.21	0.17	0.20	0.20	0.14	0.15	0.16
51	0.23	0.26	0.27	0.21	0.24	0.25	0.19	0.22	0.23	0.15	0.17	0.17
52	0.25	0.30	0.30	0.23	0.27	0.28	0.22	0.25	0.25	0.17	0.20	0.19
53	0.28	0.33	0.36	0.26	0.31	0.33	0.24	0.28	0.29	0.19	0.22	0.21
54	0.32	0.39	0.40	0.29	0.35	0.36	0.27	0.32	0.33	0.21	0.25	0.25
55	0.37	0.43	0.46	0.34	0.40	0.42	0.31	0.36	0.38	0.25	0.28	0.27
56	0.42	0.50	0.53	0.38	0.45	0.46	0.35	0.41	0.43	0.26	0.30	0.31
57	0.47	0.56	0.59	0.43	0.50	0.53	0.39	0.46	0.47	0.29	0.34	0.35
58	0.52	0.64	0.67	0.49	0.57	0.59	0.44	0.51	0.54	0.32	0.38	0.39
59	0.58	0.70	0.73	0.53	0.63	0.65	0.48	0.57	0.59	0.35	0.42	0.42
60	0.65	0.78	0.81	0.59	0.70	0.73	0.53	0.62	0.65	0.40	0.45	0.46
61	0.73	0.87	0.92	0.66	0.79	0.82	0.59	0.71	0.73	0.43	0.50	0.52
62	0.80	0.98	1.02	0.72	0.87	0.91	0.66	0.78	0.81	0.48	0.56	0.56
63	0.90	1.09	1.13	0.81	0.97	1.00	0.73	0.86	0.89	0.53	0.61	0.61
64	0.99	1.21	1.25	0.89	1.08	1.11	0.79	0.96	0.98	0.57	0.67	0.67
65	1.11	1.35	1.39	1.00	1.20	1.23	0.88	1.07	1.09	0.64	0.74	0.73
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: No Inflation
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02
22	0.01	0.02	0.01	0.01	0.01	0.02	0.02	0.01	0.02	0.01	0.02	0.02
23	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01
25	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.03	0.02	0.03
28	0.02	0.02	0.03	0.02	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.03
29	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.03
30	0.02	0.03	0.02	0.03	0.02	0.02	0.03	0.03	0.03	0.03	0.02	0.03
31	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.02	0.02	0.03	0.03	0.02
32	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03
33	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.02	0.03	0.03	0.03
34	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03
35	0.04	0.04	0.03	0.04	0.03	0.03	0.04	0.04	0.04	0.04	0.04	0.03
36	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.03	0.03	0.04	0.04	0.04
37	0.05	0.05	0.05	0.04	0.04	0.04	0.04	0.05	0.04	0.05	0.05	0.04
38	0.05	0.05	0.04	0.06	0.05	0.05	0.05	0.04	0.05	0.05	0.04	0.04
39	0.05	0.06	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05
40	0.06	0.06	0.05	0.06	0.06	0.06	0.06	0.05	0.05	0.06	0.06	0.05
41	0.06	0.07	0.06	0.06	0.07	0.06	0.07	0.06	0.06	0.06	0.06	0.05
42	0.07	0.07	0.07	0.07	0.07	0.06	0.07	0.06	0.06	0.07	0.06	0.07
43	0.07	0.08	0.08	0.06	0.07	0.08	0.08	0.07	0.07	0.07	0.07	0.06
44	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.07	0.07	0.08	0.07
45	0.08	0.10	0.09	0.09	0.08	0.08	0.08	0.09	0.08	0.08	0.08	0.07
46	0.10	0.10	0.10	0.10	0.10	0.09	0.10	0.10	0.08	0.09	0.09	0.08
47	0.11	0.10	0.11	0.10	0.10	0.10	0.10	0.10	0.10	0.09	0.09	0.08
48	0.11	0.13	0.12	0.11	0.12	0.11	0.11	0.10	0.11	0.10	0.10	0.09
49	0.13	0.14	0.14	0.12	0.12	0.12	0.12	0.13	0.12	0.10	0.11	0.09
50	0.14	0.15	0.15	0.13	0.14	0.15	0.13	0.14	0.13	0.11	0.11	0.11
51	0.15	0.16	0.17	0.15	0.16	0.15	0.14	0.15	0.15	0.13	0.12	0.12
52	0.17	0.19	0.20	0.17	0.17	0.17	0.15	0.16	0.16	0.13	0.14	0.13
53	0.19	0.22	0.21	0.18	0.19	0.19	0.18	0.18	0.17	0.15	0.15	0.14
54	0.21	0.23	0.24	0.20	0.22	0.22	0.19	0.20	0.20	0.16	0.16	0.16
55	0.24	0.27	0.27	0.22	0.24	0.25	0.20	0.22	0.23	0.18	0.18	0.17
56	0.26	0.30	0.31	0.26	0.27	0.28	0.23	0.25	0.25	0.19	0.19	0.19
57	0.31	0.34	0.34	0.28	0.30	0.31	0.26	0.29	0.28	0.20	0.21	0.20
58	0.34	0.39	0.39	0.32	0.34	0.35	0.29	0.32	0.31	0.23	0.23	0.23
59	0.37	0.43	0.45	0.35	0.39	0.40	0.33	0.36	0.35	0.24	0.25	0.25
60	0.43	0.50	0.51	0.39	0.44	0.45	0.36	0.41	0.41	0.27	0.29	0.28
61	0.50	0.58	0.59	0.45	0.51	0.52	0.41	0.46	0.46	0.30	0.33	0.32
62	0.57	0.66	0.67	0.52	0.58	0.59	0.46	0.52	0.52	0.33	0.36	0.35
63	0.65	0.76	0.77	0.58	0.67	0.67	0.52	0.59	0.60	0.37	0.40	0.39
64	0.75	0.86	0.89	0.67	0.76	0.78	0.60	0.67	0.68	0.41	0.45	0.44
65	0.85	1.01	1.02	0.78	0.88	0.89	0.68	0.78	0.78	0.46	0.51	0.50
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
22	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.05
23	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06
24	0.05	0.05	0.07	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.07
25	0.05	0.05	0.08	0.05	0.05	0.07	0.05	0.05	0.08	0.05	0.05	0.07
26	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.07	0.05	0.05	0.08
27	0.05	0.05	0.09	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.08
28	0.05	0.05	0.09	0.05	0.05	0.10	0.05	0.05	0.09	0.05	0.05	0.09
29	0.05	0.05	0.11	0.05	0.05	0.10	0.05	0.05	0.10	0.05	0.05	0.10
30	0.05	0.05	0.11	0.05	0.05	0.12	0.05	0.05	0.11	0.05	0.06	0.10
31	0.05	0.05	0.12	0.05	0.05	0.13	0.05	0.05	0.12	0.05	0.06	0.11
32	0.05	0.05	0.14	0.05	0.05	0.14	0.05	0.05	0.13	0.05	0.07	0.13
33	0.05	0.06	0.15	0.05	0.06	0.15	0.05	0.06	0.14	0.05	0.08	0.14
34	0.05	0.07	0.17	0.05	0.07	0.17	0.05	0.07	0.16	0.05	0.08	0.15
35	0.05	0.07	0.19	0.05	0.07	0.19	0.05	0.08	0.18	0.06	0.10	0.17
36	0.05	0.09	0.21	0.05	0.09	0.20	0.05	0.09	0.20	0.06	0.11	0.19
37	0.05	0.10	0.23	0.05	0.10	0.22	0.05	0.10	0.22	0.07	0.12	0.21
38	0.05	0.11	0.25	0.05	0.11	0.24	0.05	0.11	0.23	0.08	0.14	0.24
39	0.05	0.12	0.28	0.05	0.13	0.27	0.05	0.13	0.26	0.09	0.15	0.26
40	0.05	0.15	0.31	0.05	0.14	0.30	0.06	0.14	0.28	0.10	0.17	0.28
41	0.05	0.17	0.36	0.06	0.17	0.34	0.07	0.18	0.33	0.11	0.19	0.33
42	0.06	0.19	0.38	0.07	0.20	0.38	0.09	0.19	0.36	0.12	0.22	0.37
43	0.07	0.21	0.43	0.09	0.22	0.42	0.10	0.22	0.41	0.15	0.25	0.41
44	0.09	0.24	0.47	0.10	0.25	0.46	0.11	0.25	0.45	0.16	0.28	0.46
45	0.10	0.27	0.51	0.12	0.27	0.51	0.13	0.28	0.49	0.18	0.31	0.50
46	0.12	0.30	0.57	0.13	0.31	0.56	0.15	0.31	0.54	0.20	0.35	0.56
47	0.14	0.34	0.62	0.16	0.35	0.62	0.17	0.35	0.60	0.22	0.39	0.63
48	0.16	0.38	0.69	0.18	0.39	0.69	0.20	0.39	0.66	0.25	0.43	0.70
49	0.18	0.43	0.75	0.20	0.43	0.76	0.22	0.43	0.73	0.29	0.49	0.78
50	0.23	0.49	0.84	0.25	0.50	0.85	0.26	0.49	0.82	0.33	0.57	0.88
51	0.25	0.53	0.92	0.28	0.55	0.92	0.30	0.55	0.90	0.37	0.63	0.98
52	0.29	0.60	1.01	0.32	0.62	1.02	0.34	0.62	0.99	0.41	0.70	1.08
53	0.34	0.67	1.11	0.37	0.69	1.12	0.39	0.69	1.09	0.47	0.78	1.20
54	0.39	0.74	1.21	0.42	0.77	1.23	0.43	0.77	1.20	0.52	0.88	1.32
55	0.44	0.83	1.33	0.48	0.85	1.34	0.49	0.85	1.32	0.58	0.98	1.47
56	0.50	0.92	1.46	0.54	0.95	1.48	0.55	0.95	1.45	0.65	1.08	1.63
57	0.57	1.02	1.60	0.61	1.06	1.63	0.62	1.05	1.60	0.73	1.21	1.81
58	0.64	1.14	1.76	0.69	1.18	1.79	0.70	1.17	1.76	0.81	1.35	2.01
59	0.73	1.26	1.94	0.78	1.32	1.97	0.79	1.31	1.94	0.91	1.51	2.23
60	0.83	1.41	2.15	0.88	1.48	2.18	0.90	1.47	2.16	1.03	1.70	2.51
61	0.95	1.61	2.40	1.01	1.67	2.46	1.01	1.66	2.43	1.17	1.94	2.84
62	1.06	1.79	2.66	1.14	1.87	2.73	1.15	1.86	2.70	1.31	2.19	3.20
63	1.20	2.01	2.96	1.27	2.08	3.04	1.28	2.08	3.01	1.48	2.47	3.60
64	1.35	2.24	3.29	1.44	2.34	3.38	1.45	2.33	3.36	1.67	2.79	4.06
65	1.52	2.51	3.66	1.62	2.62	3.78	1.63	2.63	3.75	1.89	3.17	4.58
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.02	0.01	0.02	0.01
22	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.02	0.01	0.02	0.02
23	0.02	0.01	0.01	0.02	0.01	0.02	0.02	0.02	0.01	0.01	0.02	0.02
24	0.01	0.02	0.01	0.01	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.02
25	0.02	0.01	0.02	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.02	0.03	0.02	0.03	0.01	0.02	0.01	0.02	0.02	0.02	0.02
28	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.03	0.02	0.02	0.02	0.03	0.02	0.03	0.03	0.02	0.02
30	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.03	0.02	0.03	0.03	0.02
31	0.03	0.03	0.03	0.02	0.03	0.02	0.03	0.03	0.02	0.02	0.03	0.02
32	0.02	0.03	0.03	0.03	0.03	0.02	0.03	0.02	0.02	0.03	0.03	0.02
33	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.04
34	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02
35	0.03	0.04	0.04	0.04	0.03	0.04	0.04	0.03	0.03	0.04	0.03	0.03
36	0.03	0.04	0.04	0.04	0.03	0.04	0.04	0.04	0.03	0.04	0.04	0.04
37	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
38	0.05	0.05	0.05	0.04	0.04	0.05	0.05	0.04	0.04	0.05	0.04	0.04
39	0.05	0.06	0.06	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.05
40	0.05	0.06	0.07	0.06	0.06	0.06	0.05	0.06	0.06	0.06	0.05	0.04
41	0.06	0.08	0.08	0.06	0.07	0.06	0.06	0.06	0.07	0.07	0.06	0.06
42	0.07	0.08	0.08	0.07	0.08	0.08	0.07	0.07	0.07	0.06	0.06	0.06
43	0.09	0.09	0.10	0.08	0.08	0.08	0.08	0.08	0.08	0.07	0.07	0.07
44	0.09	0.10	0.10	0.09	0.09	0.10	0.08	0.08	0.09	0.07	0.07	0.06
45	0.10	0.11	0.12	0.10	0.11	0.10	0.08	0.09	0.10	0.08	0.08	0.08
46	0.12	0.13	0.13	0.11	0.11	0.12	0.10	0.10	0.11	0.08	0.09	0.08
47	0.13	0.14	0.15	0.12	0.13	0.13	0.11	0.11	0.12	0.09	0.09	0.10
48	0.14	0.16	0.17	0.14	0.15	0.15	0.12	0.13	0.14	0.10	0.11	0.11
49	0.16	0.18	0.19	0.15	0.16	0.17	0.14	0.15	0.16	0.11	0.12	0.12
50	0.18	0.21	0.21	0.16	0.19	0.20	0.15	0.17	0.18	0.12	0.13	0.14
51	0.21	0.24	0.25	0.19	0.21	0.22	0.17	0.19	0.20	0.14	0.14	0.14
52	0.23	0.26	0.28	0.21	0.24	0.25	0.19	0.22	0.23	0.14	0.16	0.16
53	0.26	0.31	0.32	0.23	0.28	0.29	0.22	0.25	0.26	0.16	0.18	0.18
54	0.30	0.35	0.37	0.28	0.30	0.32	0.24	0.29	0.29	0.18	0.20	0.21
55	0.34	0.39	0.42	0.31	0.36	0.38	0.27	0.32	0.34	0.20	0.23	0.23
56	0.39	0.45	0.48	0.35	0.41	0.43	0.31	0.37	0.38	0.21	0.25	0.26
57	0.43	0.53	0.56	0.39	0.46	0.49	0.36	0.41	0.43	0.25	0.28	0.29
58	0.50	0.60	0.64	0.45	0.53	0.56	0.40	0.48	0.50	0.27	0.32	0.34
59	0.58	0.69	0.74	0.52	0.61	0.65	0.46	0.54	0.57	0.30	0.36	0.37
60	0.67	0.80	0.86	0.59	0.71	0.76	0.53	0.63	0.66	0.35	0.41	0.44
61	0.78	0.96	1.01	0.69	0.83	0.88	0.61	0.73	0.77	0.40	0.48	0.50
62	0.89	1.10	1.17	0.80	0.96	1.02	0.69	0.84	0.89	0.44	0.54	0.56
63	1.03	1.27	1.36	0.92	1.11	1.18	0.80	0.97	1.03	0.50	0.61	0.64
64	1.19	1.47	1.56	1.05	1.28	1.36	0.91	1.12	1.19	0.56	0.69	0.73
65	1.38	1.71	1.83	1.23	1.49	1.58	1.06	1.28	1.36	0.64	0.79	0.84
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 50%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01	0.02	0.01
22	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01
23	0.01	0.02	0.01	0.02	0.01	0.02	0.01	0.01	0.01	0.01	0.02	0.01
24	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	0.01	0.02	0.02	0.01
25	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.01	0.01	0.02	0.02	0.02	0.01	0.02	0.01	0.01	0.01	0.02	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.03	0.03	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.02
30	0.02	0.02	0.03	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.03	0.02
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.02
32	0.03	0.03	0.03	0.03	0.04	0.02	0.03	0.03	0.03	0.03	0.02	0.03
33	0.03	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.03
34	0.04	0.04	0.04	0.04	0.03	0.04	0.03	0.04	0.03	0.03	0.03	0.03
35	0.04	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.03	0.03
36	0.04	0.04	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.04	0.04	0.04
37	0.05	0.05	0.05	0.04	0.05	0.05	0.05	0.05	0.05	0.04	0.04	0.04
38	0.05	0.06	0.06	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.05
