Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	06/22/2015
SERFF Tr Num:	AERS-129957728
SERFF Status:	Assigned
State Tr Num:	AERS-129957728
State Status:	Received Review in Progress
Co Tr Num:	30160A32100 2015 LR
Implementation Date Requested:	On Approval
Author(s):	Jeff Pederson, Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Elaine Zurovski
Reviewer(s):	Jim Laverty (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 15% increase on 1,499 policyholders of RiverSource forms 30160A-PA and 32100-PA.

State: *Pennsylvania* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A32100 2015 LR/30160A32100 2015 LR*

General Information

Project Name: 30160A32100 2015 LR
Project Number: 30160A32100 2015 LR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 15%

Deemer Date:
Submitted By: Cheryl Meyer

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/23/2015
State Status Changed: 06/23/2015
Created By: Cheryl Meyer
Corresponding Filing Tracking Number:

Filing Description:
This is a long-term care rate increase. Please see the attached cover letter.

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

Cheryl.D.Meyer@ampf.com
612-671-5583 [Phone]
612-671-3866 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center, H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]

CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832

State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: $125.00
Retaliatory? Yes
Fee Explanation: MN rate fee
Per Company: Yes

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	$125.00	06/22/2015	96809929

State: *Pennsylvania* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A32100 2015 LR/30160A32100 2015 LR*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approve
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 08/01/2013
Filing Method of Last Filing: Review and Approve

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):
RiverSource Life Insurance Company	%	15.000%	$425,673	1,499	$2,837,818	15.000%	15.000%

State: *Pennsylvania*
Filing Company: *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A32100 2015 LR/30160A32100 2015 LR*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA ExhVII Premiums 30160A 32100 LR	30160A-PA, 32100-PA	Revised	Previous State Filing Number: AERS-128789522 Percent Rate Change Request: 15	PA ExhVII_Premiums_30160A_32100_LR_20150622.pdf,

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
41	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
42	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
43	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
44	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
45	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
46	85.72	97.96	110.22	70.40	81.14	91.84	139.32	158.42	177.56	125.52	142.38	159.18	189.80	212.78	235.72	171.44	191.34	211.24
47	87.26	100.26	113.28	71.94	83.44	94.90	146.94	166.86	186.74	130.12	147.72	165.30	197.48	221.20	244.90	177.56	199.00	220.40
48	87.26	100.26	113.28	75.02	86.50	97.96	153.06	174.50	195.92	133.18	150.78	168.38	208.18	232.66	257.14	182.16	204.36	226.52
49	91.84	105.64	119.40	76.54	88.78	101.02	156.12	177.56	199.00	134.68	153.06	171.44	215.84	241.08	266.34	188.28	210.48	232.66
50	91.84	105.64	119.40	79.60	91.84	104.08	160.72	182.92	205.12	137.78	156.12	174.50	231.16	257.94	284.70	192.86	215.84	238.78
51	94.90	110.22	125.52	81.14	94.14	107.16	165.30	188.28	211.24	145.42	164.54	183.68	237.26	264.06	290.84	197.48	221.20	244.90
52	97.96	113.28	128.58	81.14	94.14	107.16	168.38	191.34	214.30	145.42	164.54	183.68	244.90	272.46	300.02	206.66	230.40	254.08
53	99.50	115.58	131.62	88.78	102.56	116.34	172.98	196.72	220.40	150.00	169.92	189.80	252.56	280.88	309.18	211.24	235.72	260.22
54	99.50	115.58	131.62	88.78	102.56	116.34	180.62	205.12	229.60	153.06	172.98	192.86	263.28	292.38	321.44	215.84	241.08	266.34
55	104.08	120.94	137.78	94.90	110.22	125.52	185.22	210.48	235.72	159.18	180.62	202.06	274.00	303.86	333.68	225.00	251.80	278.58
56	111.76	129.36	146.94	97.96	113.28	128.58	197.48	224.26	251.02	169.92	192.10	214.30	290.84	321.44	352.06	241.84	269.40	296.96
57	122.46	140.82	159.18	105.64	121.70	137.78	211.24	238.78	266.34	183.68	206.66	229.60	304.62	335.98	367.36	258.70	287.00	315.30
58	130.12	149.24	168.38	113.28	130.12	146.94	221.96	250.26	278.58	194.40	218.14	241.84	322.98	355.90	388.80	272.46	301.56	330.62
59	137.78	157.66	177.56	120.94	138.56	156.12	238.78	267.88	296.96	208.18	232.66	257.14	339.80	373.48	407.14	289.32	319.18	348.98
60	150.00	171.44	192.86	128.58	146.94	165.30	249.50	279.36	309.18	225.00	251.80	278.58	353.60	388.04	422.46	303.08	333.68	364.30
61	157.66	179.86	202.06	134.68	153.06	171.44	263.28	293.90	324.50	238.78	266.34	293.90	370.42	405.62	440.82	319.94	351.30	382.68
62	165.30	188.28	211.24	139.32	158.42	177.56	277.06	308.44	339.80	249.50	277.82	306.14	384.22	420.18	456.14	338.28	371.20	404.08
63	172.98	196.72	220.40	150.00	169.92	189.80	292.38	325.28	358.18	263.28	292.38	321.44	401.02	437.76	474.52	352.06	385.74	419.40
64	183.68	208.18	232.66	159.18	180.62	202.06	303.08	336.74	370.42	274.00	303.86	333.68	417.88	455.38	492.86	368.90	403.32	437.76
65	194.40	221.20	247.96	166.86	189.04	211.24	321.44	356.66	391.86	292.38	323.74	355.12	436.24	475.30	514.30	384.22	420.18	456.14
66	228.10	256.38	284.70	194.40	218.14	241.84	371.96	409.44	446.96	333.68	367.36	401.02	495.92	537.28	578.58	433.18	472.24	511.24
67	266.34	296.96	327.56	231.16	257.94	284.70	424.00	464.56	505.12	378.08	414.06	450.02	557.16	601.56	645.94	480.64	521.96	563.28