39	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.05	0.06	0.04
40	0.07	0.08	0.08	0.06	0.07	0.06	0.06	0.07	0.07	0.05	0.06	0.06
41	0.08	0.10	0.09	0.07	0.08	0.09	0.07	0.07	0.08	0.06	0.07	0.06
42	0.09	0.09	0.10	0.08	0.09	0.09	0.08	0.09	0.08	0.07	0.06	0.07
43	0.10	0.11	0.12	0.09	0.11	0.11	0.08	0.10	0.10	0.07	0.08	0.07
44	0.11	0.12	0.14	0.11	0.12	0.12	0.09	0.11	0.11	0.08	0.08	0.08
45	0.13	0.14	0.15	0.12	0.13	0.15	0.11	0.13	0.12	0.09	0.09	0.10
46	0.14	0.16	0.18	0.13	0.14	0.16	0.11	0.14	0.14	0.09	0.10	0.10
47	0.16	0.18	0.20	0.15	0.17	0.18	0.14	0.15	0.17	0.10	0.11	0.12
48	0.18	0.21	0.23	0.17	0.19	0.21	0.16	0.18	0.19	0.12	0.13	0.14
49	0.20	0.24	0.26	0.19	0.21	0.23	0.17	0.20	0.21	0.12	0.15	0.16
50	0.24	0.28	0.30	0.21	0.25	0.27	0.19	0.23	0.24	0.14	0.16	0.17
51	0.27	0.31	0.34	0.25	0.29	0.30	0.21	0.26	0.27	0.16	0.18	0.19
52	0.31	0.36	0.39	0.28	0.32	0.35	0.25	0.28	0.31	0.17	0.20	0.21
53	0.34	0.41	0.44	0.32	0.37	0.39	0.28	0.33	0.35	0.19	0.23	0.24
54	0.40	0.47	0.51	0.36	0.42	0.45	0.32	0.38	0.40	0.22	0.26	0.27
55	0.45	0.54	0.59	0.40	0.49	0.52	0.36	0.43	0.46	0.24	0.29	0.30
56	0.51	0.62	0.67	0.46	0.55	0.60	0.41	0.49	0.52	0.27	0.33	0.35
57	0.58	0.70	0.76	0.52	0.63	0.67	0.46	0.56	0.59	0.31	0.37	0.38
58	0.65	0.80	0.86	0.58	0.71	0.76	0.51	0.62	0.66	0.33	0.40	0.43
59	0.72	0.88	0.95	0.64	0.78	0.84	0.57	0.69	0.73	0.37	0.45	0.47
60	0.80	0.99	1.07	0.73	0.87	0.93	0.64	0.77	0.81	0.41	0.50	0.52
61	0.92	1.13	1.22	0.82	0.99	1.06	0.71	0.87	0.92	0.45	0.56	0.59
62	1.02	1.26	1.35	0.91	1.10	1.17	0.80	0.96	1.02	0.50	0.62	0.64
63	1.14	1.41	1.51	1.01	1.23	1.31	0.88	1.08	1.13	0.53	0.68	0.71
64	1.26	1.58	1.68	1.13	1.37	1.45	0.98	1.19	1.26	0.60	0.74	0.77
65	1.43	1.77	1.89	1.26	1.53	1.62	1.09	1.34	1.40	0.65	0.82	0.85
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: No Inflation
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.01	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.01	0.02	0.02
22	0.02	0.01	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01
23	0.01	0.02	0.02	0.01	0.01	0.02	0.03	0.02	0.02	0.02	0.02	0.02
24	0.01	0.01	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02
25	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.03
28	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.03	0.02	0.02	0.02	0.02
29	0.02	0.02	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.03
30	0.03	0.02	0.02	0.03	0.03	0.02	0.03	0.02	0.03	0.03	0.03	0.03
31	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03
32	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.03
33	0.04	0.02	0.04	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03
34	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.04	0.03	0.04	0.03	0.03
35	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.04	0.03	0.04	0.04	0.03
36	0.04	0.05	0.04	0.05	0.04	0.04	0.04	0.03	0.04	0.04	0.04	0.04
37	0.04	0.05	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.05	0.04	0.04
38	0.05	0.05	0.05	0.05	0.05	0.04	0.05	0.05	0.04	0.05	0.05	0.04
39	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
40	0.05	0.06	0.05	0.06	0.05	0.05	0.06	0.06	0.05	0.05	0.05	0.05
41	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.07	0.06	0.06	0.06	0.06
42	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.06	0.07	0.06	0.06
43	0.07	0.08	0.07	0.07	0.07	0.08	0.06	0.07	0.07	0.06	0.06	0.06
44	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.07	0.07	0.08	0.07	0.07
45	0.09	0.09	0.09	0.08	0.09	0.09	0.08	0.08	0.09	0.08	0.08	0.07
46	0.09	0.10	0.11	0.09	0.10	0.10	0.09	0.09	0.09	0.09	0.08	0.08
47	0.11	0.11	0.11	0.10	0.11	0.11	0.10	0.10	0.10	0.09	0.09	0.08
48	0.12	0.13	0.13	0.11	0.12	0.13	0.10	0.11	0.11	0.10	0.09	0.09
49	0.13	0.14	0.14	0.13	0.13	0.13	0.12	0.13	0.12	0.11	0.11	0.10
50	0.15	0.16	0.16	0.13	0.15	0.15	0.13	0.13	0.13	0.12	0.12	0.11
51	0.16	0.18	0.18	0.15	0.16	0.16	0.14	0.15	0.15	0.13	0.12	0.12
52	0.18	0.21	0.20	0.17	0.18	0.19	0.16	0.16	0.17	0.13	0.14	0.13
53	0.20	0.22	0.22	0.19	0.20	0.21	0.18	0.19	0.19	0.14	0.15	0.15
54	0.23	0.25	0.26	0.21	0.23	0.23	0.20	0.21	0.21	0.15	0.16	0.16
55	0.25	0.29	0.29	0.23	0.26	0.26	0.21	0.24	0.23	0.17	0.19	0.18
56	0.28	0.33	0.33	0.26	0.28	0.29	0.24	0.26	0.26	0.19	0.20	0.19
57	0.32	0.37	0.37	0.30	0.32	0.33	0.27	0.29	0.30	0.21	0.21	0.21
58	0.36	0.42	0.43	0.33	0.37	0.37	0.30	0.33	0.34	0.23	0.24	0.23
59	0.41	0.47	0.48	0.37	0.42	0.43	0.34	0.37	0.38	0.25	0.26	0.25
60	0.46	0.54	0.55	0.42	0.48	0.48	0.39	0.42	0.43	0.28	0.30	0.29
61	0.54	0.63	0.65	0.48	0.55	0.56	0.43	0.49	0.49	0.31	0.34	0.32
62	0.61	0.71	0.74	0.55	0.63	0.64	0.49	0.55	0.56	0.34	0.37	0.37
63	0.70	0.82	0.86	0.63	0.72	0.73	0.56	0.63	0.65	0.37	0.41	0.40
64	0.80	0.94	0.98	0.72	0.83	0.84	0.63	0.71	0.73	0.41	0.47	0.45
65	0.92	1.09	1.13	0.83	0.95	0.98	0.72	0.83	0.83	0.47	0.53	0.51
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.05
22	0.05	0.05	0.07	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.05	0.06
23	0.05	0.05	0.07	0.05	0.05	0.07	0.05	0.05	0.07	0.05	0.05	0.06
24	0.05	0.05	0.07	0.05	0.05	0.08	0.05	0.05	0.07	0.05	0.05	0.07
25	0.05	0.05	0.08	0.05	0.05	0.08	0.05	0.05	0.07	0.05	0.05	0.07
26	0.05	0.05	0.09	0.05	0.05	0.09	0.05	0.05	0.08	0.05	0.05	0.08
27	0.05	0.05	0.10	0.05	0.05	0.10	0.05	0.05	0.09	0.05	0.05	0.08
28	0.05	0.05	0.11	0.05	0.05	0.11	0.05	0.05	0.10	0.05	0.05	0.09
29	0.05	0.05	0.12	0.05	0.05	0.11	0.05	0.05	0.11	0.05	0.05	0.11
30	0.05	0.05	0.13	0.05	0.05	0.13	0.05	0.05	0.12	0.05	0.06	0.11
31	0.05	0.05	0.15	0.05	0.06	0.14	0.05	0.06	0.13	0.05	0.06	0.12
32	0.05	0.06	0.15	0.05	0.06	0.15	0.05	0.06	0.14	0.05	0.07	0.13
33	0.05	0.07	0.18	0.05	0.07	0.17	0.05	0.07	0.16	0.05	0.08	0.15
34	0.05	0.08	0.19	0.05	0.08	0.19	0.05	0.08	0.17	0.05	0.09	0.16
35	0.05	0.09	0.21	0.05	0.09	0.20	0.05	0.09	0.20	0.06	0.10	0.18
36	0.05	0.10	0.24	0.05	0.10	0.22	0.05	0.10	0.22	0.06	0.12	0.20
37	0.05	0.12	0.26	0.05	0.12	0.25	0.05	0.12	0.23	0.07	0.13	0.22
38	0.05	0.13	0.29	0.05	0.13	0.27	0.05	0.13	0.26	0.08	0.14	0.24
39	0.05	0.15	0.31	0.05	0.15	0.30	0.06	0.15	0.29	0.09	0.16	0.27
40	0.05	0.17	0.35	0.06	0.16	0.33	0.07	0.17	0.32	0.10	0.18	0.30
41	0.06	0.19	0.39	0.07	0.20	0.39	0.08	0.20	0.36	0.12	0.21	0.35
42	0.08	0.22	0.44	0.09	0.23	0.42	0.09	0.22	0.40	0.14	0.24	0.39
43	0.09	0.25	0.48	0.10	0.25	0.46	0.11	0.25	0.45	0.15	0.26	0.43
44	0.11	0.28	0.53	0.13	0.28	0.51	0.13	0.27	0.49	0.17	0.30	0.48
45	0.12	0.31	0.58	0.14	0.31	0.56	0.15	0.31	0.53	0.20	0.33	0.54
46	0.14	0.35	0.64	0.16	0.35	0.63	0.17	0.35	0.60	0.22	0.37	0.59
47	0.17	0.39	0.70	0.18	0.40	0.69	0.20	0.39	0.66	0.24	0.42	0.66
48	0.20	0.44	0.78	0.21	0.45	0.76	0.22	0.44	0.73	0.27	0.47	0.73
49	0.23	0.49	0.86	0.24	0.49	0.84	0.26	0.48	0.81	0.31	0.52	0.82
50	0.26	0.56	0.95	0.29	0.57	0.94	0.30	0.55	0.90	0.36	0.60	0.93
51	0.31	0.61	1.04	0.33	0.63	1.03	0.33	0.62	0.98	0.40	0.66	1.02
52	0.35	0.69	1.14	0.37	0.70	1.13	0.38	0.68	1.08	0.44	0.74	1.14
53	0.40	0.77	1.24	0.42	0.78	1.23	0.43	0.76	1.19	0.50	0.83	1.26
54	0.45	0.85	1.37	0.49	0.86	1.36	0.49	0.85	1.31	0.56	0.92	1.40
55	0.51	0.94	1.50	0.54	0.96	1.49	0.55	0.94	1.44	0.63	1.03	1.55
56	0.58	1.05	1.63	0.62	1.07	1.64	0.62	1.05	1.59	0.69	1.15	1.72
57	0.66	1.16	1.79	0.70	1.18	1.79	0.70	1.16	1.74	0.78	1.29	1.90
58	0.75	1.29	1.97	0.79	1.31	1.98	0.78	1.29	1.92	0.87	1.43	2.11
59	0.83	1.43	2.17	0.88	1.47	2.18	0.88	1.44	2.12	0.98	1.60	2.35
60	0.95	1.59	2.39	1.00	1.64	2.41	0.99	1.62	2.35	1.10	1.80	2.63
61	1.09	1.81	2.67	1.14	1.85	2.70	1.13	1.82	2.64	1.25	2.05	2.99
62	1.21	2.01	2.96	1.28	2.06	3.00	1.27	2.03	2.93	1.40	2.31	3.36
63	1.36	2.24	3.28	1.43	2.30	3.34	1.43	2.28	3.26	1.58	2.61	3.78
64	1.54	2.50	3.64	1.61	2.58	3.71	1.60	2.55	3.64	1.78	2.95	4.25
65	1.72	2.80	4.05	1.81	2.89	4.13	1.80	2.86	4.06	2.01	3.33	4.80
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 200%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.01	0.01	0.02	0.01	0.02	0.01	0.02	0.01	0.02	0.02	0.01
22	0.01	0.02	0.02	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01
23	0.01	0.02	0.01	0.02	0.01	0.01	0.02	0.01	0.02	0.02	0.01	0.01
24	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.02
25	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.01	0.02
26	0.02	0.02	0.01	0.02	0.02	0.02	0.02	0.01	0.02	0.02	0.02	0.02
27	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02
28	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.01
29	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.03	0.02
30	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.02	0.02	0.02	0.02
31	0.03	0.03	0.02	0.03	0.02	0.03	0.03	0.02	0.03	0.03	0.03	0.03
32	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.02	0.03	0.03	0.03	0.03
33	0.02	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.02	0.04	0.03	0.02
34	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03
35	0.04	0.04	0.04	0.03	0.03	0.03	0.04	0.03	0.04	0.04	0.04	0.03
36	0.05	0.04	0.04	0.03	0.04	0.04	0.03	0.03	0.04	0.05	0.03	0.03
37	0.04	0.04	0.05	0.04	0.05	0.05	0.04	0.04	0.04	0.04	0.04	0.03
38	0.05	0.05	0.06	0.04	0.05	0.05	0.04	0.05	0.05	0.05	0.04	0.04
39	0.05	0.06	0.06	0.04	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.04
40	0.05	0.06	0.06	0.05	0.06	0.07	0.06	0.06	0.06	0.05	0.05	0.04
41	0.07	0.07	0.08	0.07	0.06	0.07	0.05	0.07	0.06	0.05	0.06	0.06
42	0.08	0.08	0.09	0.07	0.07	0.08	0.07	0.08	0.07	0.06	0.06	0.06
43	0.09	0.09	0.10	0.08	0.09	0.09	0.07	0.08	0.08	0.07	0.07	0.06
44	0.09	0.10	0.11	0.08	0.10	0.10	0.09	0.09	0.09	0.07	0.07	0.07
45	0.11	0.11	0.12	0.10	0.11	0.12	0.09	0.09	0.10	0.07	0.08	0.08
46	0.12	0.13	0.14	0.11	0.12	0.13	0.11	0.11	0.11	0.09	0.09	0.09
47	0.13	0.15	0.16	0.13	0.14	0.14	0.10	0.12	0.13	0.09	0.10	0.10
48	0.15	0.17	0.18	0.13	0.15	0.16	0.13	0.14	0.15	0.10	0.10	0.11
49	0.17	0.19	0.20	0.15	0.17	0.18	0.15	0.16	0.16	0.11	0.12	0.12
50	0.18	0.22	0.23	0.17	0.20	0.21	0.16	0.18	0.18	0.13	0.14	0.14
51	0.21	0.25	0.26	0.20	0.22	0.24	0.18	0.20	0.22	0.13	0.14	0.15
52	0.24	0.29	0.31	0.22	0.25	0.27	0.20	0.23	0.25	0.14	0.17	0.17
53	0.28	0.33	0.35	0.25	0.29	0.30	0.23	0.26	0.27	0.16	0.18	0.19
54	0.31	0.37	0.41	0.28	0.33	0.35	0.26	0.30	0.32	0.18	0.20	0.21
55	0.36	0.43	0.47	0.33	0.38	0.41	0.28	0.34	0.36	0.20	0.23	0.24
56	0.41	0.50	0.53	0.37	0.43	0.46	0.33	0.39	0.41	0.23	0.26	0.27
57	0.47	0.56	0.61	0.41	0.50	0.53	0.37	0.44	0.46	0.25	0.29	0.30
58	0.54	0.65	0.70	0.48	0.56	0.60	0.43	0.50	0.54	0.28	0.33	0.35
59	0.61	0.75	0.81	0.55	0.66	0.70	0.49	0.57	0.61	0.31	0.37	0.39
60	0.71	0.87	0.94	0.63	0.76	0.81	0.56	0.66	0.70	0.36	0.42	0.45
61	0.84	1.02	1.12	0.74	0.90	0.95	0.65	0.77	0.82	0.40	0.49	0.52
62	0.97	1.19	1.29	0.85	1.03	1.10	0.73	0.90	0.96	0.45	0.55	0.58
63	1.11	1.38	1.50	0.98	1.19	1.28	0.85	1.03	1.10	0.52	0.63	0.66
64	1.28	1.60	1.72	1.13	1.38	1.49	0.98	1.19	1.28	0.58	0.72	0.76
65	1.50	1.87	2.02	1.31	1.60	1.72	1.13	1.38	1.47	0.66	0.82	0.87
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA
Monthly Premiums Per $10 Daily Benefit
CURRENT RATES