68	303.08	336.74	370.42	260.22	289.32	318.36	474.52	517.36	560.22	424.00	463.04	502.04	613.80	660.50	707.16	529.60	574.02	618.38
69	344.40	380.40	416.34	292.38	323.74	355.12	523.48	569.42	615.32	471.44	512.78	554.10	679.60	730.14	780.64	577.08	623.74	670.42
70	381.16	420.18	459.20	322.98	357.42	391.86	575.52	624.50	673.48	514.30	558.70	603.08	739.32	792.12	844.92	621.44	670.42	719.42
71	414.82	455.38	495.92	353.60	389.58	425.52	627.58	679.60	731.66	557.16	603.08	649.00	795.94	851.04	906.16	670.42	722.48	774.50
72	456.14	498.98	541.86	384.22	423.24	462.26	678.08	732.44	786.76	604.62	652.84	701.04	861.76	920.70	979.62	717.90	772.22	826.56
73	492.86	538.80	584.70	416.34	457.68	498.98	730.14	787.54	844.92	647.48	698.76	750.04	919.94	981.92	999.98	766.86	824.28	881.66
74	528.08	576.32	624.50	446.96	491.34	535.74	780.64	840.36	900.02	691.86	745.44	799.00	979.62	999.98	999.98	814.32	874.02	933.70
75	570.96	622.22	673.48	482.18	528.84	575.52	837.26	900.82	964.32	740.84	797.48	854.10	999.98	999.98	999.98	867.88	931.44	994.94
76	616.86	674.26	731.66	521.96	574.78	627.58	900.02	970.44	999.98	797.48	861.00	924.50	999.98	999.98	999.98	924.50	994.94	999.98
77	665.86	729.38	792.88	561.76	620.68	679.60	965.86	999.98	999.98	851.04	921.44	991.86	999.98	999.98	999.98	984.22	999.98	999.98
78	711.76	781.42	851.04	601.56	666.60	731.66	999.98	999.98	999.98	907.70	984.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.74	836.52	912.28	641.36	712.52	783.70	999.98	999.98	999.98	967.38	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
41	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
42	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
43	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
44	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
45	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
46	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	125.52	140.82	156.12
47	71.94	83.44	94.90	61.22	70.40	79.60	107.16	122.46	137.78	88.78	101.02	113.28	151.54	170.68	189.80	130.12	146.18	162.24
48	71.94	83.44	94.90	62.76	72.70	82.66	111.76	127.82	143.88	93.38	106.40	119.40	154.60	173.74	192.86	133.18	149.24	165.30
49	73.46	85.72	97.96	62.76	72.70	82.66	117.88	133.92	150.00	96.44	109.46	122.46	159.18	179.10	199.00	140.82	157.66	174.50
50	76.54	88.78	101.02	67.34	78.08	88.78	122.46	139.32	156.12	101.02	114.82	128.58	162.24	182.16	202.06	148.48	166.10	183.68
51	78.08	91.08	104.08	67.34	78.08	88.78	127.06	144.68	162.24	101.02	114.82	128.58	168.38	189.80	211.24	151.54	169.16	186.74
52	78.08	91.08	104.08	67.34	78.08	88.78	130.12	147.72	165.30	104.08	117.88	131.62	174.50	195.92	217.36	156.12	174.50	192.86
53	79.60	93.38	107.16	68.88	80.38	91.84	134.68	153.06	171.44	110.22	125.52	140.82	179.10	201.30	223.46	159.18	177.56	195.92
54	79.60	93.38	107.16	68.88	80.38	91.84	139.32	158.42	177.56	116.34	131.62	146.94	182.16	204.36	226.52	163.78	182.92	202.06
55	85.72	101.02	116.34	73.46	85.72	97.96	146.94	166.86	186.74	120.94	137.02	153.06	186.74	209.72	232.66	174.50	194.40	214.30