Integrated Plan HHC at 75%
Lifetime Payment Term

Indexing: 5% Compound until age 80 or 300%
ROP Rider Yes

	20 Day Elimination Period			60 Day Elimination Period			100 Day Elimination Period			365 Day Elimination Period		
	Benefit Period			Benefit Period			Benefit Period			Benefit Period		
Issue Age	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan	1000 Day Plan	2000 Day Plan	Lifetime Plan
21	0.02	0.01	0.01	0.01	0.01	0.02	0.01	0.02	0.01	0.01	0.01	0.01
22	0.01	0.02	0.01	0.01	0.02	0.02	0.02	0.01	0.01	0.01	0.02	0.01
23	0.01	0.02	0.02	0.01	0.02	0.01	0.02	0.01	0.02	0.02	0.02	0.01
24	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.01	0.02	0.02	0.02
25	0.02	0.01	0.02	0.01	0.01	0.02	0.01	0.02	0.02	0.01	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.01	0.02	0.02	0.02
27	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.01
28	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02
30	0.03	0.02	0.03	0.02	0.02	0.02	0.02	0.03	0.03	0.02	0.03	0.02
31	0.02	0.02	0.03	0.03	0.03	0.03	0.02	0.03	0.03	0.02	0.02	0.02
32	0.03	0.03	0.03	0.03	0.02	0.03	0.02	0.04	0.02	0.03	0.03	0.02
33	0.03	0.03	0.04	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.02	0.02
34	0.03	0.03	0.04	0.04	0.03	0.04	0.04	0.04	0.04	0.03	0.03	0.03
35	0.04	0.05	0.05	0.04	0.04	0.05	0.04	0.04	0.03	0.04	0.04	0.04
36	0.04	0.06	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
37	0.05	0.06	0.06	0.04	0.05	0.06	0.04	0.05	0.05	0.04	0.03	0.04
38	0.06	0.06	0.07	0.05	0.06	0.06	0.05	0.05	0.05	0.04	0.05	0.04
39	0.06	0.07	0.08	0.06	0.07	0.07	0.06	0.07	0.06	0.05	0.05	0.05
40	0.08	0.08	0.09	0.07	0.07	0.08	0.06	0.07	0.06	0.05	0.06	0.06
41	0.08	0.09	0.11	0.08	0.10	0.08	0.07	0.08	0.08	0.06	0.06	0.07
42	0.09	0.11	0.11	0.08	0.10	0.11	0.09	0.08	0.10	0.07	0.07	0.07
43	0.10	0.12	0.13	0.10	0.11	0.12	0.09	0.10	0.11	0.07	0.08	0.08
44	0.12	0.14	0.15	0.11	0.13	0.13	0.10	0.11	0.12	0.08	0.08	0.09
45	0.12	0.16	0.17	0.12	0.14	0.15	0.11	0.13	0.13	0.08	0.09	0.10
46	0.15	0.17	0.19	0.13	0.16	0.17	0.12	0.15	0.16	0.10	0.11	0.11
47	0.17	0.20	0.21	0.16	0.18	0.19	0.14	0.17	0.17	0.10	0.11	0.12
48	0.19	0.23	0.25	0.18	0.20	0.22	0.16	0.18	0.20	0.11	0.13	0.14
49	0.22	0.26	0.28	0.20	0.23	0.25	0.18	0.21	0.22	0.13	0.15	0.15
50	0.25	0.30	0.33	0.22	0.27	0.28	0.20	0.24	0.25	0.14	0.16	0.18
51	0.28	0.34	0.37	0.25	0.30	0.33	0.23	0.27	0.29	0.16	0.18	0.20
52	0.32	0.39	0.43	0.29	0.34	0.38	0.26	0.30	0.33	0.18	0.21	0.22
53	0.37	0.45	0.49	0.32	0.39	0.43	0.29	0.35	0.38	0.20	0.24	0.25
54	0.41	0.51	0.55	0.37	0.45	0.49	0.33	0.40	0.43	0.22	0.26	0.28
55	0.48	0.59	0.64	0.43	0.51	0.55	0.38	0.45	0.49	0.25	0.30	0.32
56	0.54	0.67	0.72	0.49	0.58	0.63	0.42	0.51	0.55	0.27	0.33	0.36
57	0.62	0.77	0.83	0.55	0.66	0.72	0.49	0.59	0.63	0.31	0.38	0.40
58	0.69	0.86	0.93	0.62	0.75	0.81	0.55	0.66	0.71	0.34	0.42	0.45
59	0.78	0.96	1.04	0.69	0.84	0.91	0.60	0.73	0.79	0.37	0.46	0.49
60	0.87	1.08	1.16	0.77	0.93	1.01	0.67	0.81	0.87	0.42	0.51	0.54
61	0.99	1.23	1.32	0.88	1.06	1.14	0.76	0.92	0.98	0.47	0.57	0.61
62	1.10	1.36	1.48	0.97	1.19	1.27	0.84	1.03	1.10	0.51	0.63	0.68
63	1.23	1.53	1.65	1.09	1.33	1.42	0.94	1.15	1.22	0.55	0.70	0.74
64	1.37	1.71	1.85	1.21	1.48	1.59	1.04	1.27	1.36	0.61	0.76	0.81
65	1.54	1.92	2.07	1.35	1.65	1.77	1.16	1.41	1.51	0.68	0.84	0.89
66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
71	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
72	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
76	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
78	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
80	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
83	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
87	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
88	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
91	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
95	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Principal Life Insurance Company
Actuarial Memorandum
Policy Form FR 406 VA

Modal Factors

Payment Mode	Factors
Monthly	1.00
Quarterly	3.00
Semi-Annual	5.86
Annual	11.43

the Principal® Financial Group

Principal Mutual
Life Insurance Company

PrinCare® Long-Term Care II Insurance

Policy Form Number FR 406 IA

Guaranteed Renewable for Life

Actuarial Memorandum

The purpose of this memorandum is to gain approval of the premium rates for the Long-Term Care Insurance Policy (Form #FR 406 IA). This policy form has not been previously approved. It consists of the following materials:

- A description of the benefits provided by the policy.
- A statement of the expected loss ratio.
- A table of the gross monthly premiums.
- A list of actuarial assumptions.

I believe the benefits provided are reasonable in relation to the premiums charged.