56	91.84	107.16	122.46	76.54	88.78	101.02	156.12	177.56	199.00	128.58	145.42	162.24	197.48	221.20	244.90	183.68	205.12	226.52
57	99.50	115.58	131.62	81.14	94.14	107.16	163.78	185.98	208.18	136.26	153.84	171.44	211.24	235.72	260.22	194.40	216.60	238.78
58	107.16	124.00	140.82	88.78	102.56	116.34	177.56	200.54	223.46	150.00	168.38	186.74	228.10	253.32	278.58	208.18	231.16	254.08
59	111.76	129.36	146.94	97.96	113.28	128.58	185.22	208.96	232.66	157.66	176.80	195.92	240.32	267.12	293.90	218.90	242.62	266.34
60	122.46	140.82	159.18	102.56	118.64	134.68	195.92	220.40	244.90	171.44	191.34	211.24	257.14	284.70	312.24	232.66	257.14	281.64
61	128.58	146.94	165.30	105.64	121.70	137.78	206.66	231.90	257.14	180.62	202.06	223.46	267.88	296.20	324.50	243.38	268.64	293.90
62	133.18	152.30	171.44	113.28	130.12	146.94	215.84	242.62	269.40	188.28	210.48	232.66	278.58	307.68	336.74	258.70	285.48	312.24
63	140.82	160.72	180.62	120.94	138.56	156.12	226.52	254.08	281.64	202.06	225.00	247.96	295.44	325.28	355.12	269.40	296.96	324.50
64	153.06	174.50	195.92	125.52	143.88	162.24	237.26	265.58	293.90	209.72	233.46	257.14	309.18	339.80	370.42	283.18	311.48	339.80
65	160.72	182.92	205.12	133.18	152.30	171.44	249.50	279.36	309.18	221.96	247.20	272.46	326.04	358.96	391.86	293.90	322.98	352.06
66	185.22	208.96	232.66	156.12	177.56	199.00	283.18	316.08	348.98	257.14	284.70	312.24	370.42	405.62	440.82	326.04	357.42	388.80
67	212.78	239.56	266.34	180.62	203.60	226.52	321.44	356.66	391.86	292.38	322.24	352.06	414.82	453.86	492.86	361.24	396.46	431.64
68	237.26	265.58	293.90	199.00	223.46	247.96	356.66	394.16	431.64	326.04	358.96	391.86	459.20	500.52	541.86	399.52	437.00	474.52
69	263.28	293.90	324.50	226.52	254.08	281.64	390.34	430.88	471.44	359.72	394.16	428.58	506.66	551.82	596.96	434.70	476.06	517.36
70	287.76	321.44	355.12	251.02	280.12	309.18	428.58	471.44	514.30	394.92	431.64	468.38	547.98	595.44	642.88	473.00	518.14	563.28
71	312.24	347.46	382.68	272.46	303.08	333.68	465.32	511.24	557.16	431.64	471.44	511.24	595.44	646.72	697.98	508.18	555.64	603.08
72	338.28	375.78	413.28	300.02	333.68	367.36	497.46	545.70	593.88	462.26	503.60	544.92	639.82	693.40	746.94	543.40	594.68	645.94
73	364.30	404.08	443.90	321.44	356.66	391.86	534.22	585.48	636.76	502.04	546.46	590.82	684.20	741.62	799.00	578.58	632.18	685.72
74	390.34	432.42	474.52	345.92	382.68	419.40	572.48	626.06	679.60	534.22	580.88	627.58	728.60	788.30	847.98	613.80	671.20	728.60
75	420.94	466.10	511.24	370.42	410.20	450.02	610.74	668.16	725.54	569.42	618.38	667.36	779.12	842.66	906.16	653.60	714.06	774.50
76	473.00	521.20	569.42	422.46	465.32	508.18	681.14	743.14	805.12	639.82	693.40	746.94	851.04	919.94	988.80	725.54	791.36	857.16
77	526.54	578.58	630.64	476.06	522.72	569.42	750.04	815.86	881.66	710.22	768.38	826.56	926.04	999.98	999.98	800.54	871.72	942.88
78	578.58	633.70	688.80	529.60	580.12	630.64	825.04	896.20	967.38	785.24	848.76	912.28	999.98	999.98	999.98	875.54	952.06	999.98
79	636.76	696.46	756.14	586.24	640.60	694.92	898.50	974.28	999.98	858.70	926.80	994.94	999.98	999.98	999.98	947.48	999.98	999.98