William R. Claypool, FSA, MAAA
Senior Actuary

March 14, 1994

WRC:mcs
SUBMIS/FR 406 IA

Mailing Address: Des Moines, Iowa 50392-0001 (515) 247-5111 FAX (515) 247-5930

the Principal® Financial Group

Principal Mutual
Life Insurance Company

PrinCare® Long-Term Care II Insurance

Policy Form Number FR 406 IA

Policy Description

This is an individually underwritten policy that pays benefits for long-term care. Depending on riders elected, this can include benefits for nursing home confinement, home health care, and adult day care. Every 36 months the Cost of Care Provision gives the insured a chance to increase coverage without proof of good health to help protect against the effects of inflation.

The issue age range is 21 to 80 inclusive.

Benefit payments commence after a Waiting Period of 20, 60, 100 or 365 days. The Waiting Period is selected at issue.

Benefit eligibility is based on ADL (Activities of Daily Living) deficiencies. No prior confinement in any facility is required. To be eligible for benefits, the claimant must be cognitively impaired or have 2 or more ADL deficiencies out of 4 ADLs. As defined in the policy, the 4 ADLs are: mobility, eating, personal care and toileting.

The Daily Benefit is selected at issue. Initial Daily Benefits are from $40 to $200, in $10 increments.

The Total Lifetime Benefit is selected at issue. The choice of benefit limit is:

1000 x Daily Benefit
2000 x Daily Benefit, or
Unlimited.

The insured can elect a Home Health Care/Adult Day Care/Respite Care Benefit which will provide either one half or three quarters of the Daily Benefit chosen.

The insured can elect a Benefit Increase Option that will increase the Daily Benefit by a fixed amount (5% of the selected initial Daily Benefit, compounded annually) per year starting from the second year. The benefit increases continue for life. The increases will continue even when the policy is in a Benefit Payment Period.

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Up to age 65, the insured can elect a Return of Premium Death Benefit which will pay to the beneficiary upon the insured's death the difference between the premiums paid and any benefits received under the policy. Premiums paid for Cost of Care increases which become effective after age 65 are not covered by this rider.

The policy is guaranteed renewable. Premiums are unisex, level and payable for life. While a claimant is receiving benefits, premiums that become due for an insurance month beginning 90 days after the Benefit Payment Period begins will be waived. Premiums vary by the age at issue, by the selected Daily Benefit amount, by the Total Lifetime Benefit, by the Waiting Period, by the Home Health Care Benefit, by the Return of Premium Option and by the Automatic Benefit Increase Option.

Premium modes of annual, semi-annual, quarterly, monthly are available. Monthly premiums are our base premiums, with the other modes calculated as multiples of the monthly premium. These multiples are:

Annual	11.43
Semi-Annual	5.86
Quarterly	3.00
Monthly	1.00

the Principal® Financial Group

Principal Mutual
Life Insurance Company

PrinCare® Long-Term Care II Insurance

Policy Form Number FR 406 IA

Statement of Expected Loss Ratio

Based on a projection of financial results for the Long-Term Care Insurance Policy, we estimate the anticipated loss ratio over the lifetime of this policy to be at least 60%.

Loss ratio as used here means the ratio of the present value of incurred claims plus the change in the policy reserve to the present value of earned premiums with all items accumulated for the stated projection period.

I believe that the benefits provided by this plan are reasonable in relation to the initial premium rates.

William R. Claypool

William R. Claypool, FSA, MAAA
Senior Actuary

March 14, 1994

WRC:mcs
SUBMIS\FR 406 IA

Mailing Address: Des Moines, Iowa 50392-0001 (515) 247-5111 / FAX (515) 247-5930

Actuarial Assumptions

1. **Method of Calculation:** A Cammack formula was used to develop the gross premiums. The various assumptions are listed below. Milliman & Robertson, Inc., consulting actuaries, assisted in our claim cost development. The formula used was:

$$P_x = \frac{PVB_x \times (1+ca) + IUEXP_x + PVMEXP_x - PVDBCLMS_x}{(1-PREMEXP) \times PV\$PREM_x - PVWP_x - PVDBP_x} \times MODALFAC$$

where

PVB_x	≡	Present Value of Nursing Home, Home Health and Adult Day Care Benefits at age x (see items 2-6 below). The Present Value uses the Net Investment Earnings Rate (see 8 below) and the decrement rates (see 11 below).
ca	≡	Claim Administrative expense (see 9 below).
$IUEXP_x$	≡	Issue and Underwriting expense (see 9 below).
$PVMEXP_x$	≡	Present Value of Maintenance Expenses over life of policy (see 9 below).
$PVDBCLMS_x$	≡	Present Value of Death Benefit Claims at age x. This is zero except when the return of premium death benefit option is chosen. This represents the second part of the death benefit amount calculation, namely the expected incurred claim costs (see 7 below).
PREMEXP	≡	Percentage of Premium Expenses (see 9 below).
$PV\$PREM_x$	≡	Present Value of a Dollar of Premium.
$PVWP_x$	≡	Present Value of Waiver of Premium Benefit per dollar of premium (see 12 below).
$PVDBP_x$	≡	Present Value of Death Benefit Premium per dollar of premium. This is zero except when the return of premium death benefit rider is chosen. This represents the first part of the death benefit amount calculation, namely the gross monthly premiums paid to the middle of each policy duration (see 7 below).
MODALFAC	≡	Modal Factor to convert annual premium rates to monthly premium rates.

2. **Morbidity Basis:** In developing claim cost assumptions, reference was made to data published by the National Center for Health Statistics National Nursing Home Survey (1977 and 1985), Medicare (1982 TSA), data in the Milliman & Robertson Health Cost Guidelines and available experience from other companies.

3. **Underwriting Assumptions:** We applied the adjustments below by policy year to reflect the morbidity anticipated due to our underwriting. More adjustment can be made at older ages where more extensive underwriting is anticipated.

Sample Underwriting Adjustments

	Policy Year				
Issue Age	1	2	3	4	5+
40	.69	.80	.88	.95	1.00
55	.68	.80	.88	.95	1.00
65	.66	.80	.88	.95	1.00
70	.65	.80	.88	.95	1.00
75	.65	.80	.88	.95	1.00

4. **Claim Costs Adjustment Factors for Anti-Selective Lapses:** The adjustments below were applied to the claim costs in all policy years to adjust for anti-selection by issue age versus attained age.

Issue Age	Adjustment
40	1.06
55	1.0675
65	1.0725
70	1.075
75	1.0775

5. **Anti-Selection for Cost of Care Benefit Adjustment:** Claim costs were adjusted up 1% to reflect anti-selection expected when cost of care business is sold.

6. **Benefit Increase Option:** The maximum daily benefit amounts were adjusted up in later durations if this option was chosen.

7. **Return of Premium Death Benefit Claim Costs:** Return of premium death benefit claim costs were calculated as the product of:

   - The probability of dying during the policy year; and

   - The difference between gross monthly premiums paid to the middle of each policy duration and expected incurred claim costs to each policy duration, if positive, otherwise zero.

8. **Net Investment Earnings Rate:** 9% in the first year, graded linearly to 6% in year twenty-one, staying level thereafter.

9. **Commission and Expenses:**

Commissions:	Year 1	35%
	Years 2-6	6%
	Years 7+	2%

Other percentage of premium expenses (including taxes, licenses, fees):

10.7% all years

Issue and underwriting: Underwriting expenses are assumed to be higher at older ages. These expenses are per policy at time of issue.

Sample Issue and Underwriting Expenses

Issue Age	Expenses
40	$ 65.60
55	71.00
65	82.00
70	86.12
75	86.12

Maintenance: $35 per policy all years

Claim Administration: 4% of incurred claims

10. **Annual Statement Reserve Basis:** Annual statement reserves are calculated to be greater than or equal to the minimum reserve standards in this state.

11. **Sample Decrement Rates (including both lapse and death):**

Duration	40	55	65	70	75
1	21.6%	20.2%	19.3%	20.0%	21.3%
2	18.5	17.6	17.3	18.1	19.7
3	16.0	15.2	15.5	16.5	18.3
4	13.3	12.7	13.8	14.9	16.9
5	11.6	11.3	12.6	13.9	16.1
10	5.4	6.4	8.6	10.9	14.8
20	5.9	8.6	14.9	20.6	28.0
30	7.2	15.0	28.0	--	--
40	11.1	28.1	--	--	--
50	20.7	--	--	--	--

12. **Waiver of Premium**: This benefit was included by subtracting the present value of claim costs per dollar of annual premium from the denominator of the Cammack formula (see formula in 1 above). The nursing home, home health, and adult day care claim costs were used except that the maximum daily benefit was divided out and provision was made to recognize that premiums are not waived for the first ninety days following the waiting period. This "provision" was a reduction in the present value of the continuance curve.

13. **Distribution of Business by Issue Age:**

Issue Ages	Distribution
21-40	10%
41-50	12
51-60	23
61-70	35
71-80	20
	100%

14. **Distribution of Business by Plan:**

Total Lifetime Benefit (Multiple)/ Waiting Period (Days)	Distribution
1000/365	2.2%
2000/365	2.0
Lifetime/365	0.8
1000/100	16.6
2000/100	14.8
Lifetime/100	5.6
1000/60	11.7
2000/60	10.4
Lifetime/60	3.9
1000/20	14.4
2000/20	12.8
Lifetime/20	4.8
	100%

15. **Distribution of Business by Benefit Increase Option:**

Option Elected	Distribution
None	25%
Unlimited	75%
	100%

16. **Distribution of Business by Home Health Option:**

Option Elected	Distribution
None (Nursing Home Only)	78%
50%	20
75%	2
	100%

17. **Distribution of Business by Death Benefit Option:**

Option Elected	Distribution
Yes	15%
No	85
	100%

Statement of Variability – Principal – FR 142, FR 406 VA, FR 601

Rate Increase Letters (PFGN-VA-0718 & PFGP-VA-0718), Contingent Benefit Upon Lapse Election Form (PFGCNF-VA-0718) and Option Election Form (PFGOEF-VA-0718)

Rate Increase Letter PFGN-VA-0718 will be sent with the Contingent Benefit upon Lapse Election Form, PFGCNF-VA-0718.

Rate Increase Letter PFGP-VA-0718 will be sent with the Option Election Form, PFGOEF-VA-0718.

<<LOGO>>
Populates with the Principal Life Insurance Company logo

<<DATE>>
Populates with the date the documents were sent, in Month, Day (XX), Year (XXXX) format

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>
<<POLICY_NUMBER>>
<<SALUTATION LAST_NAME>>
Populates with demographic information of the insured receiving the rate increase notice.

<<INC_AMT>>
The rate increase percentage amount approved by the Virginia Bureau of Insurance.

<<REASON_FOR_RATE_INCREASE>>
Populates with: Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.

Should the reason for the rate increase change, the company will update the Statement of Variability.

<<NEXT_BILL _DATE>>
Next bill date of policy in Month, Day (XX), Year (XXXX) format

<<MODAL>>
Monthly, Quarterly, Semi-Annual, Annual

<<CURRENT_RATE>>
Populates with dollar amount for current premium in $999,999.99 format

<<FUTURE_RATE>>
Populates with dollar amount for future rate increased premium in $9,999.99 format

<<RESULT_OF_CNF_FORMULA>>
Populates with Contingent Benefit Upon Lapse amount $9,999.99 format

<<CS_PHONE>>
Populates with the Company's Customer Service phone number, 1-800-240-1675

<<OFFICE_ADDRESS>>
Populates with 165 Court St. Rochester, NY 14647

<<OFFICER_SIGNATURE>>
Populates with Cheryl Bush's signature

<<OFFICER_NAME>>
Populates with Cheryl Bush, RN

<<OFFICER_TITLE>>
Populates with Senior Vice President, Operations

August 27, 2018

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated August 1, 2018 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

Objection 1

1) *Please provide an explanation for the company's lack of response to the objection letter dated 6/7/2017 submitted under SERFF # TRIP-130564488. This filing was Disapproved on 6/7/2017 due to the lack of response.*

   During the Bureau's review of that filing, MedAmerica was made aware of a requirement to make modifications to its policyholder notification letter to satisfy the requirements of Virginia Regulation 14VAC5-200-75.D and was unable to make the required modifications before the disapproval notification. MedAmerica's revised policyholder notification letter is included for review with this filing.

2) *The number of policyholders affected by this rate increase in Virginia is 15. Please explain why the company feels such a significant rate increase is appropriate when there has been no previous rate revision request on these forms.*

   Nationwide, and in Virginia, there have been two prior rate increase requests on this block of business, which began in September 2010. Departments of Insurance filed these increases for use between 2011 and 2017. The average approved rate increase of the initial request on this policy form was 21%, with approvals in 16 of the 33 states where business was issued. The current request nationwide approval to date is 48.9%.

   The initial request that was disapproved in Virginia was submitted on July 6, 2011 under SERFF # MLCO-126871864. The disapproval disposition was dated May 17, 2014.

   Prior to 2015, MedAmerica, acting as administrator and 100% reinsurer on behalf of Principal, prioritized its rate increase filings based on the size of the applicable block in each jurisdiction and the perceived likelihood of approval, as compared to available resources for rate increase filings. For this reason, the company was only able to file its initial rate increase request in approximately half of the states in which it had policies in force.

3) *Provide the average attained age for the Virginia and Nationwide policyholders.*

The average attained age for the Virginia and Nationwide policyholders is 75.0 years and 80.4 years respectively.

Objection 2

Please describe in which states the company has requested rate increases on this block along with a listing of the current status of the rate reviews in the other states.