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
41	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
42	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
43	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
44	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
45	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
46	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
47	58.16	67.34	76.54	41.34	48.24	55.10	88.78	101.02	113.28	70.40	81.14	91.84	137.78	153.06	168.38	116.34	128.58	140.82
48	59.70	69.64	79.60	42.84	50.54	58.16	90.32	103.32	116.34	73.46	84.20	94.90	139.32	155.36	171.44	120.94	133.92	146.94
49	62.76	72.70	82.66	45.94	53.60	61.22	93.38	106.40	119.40	75.02	86.50	97.96	142.38	158.42	174.50	120.94	133.92	146.94
50	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
51	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
52	67.34	78.08	88.78	55.10	64.28	73.46	101.02	114.82	128.58	79.60	91.84	104.08	150.00	166.86	183.68	125.52	139.32	153.06
53	68.88	80.38	91.84	56.64	66.58	76.54	104.08	119.40	134.68	85.72	97.96	110.22	151.54	169.16	186.74	131.62	146.94	162.24
54	68.88	80.38	91.84	56.64	66.58	76.54	107.16	122.46	137.78	85.72	97.96	110.22	154.60	172.22	189.80	131.62	146.94	162.24
55	73.46	85.72	97.96	61.22	71.94	82.66	111.76	127.82	143.88	90.32	103.32	116.34	159.18	177.56	195.92	139.32	155.36	171.44
56	76.54	88.78	101.02	64.28	75.02	85.72	122.46	139.32	156.12	97.96	111.76	125.52	169.92	189.04	208.18	146.94	163.78	180.62
57	81.14	94.14	107.16	68.88	80.38	91.84	130.12	147.72	165.30	107.16	122.46	137.78	177.56	197.48	217.36	154.60	172.22	189.80
58	88.78	102.56	116.34	73.46	85.72	97.96	137.78	156.12	174.50	117.88	133.92	150.00	191.34	213.54	235.72	162.24	180.62	199.00
59	97.96	113.28	128.58	78.08	91.08	104.08	148.48	167.62	186.74	125.52	142.38	159.18	202.06	225.00	247.96	177.56	197.48	217.36
60	102.56	118.64	134.68	88.78	102.56	116.34	159.18	180.62	202.06	137.78	156.12	174.50	214.30	238.78	263.28	186.74	208.18	229.60
61	107.16	124.00	140.82	91.84	105.64	119.40	166.86	189.04	211.24	148.48	167.62	186.74	221.96	247.20	272.46	194.40	216.60	238.78
62	114.82	132.42	150.00	97.96	113.28	128.58	177.56	200.54	223.46	156.12	176.04	195.92	234.20	261.00	287.76	209.72	233.46	257.14
63	122.46	140.82	159.18	102.56	118.64	134.68	185.22	208.96	232.66	165.30	186.74	208.18	246.44	274.76	303.08	217.36	241.84	266.34
64	127.06	146.18	165.30	107.16	124.00	140.82	192.86	217.36	241.84	176.04	198.24	220.40	254.08	283.18	312.24	228.10	253.32	278.58
65	134.68	154.60	174.50	114.82	132.42	150.00	209.72	236.50	263.28	188.28	212.02	235.72	269.40	300.02	330.62	241.84	269.40	296.96
66	157.66	179.86	202.06	133.18	152.30	171.44	237.26	265.58	293.90	212.78	238.02	263.28	303.08	336.74	370.42	270.94	300.80	330.62
67	180.62	205.12	229.60	156.12	177.56	199.00	266.34	296.96	327.56	243.38	271.70	300.02	338.28	374.26	410.20	304.62	337.52	370.42
68	200.54	227.34	254.08	177.56	200.54	223.46	300.02	333.68	367.36	270.94	300.80	330.62	378.08	417.12	456.14	336.74	371.96	407.14
69	223.46	252.56	281.64	192.86	217.36	241.84	329.10	365.08	401.02	298.50	331.40	364.30	414.82	456.92	498.98	375.02	414.06	453.08
70	246.44	277.82	309.18	217.36	244.90	272.46	362.78	401.82	440.82	327.56	362.78	397.96	451.56	496.70	541.86	407.14	448.50	489.80
71	269.40	303.08	336.74	238.78	267.88	296.96	391.86	433.18	474.52	355.12	391.86	428.58	486.74	534.22	581.64	437.76	482.18	526.54
72	289.32	325.28	361.24	254.08	284.70	315.30	422.46	466.86	511.24	382.68	422.46	462.26	525.02	576.32	627.58	471.44	518.90	566.36
73	310.74	348.22	385.74	277.06	309.98	342.86	454.62	501.28	547.98	410.20	451.56	492.86	560.22	613.80	667.36	505.12	555.64	606.14
74	335.22	375.78	416.34	298.50	332.92	367.36	486.74	535.74	584.70	440.82	485.24	529.60	600.02	656.68	713.28	537.28	590.06	642.88
75	361.24	404.08	446.96	321.44	358.18	394.92	520.42	572.48	624.50	469.92	516.60	563.28	636.76	696.46	756.14	575.52	632.18	688.80
76	411.76	458.44	505.12	368.90	409.44	450.02	575.52	632.18	688.80	525.02	576.32	627.58	693.40	758.44	823.50	632.18	694.16	756.14
77	459.20	509.72	560.22	419.40	463.80	508.18	632.18	692.64	753.08	581.64	636.76	691.86	750.04	820.44	890.84	687.28	753.88	820.44
78	511.24	564.84	618.38	471.44	518.90	566.36	691.86	757.68	823.50	641.36	701.82	762.26	809.74	885.50	961.24	746.94	818.92	890.84
79	563.28	621.44	679.60	523.48	575.52	627.58	750.04	820.44	890.84	699.52	764.56	829.62	866.34	947.48	999.98	803.60	880.90	958.18
80				575.52	630.64					759.20	829.62					863.28	945.94	
81				626.06	684.96					820.44	895.44					919.94	999.98	
82				681.14	744.68					880.14	960.48					979.62	999.98	
83				736.26	804.36					939.82	999.98					999.98	999.98	
84				786.76	858.70					998.00	999.98					999.98	999.98	