Attachment 1 provides a listing by state of the requested rate increases on this block, and the average filed (approved) increases for the rate action in 2011 as well as the current nationwide request. Also included is the annualized premium and policies in force at December 31, 2016.

As Attachment 1 shows, the nationwide average cumulative approved increase on these forms to date is 81%.

Objection 3

1) *Please provide the original targeted pricing loss ratio when the rates were originally approved.*

The originally targeted pricing loss ratio, based on the original pricing interest rate of 7.5% was 60%.

2) *Please describe the targeted loss ratio in which the company plans to manage this block of business in the future. If this rate increase were to be approved, what would trigger another rate increase?*

The targeted loss ratio in which the company plans to manage this block of business is 140%, which is the lifetime loss ratio based on the requested rate increase.

Another rate increase could be triggered if actual experience is more adverse than best-estimate projections resulting in a lifetime loss ratio of 149%. To derive this trigger, the future projected incurred claims were increased by 15% from the best-estimate projections in Exhibit 1. It is among many possible alternative adverse experience scenarios, but considered one of the simplest since it involves only one assumption shift.

3) *What rate increase does the company require to certify that the rates are sufficient and forgo future rate increases.*

We are unable to certify to any increase to certify that the rates are sufficient and forgo future rate increases. However, the company may consider a “short term” rate guarantee if the requested increase were approved.

Objection 4

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 had been collected since the form’s introduction.

Attachment 2 provides a calculation of the Lifetime Loss Ratio restating premium based on the proposed premium collected from inception. As Attachment 2 illustrates, restating premium assuming the proposed rate increase was in effect since inception results in a lifetime loss ratio of 77%. This lifetime loss ratio is greater than the original pricing loss ratio, assuming a 4.99% interest assumption.

Objection 5

Provide a step-by-step quantification of the impact of the change in each pricing assumption from the original pricing assumption to the current pricing assumption basis.

Attachment 3 provides a step-by-step quantification of the impact of each change in original pricing assumption to the current assumptions on the loss ratio.

Objection 6

Please provide sufficient detail documentation, in Excel with working formulas so that any projections can be recreated.

The projections are developed on a seriatim basis using several complex Excel based models, making it not possible to recreate the projections in a single spreadsheet. Enclosed with this response is an Excel spreadsheet which provides the actuarial memorandum numerical data, with working formulas to the extent possible.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,

Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

Attachments
Enclosures

Attachment 1

Principal Life Insurance Company

LTC II Individual Rate Increase Filings and Approvals as of 8/20/18

			2011 Nationwide Request			2016 Nationwide Request			Average Cumulative Increase Filed
State	12/31/16 Annualized Premium	12/31/16 Policies In Force	Average Requested Increase	Most Recent Disposition Date	Average Filed Increase	Average Requested Increase [1]	Most Recent Disposition Date	Average Filed Increase	
AK [2]	$37,118	6	40%	11/15/2011	40%	94.3%	6/6/2016	94.3%	172.1%
AL	$70,551	43	40%	8/2/2011	40%	88.4%	6/8/2017	62.0%	126.8%
AR	$8,353	8	N/A	N/A	0%	99.6%	12/12/2017	25.0%	25.0%
AZ	$16,462	17	N/A	N/A	0%	107.5%	5/15/2017	27.4%	27.4%
CO	$104,644	111	N/A	N/A	0%	119.9%	7/14/2017	15.0%	15.0%
CT	$1,804	1	N/A	N/A	0%	86.1%	2/16/2018	39.4%	39.4%
DC	$7,227	5	N/A	N/A	0%	130.0%	12/7/2017	10.0%	10.0%
FL	$107,127	76	N/A	N/A	0%	110.1%			0.0%
GA	$4,772	6	N/A	N/A	0%	124.7%	9/23/2016	15.0%	15.0%
HI	$44,625	29	N/A	N/A	0%	111.8%	pending		0.0%
IA	$1,378,521	1,074	40%	7/11/2011	20%	101.1%	7/12/2016	50.5%	80.5%
IL	$158,316	82	40%	3/29/2011	40%	85.2%	12/16/2016	85.2%	159.3%
KS	$244,384	164	40%	9/28/2011	10%	113.6%	11/18/2016	43.5%	57.9%
KY	$50,368	30	40%	10/14/2011	15%	91.2%	6/22/2016	24.0%	42.6%
LA	$9,552	8	N/A	N/A	0%	99.8%	7/5/2018		0.0%
MD	$21,201	11	40%	11/22/2011	15%	95.1%	8/7/2017	32.3%	52.1%
MI	$81,991	48	40%	4/4/2011	40%	74.3%	6/14/2016	74.3%	144.0%
MO	$161,285	124	40%	5/20/2011	0%	120.5%	3/1/2018	68.9%	68.9%
MS	$5,354	5	N/A	N/A	0%	130.0%	3/22/2018		0.0%
MT	$69,262	52	40%	12/14/2010	40%	81.7%	12/7/2016	21.9%	70.6%
NE	$422,417	360	40%	10/4/2011	20%	105.7%	3/13/2017	60.2%	92.3%
NH	$9,477	7	N/A	N/A	0%	93.8%	3/15/2018	17.7%	17.7%
NM	$23,650	11	40%	10/6/2011	0%	123.0%	10/27/2016	13.0%	13.0%
NV	$9,527	10	N/A	N/A	0%	118.7%	5/9/2017	118.7%	118.7%
OH	$223,616	153	40%	3/14/2011	40%	81.8%	2/23/2018	32.3%	85.1%
OK	$64,343	45	40%	11/18/2011	25%	96.4%	7/28/2016	10.0%	37.5%
SD	$64,370	33	40%	6/29/2011	40%	90.3%	9/7/2016	90.3%	166.5%
TN	$189,996	144	40%	4/4/2011	40%	81.4%	4/19/2017	48.5%	108.0%
UT	$12,317	12	N/A	N/A	0%	109.4%	10/25/2016	77.5%	77.5%
VA	$15,792	15	N/A	5/17/2014	0%	120.5%	6/7/2017	0.0%	0.0%
VT	$4,461	3	N/A	N/A	0%	116.3%	pending		0.0%
WV	$12,741	10	N/A	N/A	0%	130.0%	3/13/2017	116.1%	116.1%
WY	$13,505	10	N/A	N/A	0%	118.7%	10/25/2016	118.7%	118.7%
Average					21.1%			48.9%	81.3%

[1] Increases are based on previous approved amounts in states and vary by benefit period. The average rate increase in each jurisdiction represents the average request across all benefit periods in that jurisdiction. Some increase requests may be limited by state regulation.

[2] Alaska does not require Long-Term rates to be filed before use.

Attachment 2
Principal Life Insurance Company
Actual to Expected Experience by Calendar Year
Nationwide Experience at Requested Rate Increase Since Inception
Individual Policy Form LTC II

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 4.99% Interest	Expected (Column G) with 4.99% Interest	Actual-to-Expected Ratio
Historical Experience	1989	854	-	0%	3	494	34	7%	3	0%	7%	0.00
	1990	157,790	-	0%	156	81,063	7,919	10%	139	0%	10%	0.00
	1991	498,765	-	0%	464	229,609	25,338	11%	404	0%	11%	0.00
	1992	1,962,756	275,614	14%	1,668	890,856	104,427	12%	1,455	10%	11%	0.91
	1993	4,541,999	167,917	4%	2,881	1,995,232	262,818	13%	2,396	6%	12%	0.50
	1994	7,096,680	304,658	4%	4,018	2,957,143	459,133	16%	3,186	5%	14%	0.38
	1995	9,395,506	877,780	9%	5,094	3,735,995	668,853	18%	3,877	7%	15%	0.45
	1996	10,379,229	714,285	7%	4,946	3,802,509	829,832	22%	3,497	7%	17%	0.40
	1997	9,811,355	1,125,034	11%	4,778	3,385,113	943,624	28%	3,176	8%	19%	0.41
	1998	9,480,529	1,756,720	19%	4,651	3,072,299	1,058,805	34%	2,926	9%	21%	0.45
	1999	9,512,242	1,441,558	15%	4,556	2,818,040	1,180,204	42%	2,711	10%	23%	0.44
	2000	9,412,940	1,444,118	15%	4,475	2,595,933	1,303,273	50%	2,519	11%	25%	0.42
	2001	9,093,027	3,204,440	35%	4,388	2,393,738	1,427,818	60%	2,338	13%	28%	0.47
	2002	9,201,952	2,793,990	30%	4,311	2,203,903	1,551,485	70%	2,166	14%	30%	0.48
	2003	9,120,776	3,868,759	42%	4,230	2,023,806	1,673,418	83%	2,001	16%	33%	0.50
	2004	9,143,771	3,768,657	41%	4,149	1,852,800	1,791,964	97%	1,844	18%	35%	0.51
	2005	8,941,323	5,660,163	63%	4,049	1,689,682	1,897,988	112%	1,694	21%	38%	0.54
	2006	8,610,369	4,756,090	55%	3,969	1,534,088	1,987,056	130%	1,550	22%	40%	0.55
	2007	8,536,945	6,384,642	75%	3,867	1,386,336	2,055,556	148%	1,413	25%	43%	0.57
	2008	8,314,337	7,209,607	87%	3,763	1,246,719	2,100,415	168%	1,283	27%	45%	0.59
	2009	8,111,599	8,498,147	105%	3,655	1,115,480	2,122,627	190%	1,160	30%	48%	0.62
	2010	7,961,874	9,564,727	120%	3,540	992,786	2,123,933	214%	1,045	33%	50%	0.65
	2011	7,814,103	6,640,981	85%	3,423	878,727	2,106,897	240%	937	34%	52%	0.65
	2012	7,461,746	8,086,925	108%	3,282	773,332	2,073,583	268%	837	36%	54%	0.66
	2013	7,208,905	10,906,143	151%	3,160	676,586	2,024,777	299%	744	39%	56%	0.69
	2014	6,669,707	11,294,861	169%	3,020	588,453	1,961,200	333%	658	41%	58%	0.71
	2015	6,262,446	13,987,011	223%	2,872	508,790	1,882,017	370%	580	45%	60%	0.74
	2016	6,182,849	12,676,632	205%	2,713	437,313	1,787,667	409%	509	47%	61%	0.77
Projected Future Experience (50 Years)	2017	5,857,629	12,320,397	210%	2,584	373,614	1,679,326	449%	444	49%	63%	0.79
	2018	5,449,025	12,778,642	235%	2,431	317,307	1,559,830	492%	387	52%	64%	0.81
	2019	5,041,331	13,077,696	259%	2,280	267,932	1,424,075	532%	335	54%	65%	0.83
	2020	4,644,283	13,240,027	285%	2,132	224,995	1,276,263	567%	290	56%	66%	0.85
	2021	4,259,790	13,208,051	310%	1,986	187,988	1,132,158	602%	249	58%	67%	0.88
	2022	3,889,654	13,065,558	336%	1,844	156,345	994,637	636%	214	60%	67%	0.90
	2023	3,535,540	12,732,434	360%	1,705	129,495	877,348	678%	184	62%	68%	0.92
	2024	3,198,918	12,298,335	384%	1,572	106,891	780,529	730%	157	64%	68%	0.93
	2025	2,881,027	11,746,534	408%	1,444	87,977	691,587	786%	135	65%	69%	0.95
	2026	2,582,847	11,173,163	433%	1,322	72,243	610,154	845%	115	67%	69%	0.97
	2027	2,305,059	10,556,564	458%	1,207	59,203	537,155	907%	98	68%	69%	0.98
	2028	2,048,050	9,921,377	484%	1,097	48,466	472,004	974%	84	69%	70%	0.99
	2029	1,811,886	9,303,585	513%	995	39,682	414,316	1044%	72	70%	70%	1.01
	2030	1,596,317	8,667,856	543%	900	32,530	363,755	1118%	61	71%	70%	1.02
	2031	1,400,825	8,059,017	575%	811	26,709	319,455	1196%	52	72%	70%	1.03
	2032	1,224,642	7,463,204	609%	729	21,955	280,853	1279%	44	73%	70%	1.03
	2033	1,066,802	6,853,939	642%	654	18,059	246,809	1367%	38	73%	70%	1.04
	2034	926,154	6,287,837	679%	585	14,850	216,540	1458%	32	74%	70%	1.05
	2035	801,506	5,746,539	717%	522	12,204	189,788	1555%	27	74%	71%	1.05
	2036	691,571	5,218,909	755%	465	10,020	166,143	1658%	23	75%	71%	1.06
	2037	595,102	4,707,911	791%	414	8,221	145,372	1768%	20	75%	71%	1.06
	2038	510,802	4,253,186	833%	367	6,739	127,034	1885%	17	75%	71%	1.07
	2039	437,465	3,826,007	875%	325	5,520	110,843	2008%	14	76%	71%	1.07
	2040	373,874	3,420,282	915%	287	4,516	96,616	2140%	12	76%	71%	1.07
	2041	318,911	3,049,944	956%	253	3,690	84,070	2278%	10	76%	71%	1.08
	2042	271,561	2,723,661	1003%	223	3,011	72,963	2423%	8	76%	71%	1.08
	2043	230,872	2,429,480	1052%	196	2,453	63,172	2576%	7	77%	71%	1.08
	2044	196,002	2,146,247	1095%	172	1,995	54,619	2738%	6	77%	71%	1.08
	2045	166,187	1,894,678	1140%	151	1,619	47,130	2911%	5	77%	71%	1.08
	2046	140,672	1,685,376	1198%	132	1,311	40,484	3088%	4	77%	71%	1.08
	2047	118,815	1,499,034	1262%	115	1,059	34,587	3267%	3	77%	71%	1.09
	2048	100,144	1,318,806	1317%	100	851	29,399	3454%	3	77%	71%	1.09
	2049	84,231	1,161,599	1379%	87	682	24,865	3646%	2	77%	71%	1.09
	2050	70,706	1,009,968	1428%	75	544	20,880	3839%	2	77%	71%	1.09
	2051	59,239	875,136	1477%	64	431	17,377	4027%	1	77%	71%	1.09
	2052	49,543	751,613	1517%	55	340	14,340	4216%	1	77%	71%	1.09
	2053	41,358	643,897	1557%	47	266	11,756	4413%	1	77%	71%	1.09
	2054	34,463	550,651	1598%	40	207	9,566	4611%	1	77%	71%	1.09
	2055	28,666	471,016	1643%	34	160	7,702	4801%	1	77%	71%	1.09
	2056	23,796	400,887	1685%	29	123	6,139	4990%	0	77%	71%	1.09
	2057	19,712	339,023	1720%	24	94	4,849	5185%	0	77%	71%	1.09
	2058	16,291	286,057	1756%	21	70	3,793	5385%	0	77%	71%	1.09
	2059	13,426	240,585	1792%	17	53	2,933	5584%	0	77%	71%	1.09
	2060	11,034	200,550	1818%	14	39	2,240	5788%	0	77%	71%	1.09
	2061	9,038	166,251	1839%	12	28	1,695	6010%	0	77%	71%	1.09
	2062	7,377	138,312	1875%	10	20	1,269	6226%	0	77%	71%	1.09
	2063	5,997	115,384	1924%	8	15	933	6420%	0	77%	71%	1.09
	2064	4,855	95,326	1963%	7	10	671	6577%	0	77%	71%	1.09
	2065	3,913	78,068	1995%	5	7	471	6712%	0	77%	71%	1.09
	2066	3,137	63,773	2033%	4	5	321	6796%	0	77%	71%	1.09
		without interest				without interest						
History		200,886,375	127,409,459	63%	96,081	45,866,826	37,412,662	82%	47,048	47%	61%	0.77
Future		59,160,041	244,262,373	413%	30,557	2,252,544	15,270,814	678%	3,160	357%	617%	0.58
Lifetime		260,046,416	371,671,832	143%	126,638	48,119,371	52,683,476	109%	50,208	77%	71%	1.09
		with 4.99% interest				with 4.99% interest						
History		391,027,197	184,223,537	47%		102,833,006	63,102,450	61%				
Future		42,145,161	150,313,598	357%		1,791,295	11,061,144	617%				
Lifetime		433,172,358	334,537,135	77%		104,624,300	74,163,594	71%				