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
41	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
42	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
43	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
44	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
45	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
46	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
47	41.34	48.24	55.10	32.16	37.52	42.84	68.88	78.84	88.78	55.10	62.76	70.40	97.96	110.22	122.46	81.14	91.08	101.02
48	42.84	50.54	58.16	33.68	39.80	45.94	70.40	81.14	91.84	58.16	67.34	76.54	97.96	110.22	122.46	85.72	96.44	107.16
49	42.84	50.54	58.16	33.68	39.80	45.94	73.46	84.20	94.90	61.22	70.40	79.60	102.56	115.58	128.58	85.72	96.44	107.16
50	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	102.56	115.58	128.58	90.32	101.80	113.28
51	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	107.16	120.94	134.68	93.38	104.88	116.34
52	49.00	58.16	67.34	38.28	45.18	52.04	84.20	95.68	107.16	68.88	78.84	88.78	107.16	120.94	134.68	93.38	104.88	116.34
53	50.54	60.46	70.40	39.80	47.48	55.10	85.72	97.96	110.22	70.40	81.14	91.84	116.34	131.62	146.94	97.96	110.22	122.46
54	50.54	60.46	70.40	39.80	47.48	55.10	88.78	101.02	113.28	73.46	84.20	94.90	116.34	131.62	146.94	101.02	113.28	125.52
55	58.16	68.88	79.60	45.94	55.10	64.28	93.38	106.40	119.40	78.08	89.56	101.02	120.94	137.02	153.06	105.64	118.64	131.62
56	61.22	71.94	82.66	45.94	55.10	64.28	96.44	109.46	122.46	84.20	95.68	107.16	125.52	142.38	159.18	113.28	127.06	140.82
57	65.82	77.32	88.78	50.54	60.46	70.40	104.08	117.88	131.62	91.84	104.08	116.34	133.18	150.78	168.38	119.40	134.68	150.00
58	70.40	82.66	94.90	58.16	68.88	79.60	110.22	125.52	140.82	96.44	109.46	122.46	143.88	162.24	180.62	127.06	143.12	159.18
59	75.02	88.02	101.02	61.22	71.94	82.66	120.94	137.02	153.06	104.08	117.88	131.62	151.54	170.68	189.80	131.62	148.48	165.30
60	82.66	96.44	110.22	65.82	77.32	88.78	125.52	142.38	159.18	110.22	125.52	140.82	159.18	179.10	199.00	142.38	159.96	177.56
61	88.78	102.56	116.34	70.40	82.66	94.90	133.18	150.78	168.38	120.94	137.02	153.06	168.38	189.80	211.24	146.94	165.30	183.68
62	94.90	110.22	125.52	73.46	85.72	97.96	137.78	156.12	174.50	125.52	142.38	159.18	179.10	201.30	223.46	151.54	170.68	189.80
63	99.50	115.58	131.62	78.08	91.08	104.08	148.48	167.62	186.74	133.18	150.78	168.38	186.74	209.72	232.66	159.18	179.10	199.00