Attachment 3
Principal Life Insurance Company
Impact on the Lifetime Loss Ratio of Changing from Original Pricing to Current Assumptions
LTC II Policy Form

The following table provides the isolated impact of each changed assumption (current versus original pricing) on the projected lifetime loss ratio when actual historical experience is reflected and only the projection assumptions vary. All the lifetime loss ratios in the table below reflect actual historical experience, except for the loss ratio calculated using the original pricing assumptions from inception.

Please note that the lifetime loss ratio for each changed assumption does not reflect any synergy of the assumptions.

Scenario	Lifetime Loss Ratio	Impact of Each Assumption on the Lifetime Loss Ratio
Original Pricing Assumptions from Inception	59%	N/A
Historical Experience & Projections with Original Pricing Assumptions except for Current:		
Morbidity	63%	6%
Lapse	87%	47%
Mortality	84%	42%
Interest	72%	22%
Historical Experience & Projections with All Current Assumptions	163%	175%

April 4, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated March 4, 2019 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

Objection 1

1) *For all projections requested in the next question, the baseline should comply with the following:*

   a) *Any limited-pay policies that are now in paid-up status, should be removed, both from historical experience and future projections.*
   b) *For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.*
   c) *Nationwide premiums should be calculated as if all policies were issued in Virginia for both historical and projected future premiums.*

   The baseline projections provided in item #2 below, comply with items a) through c) above.

2) *To assist the Bureau in its review, for each of the two subsets of the business (limited vs. unlimited benefit periods) separately please provide (in Excel format) the following projections on a nationwide basis:*

   The enclosed Excel file *Principal Individual VA_Attachments_Obj 20190304_20190404.xlsx* provides the projections requested below, with working formulas to the extent possible. Projections for items a) through e) are provided on separate tabs in total, and for each of the two subsets of business (limited vs. unlimited benefits periods).

   Pursuant to 14 VAC5-200-150.B, loss ratios are calculated using an interest rate of 4.99%, which is the average maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia, based on the issue year distribution of nationwide policies in force at December 31, 2016.

   a) *current assumptions and current rates*

   Attachment 1 provides projections with current assumptions and current rates at the Virginia rate level.

   b) *current assumptions with the proposed rate increase*

   Attachment 2 provides projections with current assumptions and the proposed rate increase.

c) *current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL or adverse selection (if applicable)*

Attachment 3 provides projections with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL or adverse selection.

d) *current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*

Attachment 4 provides projections with premiums restated as if the proposed rate schedule had been in effect from inception.

e) *original assumptions and original premiums from inception*

Attachment 5 provides projections with original assumptions and original premiums from inception. These projections were based on the original mix of business issued.

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

3) *For each of the two subsets of the business above, please provide the active life reserves balance as of the projection date on a nationwide basis.*

Attachment 6 provides the active life reserve balances as of December 31, 2016 on a nationwide basis.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,

Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

Enclosure

November 20, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated October 21, 2019 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

1) *Thank you for your response to our request to reduce the rate increase to 23% for plans with Limited Benefit Period and 32% for plans with Lifetime Benefit Period.*

   Please review the actuarial memorandum and supporting documentation, the Rate Request Summary and the Proposed Rate sheets to reflect the revised rate increase proposal.

   Enclosed is a revised actuarial memorandum and supporting documentation, a revised rate request summary and proposed rate tables which reflect the Department's reduced offer of a 23% increase for plans with a limited benefit period and 32% for plans with a lifetime benefit period.

   Please note that the actual rates implemented may vary slightly from those in the enclosed rate tables due to implementation rounding algorithms.

   As the company believes that the full requested increase is necessary, we anticipate requesting additional rate increases in Virginia until the cumulative rate increase is approved.

   Through a SERFF post-submission update, we have updated the Rate/Rule Schedule tab to reflect the average 30.23% rate increase offer. We respectfully request that the Department acknowledge the post-submission update prior to issuing the disposition in order for the disposition to capture this change.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,

Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

Enclosures

December 11, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated December 10, 2019 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

1) *Please enter the SERFF Tracking Number on the Health Insurance Rate Request Summary Form.*

   The SERFF Tracking Number has been entered on the Health Insurance Rate Request Summary Form and placed in the Supporting Documentation tab.

2) *Please remove this form (LH 550 UNIFORM) from the Form Schedule and place it under the Supporting Documentation tab. Please ensure that all forms listed on the certification are placed under the Form Schedule.*

   LH 550 UNIFORM has been removed from the Form Schedule and placed under the Supporting Documentation tab. All forms listed on the certification are placed under the Form Schedule.

3) *The full and proper corporate name of the insurer must appear in the letter pursuant to 14VAC5-100-50 2. "Principal Financial Group" is not the name of the insurer. It should be "Principal Life Insurance Company."*

   "Principal Life Insurance Company" is the name of the insurer that now appears in the letter.

4) *Please insert the Notice of Premium Increase (PFGP-VA-0718) and Option Election Form (PFGOEF-VA-0718) under the Form Schedule. If the Company is using a previously approved form, please place these forms under the Supporting Documentation tab and provide the SERFF Tracking Number granting the approval of these forms.*

   The Notice of Premium Increase (PFGN-VA-0718) and Option Election Form (PFGCNF-VA-0718) have been placed under the Form Schedule.

   The Notice of Premium Increase (PFGP-VA-0718) and Option Election Form (PFGOEF-VA-0718) apply to insureds covered by group policy Form FR 601 and have been submitted under TRIP-131594000.

5) *PFGN-VA-0718, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, PFGN-VA-0718 (Form)*

1. *Page 1, first sentence, please revise the letter for variance to the words, "…..three consecutive annual premium increases…"*

   Page 1, the first sentence has been revised.

2. *Please revise the second paragraph that begins with "The premium adjustments are as follows:" The additional rate increases should either be removed or made variable, with a full explanation of the variances.*

   The second paragraph has been revised.

3. *Consider revising or removing the last sentence under Option #3, "This Benefit will not be offered when the second and third rate increases go into effect."*

   The last sentence under Option #3 has been removed.

4. *Please clarify if the policy provides a "Contingent Non-Forfeiture Benefit" or a "Contingent Benefit Upon Lapse". The contingent benefit upon lapse (Contingent Non-Forfeiture Benefit) should be compliant with 14VAC5-200-185. Clarify if the election form becomes a part of the policy upon receipt by the Company.*

   The policy does not provide a "Contingent Non-Forfeiture Benefit." The Company is offering a "Contingent Benefit Upon Lapse" to insureds that trigger a substantial rate increase. Additionally, Principal will voluntarily offer a contingent benefit upon lapse (Contingent Non-Forfeiture Benefit) to insureds affected by the rate increase, even if the increase is not considered substantial. We believe that the offer is compliant with 14VAC5-200-185.

   Upon receipt of the election form, the company sends a Notice of Contingent Non-Forfeiture Benefit to the insured, with instructions to keep the notice with their policy or certificate.

5. *Pursuant to 14VAC5-200-75 D. 2. C. in the case of a partnership policy, the company must provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.".*

   This individual LTC policy form is not a partnership policy.

6. *Consider adding customer service hours and making the customer service contact information and hours variable in the event of a future change.*

   The customer service contact information is variable, and the company also considered, but did not add customer service hours, since the hours are stated when the insured calls the Customer Service number.

7. *In the 3rd to last paragraph on page 2, consider making the Virginia Bureau of Insurance's webpage variable in the event of a future change.*

   The company considered making the Virginia Bureau of Insurance's webpage variable, but since the letters are intended to be used immediately after approval of the pending rate filing, the company assumed that the Bureau's website will remain valid.

8. *Consider making the signature block, and title of signing officer, variable in the event of a future change.*

   The signature block, and title of signing officer are variable in the event of a future change.

9. *If an insured's premium is currently being waived because they are on claim, please explain the process. Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.? How much time do they have once they come off claim to notify the company of their option selection?*

   In the event an insured is on claim and their premium is currently being waived, the insured is notified of the increase, however they are not required to select an option at the time they are notified. If/when they come off claim, they are entitled to 120 days from the due date of their next premium to select their option.

10. *Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.*

    This is to confirm that the company will comply with the 75-day notice requirement.

11. *Pursuant to 14VAC5-200-75 A. 1., the policyholder notification letter must contain a statement that the policy may be subject to rate increases in the future, if that is the Company's intentions. 14VAC5-200-75 A. 2. further states that the Company provide an explanation of potential future rate revisions and the policyholder's option in the event of a premium rate revision.*

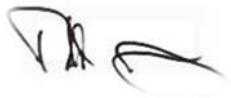
    The policyholder notification letter contains a statement that the policy may be subject to future rate increases. Further, if future rate increases are requested and approved, the company will offer options similar to those in the current policyholder notification letter.

6) *Please provide a "John Doe" sample policyholder notification packet under the Supporting Documentation tab once all revisions are made so that we can review exactly what a policyholder will receive from the Company.*

   The company will provide the final "John Doe" sample policyholder notification packet once the Bureau is satisfied with our policyholder notification letter. Please advise as soon as possible so that we may complete this filing.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,



Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer: **MedAmerica Insurance Company**
165 Court Street
Rochester, NY 14647

Title of Form: **Notice of Premium Increase**
Form Number: PFGN-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 46.3.
It contains 42 sentences, 973 words. The type size of the text of the form is 11 point type, 1 point leaded.

Title of Form: **Notice of Premium Increase**
Form Number: PFGP-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 45.5.
It contains 45 sentences, 1,123 words. The type size of the text of the form is 11 point type, 1 point leaded.

Title of Form: **Contingent Benefit Upon Lapse Election Form**
Policy Form Number: PFGCNF-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 46.9.
It contains 6 sentences, 263 words. The type size of the text of the policy form is 11 point type, 1 point leaded.

Title of Form: **Option Election Form**
Form Number: PFGOEF-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 40.2.
It contains 9 sentences, 363 words. The type size of the text of the form is 10 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy forms are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Certification by:

William L. Naylon

William L. Naylon

President
Title

December 30, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your Note to Filer and letter dated December 18, 2019 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

1) *Please clarify that the Company intends to include the Rate Increase History document in the policyholder letter. If yes, the history should be amended to include only the applicable form (FR 406 VA) and it should be variable in the event of future rate increases. The Company may also opt not to include this in the policyholder notification letter as it is not a requirement in Virginia.*

   Principal does not intend to include the Rate Increase History document in the policyholder letter.