64	104.08	120.94	137.78	82.66	96.44	110.22	153.06	172.98	192.86	137.78	156.12	174.50	194.40	218.14	241.84	165.30	186.74	208.18
65	111.76	129.36	146.94	91.84	107.16	122.46	162.24	183.68	205.12	148.48	167.62	186.74	205.12	229.60	254.08	176.04	198.24	220.40
66	127.06	146.18	165.30	104.08	120.94	137.78	180.62	203.60	226.52	162.24	183.68	205.12	231.16	257.94	284.70	191.34	215.08	238.78
67	140.82	162.24	183.68	116.34	134.68	153.06	195.92	220.40	244.90	177.56	200.54	223.46	252.56	280.88	309.18	209.72	234.96	260.22
68	159.18	182.16	205.12	131.62	151.54	171.44	217.36	244.90	272.46	189.80	214.30	238.78	278.58	309.18	339.80	228.10	256.38	284.70
69	171.44	195.92	220.40	145.42	167.62	189.80	235.72	264.82	293.90	203.60	230.40	257.14	304.62	337.52	370.42	246.44	276.30	306.14
70	192.86	220.40	247.96	160.72	184.46	208.18	255.62	287.00	318.36	218.90	247.20	275.52	330.62	365.84	401.02	267.88	300.80	333.68
71	205.12	234.20	263.28	172.98	198.24	223.46	275.52	309.18	342.86	231.16	261.00	290.84	355.12	391.86	428.58	283.18	317.60	352.06
72	220.40	251.02	281.64	189.80	217.36	244.90	290.84	326.04	361.24	246.44	277.82	309.18	381.16	420.18	459.20	301.56	337.52	373.48
73	237.26	270.18	303.08	202.06	231.16	260.22	310.74	348.22	385.74	260.22	293.90	327.56	407.14	448.50	489.80	319.94	358.96	397.96
74	252.56	287.00	321.44	217.36	247.96	278.58	330.62	370.42	410.20	275.52	310.74	345.92	431.64	474.52	517.36	338.28	378.84	419.40
75	269.40	306.14	342.86	234.20	267.12	300.02	350.54	392.64	434.70	287.76	324.50	361.24	459.20	505.12	551.04	361.24	404.08	446.96
76	307.68	348.22	388.80	267.88	303.86	339.80	382.68	428.58	474.52	319.94	360.48	401.02	495.92	544.92	593.88	399.52	446.20	492.86
77	345.92	390.34	434.70	309.18	348.98	388.80	419.40	468.38	517.36	355.12	399.52	443.90	534.22	587.00	639.82	437.76	488.30	538.80
78	384.22	432.42	480.64	348.98	393.40	437.76	451.56	504.36	557.16	385.74	433.18	480.64	575.52	632.18	688.80	477.58	531.14	584.70
79	422.46	474.52	526.54	382.68	430.12	477.58	488.30	545.70	603.08	425.52	477.58	529.60	612.26	671.96	731.66	515.84	573.26	630.64
80				425.52	477.58					456.14	511.24					552.58	613.04	
81				462.26	517.36					491.34	550.28					593.88	658.20	
82				502.04	561.76					528.08	591.60					632.18	700.28	
83				544.92	609.20					564.84	632.94					671.96	743.14	
84				584.70	653.60					603.08	675.02					710.22	785.24	