2) *Please explain why the letter mentions "Contingent Non-Forfeiture Benefit" instead of Contingent Benefit Upon Lapse" in light of the Company's response above. The letter should be use "Contingent Benefit Upon Lapse" rather than "Contingent Non-Forfeiture Benefit".*

   The terms “Contingent Non-Forfeiture Benefit” and “Contingent Benefit Upon Lapse” are used interchangeably by the company and in industry, in general. The benefit to the policyholder is identical and is compliant with 14 VAC5-200-185.

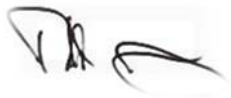
   As indicated in our previous response, the “Contingent Non-Forfeiture Benefit” is being offered to all policyholders, even if the increase is not considered substantial.

3) *Please submit a John Doe policyholder notification package under the Supporting Documentation tab so that we may continue our review.*

   The John Doe policyholder notification letter (John Doe PFGN-VA-0718.pdf) and “Contingent Non-Forfeiture Benefit Election Form” (John Doe PFGCNF-VA-0718.pdf) is being submitted under the Supporting Documentation tab. Separate John Doe letters were provided for policies with a limited benefit period and an unlimited benefit period.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,



Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

Principal®

Principal Life Insurance Company

Contingent Benefit Upon Lapse Election Form

John Doe
123 Main St.
Anytown, VA 12345

January 1, 2020
Billing Account ID: 1234-5678

I have decided to stop future premium payments and accept the reduced Contingent Benefit Upon Lapse.

I understand the following:

- No future premium is due; and
- I will have a reduced Total Lifetime Benefit equal to the sum of all premiums paid and applied to date, **OR** thirty (30) times the Daily Benefit, whichever is greater; and
- The Contingent Benefit Upon Lapse is significantly less than the benefit provided if I chose to keep paying my premium; and
- The Contingent Benefit Upon Lapse is only available if I satisfy the requirements for Benefit Eligibility as defined in my policy or certificate; and
- The Contingent Benefit Upon Lapse will be payable up to my current Daily Benefit in effect on the date of this change; and
- All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated; and
- All other terms, conditions, limitations and exclusions in my current coverage apply to the Contingent Benefit Upon Lapse.

Signature:
I request my current long term care insurance coverage be reduced to the Contingent Benefit Upon Lapse offered by the company. This option becomes effective as of my current paid through date. A summary of benefits will be sent to me when this request is processed.

_____

Signature **Date**

Mailing Instructions: Sign and date this form and return in the enclosed postage-paid envelope.

Principal®

Principal Life Insurance Company

Time-Sensitive! Review Options and Make Your Decision

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

John Doe
123 Main St.
Anytown, VA 12345

September 1, 2020
Billing Account ID: 1234-5678

Dear Mr. Doe:

We are writing to notify you that we have filed a premium increase of 32% with the Virginia Bureau of Insurance. Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced. This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming change to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of September 1, 2020, $101.88 quarterly	$134.48 quarterly	32%	February 1, 2021

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below, and make the decision that best meets your needs. We urge you to consult with your insurance and financial advisors prior to making a decision, as accepting the rate increase may be in your best interest.

All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on February 1, 2021. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Benefit Upon Lapse outlined in Option #3 below.

Principal®

Principal Life Insurance Company

- **Option #2: Offset the increased premium by reducing your level of benefits**.

  You **may** be able to make adjustments to your benefits to reduce your premium. Options to reduce your benefits include, but are not limited to, increasing your Elimination Period, reducing your Daily Benefit, and/or dropping riders. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at 1-800-240-1675 to discuss your options.

- **Option #3: Elect the reduced Contingent Benefit Upon Lapse.**

  If you elect the Contingent Benefit Upon Lapse option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Benefit Upon Lapse would be $11,104.92.

  There are two ways to elect the Contingent Benefit Upon Lapse:

  - Choose this option today by signing and dating the enclosed Contingent Benefit Upon Lapse Election Form and returning it in the enclosed postage-paid envelope; OR

  - If you do not pay the increased premium **within 120 days of the due date,** which is February 1, 2021, you will be entitled to the Contingent Benefit Upon Lapse. We will automatically change your coverage to the Contingent Benefit Upon Lapse in lieu of your policy lapsing for non-payment of premium.

  IMPORTANT: Paying the increased premium for coverage through 120 days from February 1, 2021, constitutes your acceptance of the rate increase and voids the Contingent Benefit Upon Lapse offer.

  What is the Contingent Benefit Upon Lapse?

  The Contingent Benefit Upon Lapse Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Daily Benefit amounts in effect at the time of lapse will be payable, but the Total Lifetime Benefit will be equal to the greater of the items a) or b) below:

  a) The total amount of premiums paid and applied to Your Policy; **OR**

  b) Thirty (30) times the Daily Benefit

  The total of all benefits paid under your policy will not exceed the Total Lifetime Benefit that would have been payable if your policy did not lapse.

  Important facts to know about this reduced benefit are:

  - No future premium is due.

  - The Total Lifetime Benefit is significantly less than the benefit provided if you choose to continue paying your premium.

  - All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated.

Principal Life Insurance Company

- All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Benefit Upon Lapse.

The rate increase request was reviewed by Virginia's 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.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at 1-800-240-1675.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

Cheryl Bush RN

Cheryl Bush, RN

Senior Vice President, Long Term Care Operations

On behalf of Principal Life Insurance Company

Enclosures: Contingent Benefit Upon Lapse Election Form; Postage-Paid Return Envelope

January 23, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your objection dated December 31, 2019 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

1) *In your 12/11/2019 objection response, the Company explained that they did not offer a nonforfeiture benefit option in the long-term care policy or as a rider.*

   Since the Company has not offered a nonforfeiture benefit as part of the policy, then 14 VAC 5-200-185-D. provides that policies without nonforfeiture benefits shall provide a "contingent benefit upon lapse."

   The Virginia Bureau of Insurance does not consider the two benefits to be identical and/or interchangeable and the policyholder letter should be revised using the correct terminology.

   A revised policyholder letter and Contingent Benefit Upon Lapse election form are being submitted under the Form Schedule tab which reflect the correct "contingent benefit upon lapse" terminology.

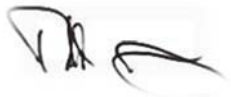
2) *In "OFFICER_TITLE" located under the Signature Line,*

   The John Doe letter introduces MedAmerica Insurance Company into the Principal Life Insurance Company's policyholder letter, they need to explain the relationship of MedAmerica Insurance Company to Principal Life Insurance Company to prevent confusing the policyholder.

   Revised John Doe letters are being submitted under the Supporting Documentation tab which remove all references to MedAmerica Insurance Company from the letter. Separate John Doe letters were provided for policies with a limited benefit period and an unlimited benefit period.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,



Todd M. Moltumyr, ASA, MAAA
Vice President, Actuarial

August 26, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)
Tyler Building, 1300 E. Main Street
Richmond, Virginia 23219

Via SERFF

RE: Principal Life Insurance Company (Principal)
Company NAIC # 61271
SERFF Tracking # TRIP-131593732
PrinCare Long-Term Care II (LTC II) FR 406 VA

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your objection dated August 5, 2020 regarding the above- referenced filing. The remainder of this letter provides additional information requested. The requests are restated in italics for reference.

- ***PFGN-VA-0718, Policy/Contract/Fraternal Certificate; Amendment, Insert Page, Endorsement or Rider, PFGN-VA-0718 (Form)***

1) *The full licensed name of the company must appear in prominent print. Our concern would be addressed if the "Principal Life Insurance Company" is made prominent through a larger, bold font than the font size in the body of the letter.*

   Form PFGN-VA-0718 has been revised to make prominent "Principal Life Insurance Company."

2) *Page 1, first sentence, <<PHASE_IN>> does not appear to be variable as no alternative language is provided in the SOV. Our concern would be addressed if the first sentence were changed to, "We are writing to notify you that we have filed a premium increase of <<INC_AMT>> with the Virginia Bureau of Insurance. Please remove <<PHASE_IN>> from the Statement of Variability (SOV).*

   The first sentence has been revised to "We are writing to notify you that we have filed a premium increase of <<INC_AMT>> with the Virginia Bureau of Insurance." <<PHASE_IN>> has been removed from the Statement of Variability (SOV).

3) *Page 1, 2nd paragraph, first sentence, <<CHANGE>> does not appear to be variable as no alternative language is provided in the SOV. If this is correct, please revise the sentence removing the variability and revise the SOV.*

   Page 1, 2nd paragraph, first sentence, <<CHANGE>> has been removed.

4) *Option #2: Please include a description of the benefit options available to a policyholder that might allow them to reduce their premium. State if these options are available only at the time of the premium increase notice or if they are available at any time.*

   Option #2 in the revised form includes a description of the benefit options available to a policyholder that might allow them to reduce their premium and if/when they are available.

5) *Page 2, please correct the Virginia Bureau of Insurance webpage to the correct URL of https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx*

   The Virginia Bureau of Insurance webpage address has been corrected.

6) *Page 2, below Signatory, please remove the word Enclosures from the variability bracket as it cannot be variable. The font size should be at least 10-point type size for compliance with 14VAC5-101-70 E.*

   The word Enclosures has been removed from the variability bracket and the font size is at least 10-point type.

7) *Per the SOV, enclosures include a) Business Reply Envelope, b) Contingent Benefit Upon Lapse Election Form and c) Option Election Form. All items that are included with the policyholder letter package should be listed. If an enclosure is variable, such as the Option Election Form, then the enclosed item should be made variable under Enclosures. As an example, <<Option Election Form>>. This must be explained on the SOV.*

   All items that are included with the policyholder letter are listed and none are variable.

- **Statement of Variability (Supporting Document)**

1) *The Statement of Variability (SOV) is very difficult to follow when reviewing with the applicable forms. Please revise so that the variable items appear in the order that they appear on the letter. Also, each form should identify the variable items in the order that they appear on the form.*

   The SOV has been revised so that the variable items appear in the order that they appear on the letter, and each form identifies the variable items in the order that they appear on the form.

2) *If an item is variable, the company must provide alternative language or state when the variability occurs.*

   The SOV states when the variability occurs for each variable item.

3) *Regarding the variability itself, we have the following concerns:*

   i) *<<DATE>>: Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.*

      <<DATE>> has been revised to read Year (XXXX).

   ii) *<<PHASE_IN>> does not appear to be variable. It is suggested that this be removed. If it is variable, please provide the alternative language.*

      <<PHASE_IN>> has been removed.

   iii) *<<INC_AMT>> variability description should be revised to avoid limiting the % increase unless this is the company's intent. Our concern would be addressed if the variability were to state, "The rate increase percentage amount approved by the Virginia Bureau of Insurance."*

      <<INC_AMT>> has been revised to avoid limiting the % increase.

   iv) *<<REASON_FOR_RATE_INCREASE>> should add the sentence, "The company will submit any revisions to the Virginia Bureau of Insurance for approval."*

<<REASON_FOR_RATE_INCREASE>> has been revised to include the sentence "Should the reason for the rate increase change, the company will update the Statement of Variability."

v) *<<CHANGE>> does not appear to be variable. If so, please provide the alternative language. If not, please remove the variability.*

<<CHANGE>> has been removed.

vi) *<<NEXT_BILL_DATE>> Rather than state "2019/2020/2021" it should read, Year (XXXX). This will prevent having to file a change to the SOV when year 2021 ends.*

<<NEXT_BILL_DATE>> now reads Year (XXXX).

vii) *<<INPUT_1>> if this is variable, please provide the alternative language or state when variability occurs.*

<<INPUT_1>> has been removed.

viii) *<<INPUT_2>> if this is variable, please provide the alternative language or state when variability occurs.*

<<INPUT_2>> has been removed.

ix) *<<Enclosure>> cannot be variable. However, the items that are enclosed may be variable but must be described on the SOV. For example, <<Option Election Form>>.*

<<Enclosure>> has been removed.

- **PFGN-VA-0718, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, PFGN-VA-0718 (Form)**

1) *Please verify if the company has any partnership policies active in Virginia. We typically do not see Partnership policies on pre-rate stability plans.*

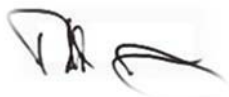
The company does not have any partnership policies active in Virginia

If there are no partnership policies issued in Virginia, the sentence, "If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections." should be removed from the letter to prevent confusion to the policyholder.

The sentence "If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections" has been removed.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (224) 217-9037 or by e-mail at: tmoltumyr@triplusservices.com.

Respectfully,



Todd M. Moltumyr, ASA, MAAA

Vice President, Actuarial

State: Virginia **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: FR 406 VA
Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/24/2020	Withdrawn 09/03/2020	Form	PFGN-VA-0718	08/26/2020	PFGN-VA-0718.pdf (Superceded)
01/24/2020	Withdrawn 09/03/2020	Form	PFGCNF-VA-0718	08/26/2020	PFGCNF-VA-0718.pdf (Superceded)
01/24/2020	Withdrawn 09/03/2020	Supporting Document	Statement of Variability	08/26/2020	Statement of Variability Principal 1.22.20.pdf (Superceded)
01/24/2020	Withdrawn 09/03/2020	Supporting Document	John Doe Policyholder Notification Letters	08/26/2020	John Doe PFGN-VA-0718_limited individual.pdf (Superceded) John Doe PFGN-VA-0718_unlimited individual.pdf (Superceded) John Doe PFGCNF-VA-0718.pdf
12/12/2019	Withdrawn 09/03/2020	Supporting Document	Readability Compliance Certification	08/26/2020	VA Readability Compliance Certification Principal 12.10.19.pdf (Superceded)

<<LOGO>>
Principal Life Insurance Company

Time-Sensitive! Review Options and Make Your Decision
RE: Your Long Term Care Insurance
Notice of Premium Increase — Please Read & Retain for Your Records

<<FIRST_NAME>> <<LAST_NAME>> <<DATE>>
<<STREET_ADDRESS1>> Billing Account ID: <<POLICY_NUMBER>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

Dear <<SALUTATION LAST_NAME>>:

We are writing to notify you that <<PHASE_IN>> with the Virginia Bureau of Insurance. <<REASON_FOR_RATE_INCREASE>> This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming <<CHANGE>> to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of <<DATE>>, <<CURRENT_RATE>> <<MODAL>>	<<FUTURE_RATE>> <<MODAL>>	<<INC_AMT_1>>	<<NEXT_BILL_DATE>>

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below, and make the decision that best meets your needs. We urge you to consult with your insurance and financial advisors prior to making a decision, as accepting the rate increase may be in your best interest. All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on <<NEXT_BILL_DATE>>. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Benefit Upon Lapse outlined in Option #3 below.
- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at <<CS_PHONE>> to discuss your options.
- **Option #3: Elect the reduced Contingent Benefit Upon Lapse.**

  If you elect the Contingent Benefit Upon Lapse option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Benefit Upon Lapse would be <<RESULT_OF_CNF_FORMULA>>.

  There are two ways to elect the Contingent Non-Forfeiture Benefit:
  - Choose this option today by signing and dating the enclosed Contingent Benefit Upon Lapse Election Form and returning it in the enclosed postage-paid envelope; OR
  - If you do not pay the increased premium **within 120 days of the due date,** which is <<NEXT_BILL_DATE>>, you will be entitled to the Contingent Benefit Upon Lapse. We

<<LOGO>>

will automatically change your coverage to the Contingent Benefit Upon Lapse in lieu of your policy lapsing for non-payment of premium.

IMPORTANT: Paying the increased premium for coverage through 120 days from <<NEXT_BILL_DATE>>, constitutes your acceptance of the rate increase and voids the Contingent Benefit Upon Lapse offer.

What is the Contingent Benefit Upon Lapse?

The Contingent Benefit Upon Lapse Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same <<INPUT_1>> in effect at the time of lapse will be payable, but the <<INPUT_2>> will be equal to the greater of the items a) or b) below:

a) The total amount of premiums paid and applied to Your Policy; **OR**
b) Thirty (30) times the <<INPUT_1>>

The total of all benefits paid under your policy will not exceed the <<INPUT_2>> that would have been payable if your policy did not lapse.

Important facts to know about this reduced benefit are:

- No future premium is due.
- The <<INPUT_2>> is significantly less than the benefit provided if you choose to continue paying your premium.
- <<RIDERS_STATEMENT>>
- All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Benefit Upon Lapse.

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's 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 www.scc.virginia.gov/BOI.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options please call Customer Service toll free at <<CS_PHONE>>.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

<<OFFICER_SIGNATURE>>
<<OFFICER_NAME>>
<<OFFICER_TITLE>>
On behalf of Principal Life Insurance Company

<<Enclosure>>

<<LOGO>>
Principal Life Insurance Company

Contingent Benefit Upon Lapse Election Form

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

<<DATE>>
Billing Account ID: <<POLICY_NUMBER>>

I have decided to stop future premium payments and accept the reduced Contingent Benefit Upon Lapse.

I understand the following:

- No future premium is due; and
- I will have a reduced <<INPUT_2>> equal to the sum of all premiums paid and applied to date, **OR** thirty (30) times the <<INPUT_1>>, whichever is greater; and
- The Contingent Benefit Upon Lapse is significantly less than the benefit provided if I chose to keep paying my premium; and
- The Contingent Benefit Upon Lapse is only available if I satisfy the requirements for Benefit Eligibility as defined in my policy or certificate; and
- The Contingent Benefit Upon Lapse will be payable up to my current <<INPUT_1>> in effect on the date of this change; and
- <<RIDERS_STATEMENT>>; and
- All other terms, conditions, limitations and exclusions in my current coverage apply to the Contingent Benefit Upon Lapse.

Signature:
I request my current long term care insurance coverage be reduced to the Contingent Benefit Upon Lapse offered by the company. This option becomes effective as of my current paid through date. A summary of benefits will be sent to me when this request is processed.

_____

Signature **Date**

Mailing Instructions: Sign and date this form and return in the enclosed postage-paid envelope.

Statement of Variability – Principal

PFGP-VA-0718, PFGN-VA-0718, PFGOEF-VA-0718 and PFGCNF-VA-0718 –Rate Increase Letters, Option Election Form and Contingent Benefit Upon Lapse Election Form for Principal Insureds

<<LOGO>>
Populates with the Principal Life Insurance Company logo

<<DATE>>
Populates with the date the documents were sent, in Month, Day (XX), Year (2019/2020/2021) format

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>
<<POLICY_NUMBER>>
<<SALUTATION LAST_NAME>>
Populates with demographic information of the insured receiving the rate increase notice.

<<PHASE_IN>>
Populates with: we have filed a premium increase of <<INC_AMT>>

<<INC_AMT>>
The rate increase percentage amount, 20% - 32%, or other amount approved by the Virginia Bureau of Insurance

<<REASON_FOR_RATE_INCREASE>>
Populates with: Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.

<<CHANGE>>
Populates with the word: change

<<NEXT_BILL _DATE>>
Next bill date of policy in Month, Day (XX), Year (2019/2020/2021) format

<<MODAL>>
Monthly, Quarterly, Semi-Annual, Annual

<<CURRENT_RATE>>
Populates with dollar amount for current premium in $999,999.99 format

<<FUTURE_RATE>>
Populates with dollar amount for future rate increased premium in $9,999.99 format

<<INC_AMT_1>>

Populates with the full rate increase percentage amount

<<INPUT_1>>
Populates with: Daily Benefit

<<INPUT_2>>
Populates with: Total Lifetime Benefit

<<RESULT_OF_CNF_FORMULA>>
Populates with Contingent Benefit Upon Lapse amount $9,999.99 format

<<CS_PHONE>>
Populates with the Company's Customer Service phone number, 1-800-240-1675

<<RIDERS_STATEMENT>>
Populates with: All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated

<<OFFICE_ADDRESS>>
Populates with 165 Court St. Rochester, NY 14647

<<OFFICER_SIGNATURE>>
Populates with Cheryl Bush's signature

<<OFFICER_NAME>>
Populates with Cheryl Bush, RN

<<OFFICER_TITLE>>
Populates with Senior Vice President, Operations

<<Enclosure>>
Populates with Enclosure. Options that may be included as an enclosure: Business Reply Envelope, Contingent Benefit Upon Lapse Election Form, Option Election Form

Principal®

Principal Life Insurance Company

***Time-Sensitive!* Review Options and Make Your Decision**

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

John Doe
123 Main St.
Anytown, VA 12345

January 1, 2020
Billing Account ID: 1234-5678

Dear Mr. Doe:

We are writing to notify you that we have filed a premium increase of 23% with the Virginia Bureau of Insurance. Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced. This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming change to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of January 1, 2020, $72.91 monthly	$89.68 monthly	23%	April 1, 2020

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below, and make the decision that best meets your needs. We urge you to consult with your insurance and financial advisors prior to making a decision, as accepting the rate increase may be in your best interest. All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on April 1, 2020. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Benefit Upon Lapse outlined in Option #3 below.
- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at 1-800-240-1675 to discuss your options.
- **Option #3: Elect the reduced Contingent Benefit Upon Lapse.**

  If you elect the Contingent Benefit Upon Lapse option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Benefit Upon Lapse would be $23,695.75.

  There are two ways to elect the Contingent Benefit Upon Lapse:
  - Choose this option today by signing and dating the enclosed Contingent Benefit Upon Lapse Election Form and returning it in the enclosed postage-paid envelope; OR
  - If you do not pay the increased premium **within 120 days of the due date,** which is

April 1, 2020, you will be entitled to the Contingent Benefit Upon Lapse. We will automatically change your coverage to the Contingent Benefit Upon Lapse in lieu of your policy lapsing for non-payment of premium.

IMPORTANT: Paying the increased premium for coverage through 120 days from April 1, 2020, constitutes your acceptance of the rate increase and voids the Contingent Benefit Upon Lapse offer.

What is the Contingent Benefit Upon Lapse?

The Contingent Benefit Upon Lapse Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Daily Benefit in effect at the time of lapse will be payable, but the **Total Lifetime Benefit** will be equal to the greater of the items a) or b) below:

a) The total amount of premiums paid and applied to Your Policy; **OR**
b) Thirty (30) times the **Daily Benefit**

The total of all benefits paid under your policy will not exceed the **Total Lifetime Benefit** that would have been payable if your policy did not lapse.

Important facts to know about this reduced benefit are:

- No future premium is due.
- The Total Lifetime Benefit is significantly less than the benefit provided if you choose to continue paying your premium.
- All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated.
- All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Benefit Upon Lapse.

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's 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 www.scc.virginia.gov/BOI.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at **1-800-240-1675.**

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

Cheryl Bush, RN

Cheryl Bush, RN
Senior Vice President, Long Term Care Operations
On behalf of Principal Life Insurance Company

Enclosure

Principal®

Principal Life Insurance Company

***Time-Sensitive!* Review Options and Make Your Decision**

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

John Doe
123 Main St.
Anytown, VA 12345

January 1, 2020
Billing Account ID: 1234-5678

Dear Mr. Doe:

We are writing to notify you that we have filed a premium increase of 32% with the Virginia Bureau of Insurance. Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced. This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming change to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of January 1, 2020, $75.42 monthly	$99.55 monthly	32%	April 1, 2020

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below, and make the decision that best meets your needs. We urge you to consult with your insurance and financial advisors prior to making a decision, as accepting the rate increase may be in your best interest. All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on April 1, 2020. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Benefit Upon Lapse outlined in Option #3 below.
- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at 1-800-240-1675 to discuss your options.
- **Option #3: Elect the reduced Contingent Benefit Upon Lapse.**

  If you elect the Contingent Benefit Upon Lapse option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Benefit Upon Lapse would be $23,908.14.

  There are two ways to elect the Contingent Benefit Upon Lapse:
  - Choose this option today by signing and dating the enclosed Contingent Benefit Upon Lapse Election Form and returning it in the enclosed postage-paid envelope; OR
  - If you do not pay the increased premium **within 120 days of the due date,** which is

April 1, 2020, you will be entitled to the Contingent Benefit Upon Lapse. We will automatically change your coverage to the Contingent Benefit Upon Lapse in lieu of your policy lapsing for non-payment of premium.

IMPORTANT: Paying the increased premium for coverage through 120 days from April 1, 2020, constitutes your acceptance of the rate increase and voids the Contingent Benefit Upon Lapse offer.

What is the Contingent Benefit Upon Lapse?

The Contingent Benefit Upon Lapse Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Daily Benefit in effect at the time of lapse will be payable, but the **Total Lifetime Benefit** will be equal to the greater of the items a) or b) below:

a) The total amount of premiums paid and applied to Your Policy; **OR**
b) Thirty (30) times the **Daily Benefit**

The total of all benefits paid under your policy will not exceed the **Total Lifetime Benefit** that would have been payable if your policy did not lapse.

Important facts to know about this reduced benefit are:

- No future premium is due.
- The Total Lifetime Benefit is significantly less than the benefit provided if you choose to continue paying your premium.
- All riders and inflation options, including the Return of Premium Death Benefit Rider or the Return of Premium Benefit Rider, will be terminated.
- All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Benefit Upon Lapse.

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's 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 www.scc.virginia.gov/BOI.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at **1-800-240-1675.**

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

Cheryl Bush, RN

Cheryl Bush, RN
Senior Vice President, Long Term Care Operations
On behalf of Principal Life Insurance Company

Enclosure

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer: **MedAmerica Insurance Company**
On Behalf of Principal Life Insurance Company
165 Court Street
Rochester, NY 14647

Title of Form: **Notice of Premium Increase**
Form Number: PFGP-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 42.2.
It contains 54 sentences, 1,326 words. The type size of the text of the form is 11 point type, 1 point leaded.

Title of Form: **Contingent Non-Forfeiture Benefit Election Form**
Policy Form Number: PFGOEF-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 45.7.
It contains 9 sentences, 325 words. The type size of the text of the policy form is 11 point type, 1 point leaded.

Title of Form: **Notice of Premium Increase**
Policy Form Number: PFGN-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 42.7.
It contains 51 sentences, 1,167 words. The type size of the text of the policy form is 11 point type, 1 point leaded.

Title of Form: **Contingent Non-Forfeiture Benefit Election Form**
Policy Form Number: PFGCNF-VA-0718

I hereby certify that the Flesch reading ease score of the above form is 51.1.
It contains 6 sentences, 224 words. The type size of the text of the policy form is 11 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy forms are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Certification by:

William L. Naylon

William L. Naylon

President
Title