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A32100 2015 LR/30160A32100 2015 LR

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CovLtr_30160A_32100_LR_20150622.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActMem_30160A_32100_LR_20150622.pdf PA Supplement_to_ActMem_LR_30160A_32100_20150622.pdf PA Supplement_Exhibits_30160A_32100_LR_20150622.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	na
Attachment(s):	

State: Pennsylvania
Filing Company: RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A32100 2015 LR/30160A32100 2015 LR

Item Status:	
Status Date:	

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	na
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Third Party Document
Comments:	
Attachment(s):	Milliman_Involvement_PA_LR_30160A_32100_20150619.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Policy Forms
Comments:	.

State: *Pennsylvania*
Filing Company: *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A32100 2015 LR/30160A32100 2015 LR*

Attachment(s):	30160A-PA.pdf 30165A-PA.pdf 30273A.pdf 30274A.pdf 32100-PAsm.pdf
Item Status:	
Status Date:	

State: Pennsylvania
Filing Company: RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A32100 2015 LR/30160A32100 2015 LR

Attachment PA Supplement_Exhibits_30160A_32100_LR_20150622.xlsx is not a PDF document and cannot be reproduced here.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

June 22, 2015

Honorable Teresa D. Miller
Insurance Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square
Harrisburg, Pennsylvania 17120

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-129957728
Policy Form: Long Term Care Policy Form 30160A-PA
Long Term Care Insurance Endorsement Form 32100-PA

Dear Commissioner Miller:

The referenced rate filing is being submitted by RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30160A-PA, subject to endorsement form 32100-PA, is an existing individual policy form providing benefits for confinement in a nursing home with home care services and was previously approved in 2000. The form, with endorsement, was introduced for all policies with application date May 19, 2000 and later and was issued in Pennsylvania from June 2000 through March 2003, and is no longer being marketed in any state and, outside of Pennsylvania, was last issued in 2003. This rate filing does not apply to policies without the endorsement.

Some policies on form 30160A-PA with endorsement 32100-PA were issued after the September 16, 2002 effective date of rate stability requirements in Pennsylvania. This filing is only applicable to policies issued with endorsement before September 16, 2002.

The company is requesting the approval of a premium rate increase of 15% on the above listed form and all associated riders for policies issued in Pennsylvania with endorsement form 32100-PA. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 15% is being requested at this time. Unless emerging experience improves, we believe it likely that additional rate increases will be requested in the future.

As noted in the attached actuarial memorandum, three prior increases have been approved and implemented on this form for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

contract's next policy anniversary beginning in June 2011. A 10% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013.

As with the prior increases, the company will offer insureds affected by the premium increase the option of reducing their policy benefit 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 rate increase.

If the requested 15% increase is approved, the company will offer insureds a contingent nonforfeiture benefit in accordance with the requirements set forth in Pennsylvania Code §89a.123.

The following electronic items are included in this submission:

- this cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- a copy of policy form 30160A-PA, endorsement form 32100-PA, Simple Benefit Increase Option Rider 30273A, Compound Benefit Increase Option Rider 30274A, Nonforfeiture Benefit Rider 30165A-PA; and
- a Microsoft Excel spreadsheet containing all numerical data.

The required retaliatory filing fee of $125 will be paid via Electronic Funds Transfer (EFT).

The contact person for this filing is:

Cheryl Meyer
Senior Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474
(612) 671-5583
cheryl.d.meyer@ampf.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

Enclosures

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2015

Policy form 30160A-PA, subject to endorsement form 32100-PA, is an individual policy form providing benefits to individuals for confinement in a nursing home with home care services. This form was issued in Pennsylvania from June 15, 2000 to March 15, 2003; however, this filing is only applicable to policies issued prior to September 16, 2002.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

This is a federally tax qualified, individually underwritten policy form that provides comprehensive long term care coverage. Benefits are payable for nursing home and assisted living facility (ALF) care, home and community care, adult day care, respite care, caregiver training, and case management services. Equipment purchase benefits are also included with a lifetime maximum of 50 times the home and community care daily maximum benefit amount. Benefits may be payable for other supplies and services if they are specified in an alternate plan of care agreed to by the insured, the insured's physician and RiverSource Life Insurance Company ("RiverSource Life").

This policy reimburses expenses incurred by the insured subject to the amount of coverage purchased. The facility care daily maximum benefit (FCDMB) is elected by the proposed insured at the time of application. This facility care daily maximum benefit amount is applied to nursing home, ALF, bed reservation, respite care, and alternative plan of care benefits. The home and community care daily maximum benefit amount is also elected by the proposed insured at the time of application and is a percentage (50%, 75%, or 100%) of the facility care daily maximum benefit amount. The home and community care daily maximum benefit amount is applied to home care and adult day care.

A lifetime maximum benefit amount is also elected at the time of application. This establishes the maximum amount that will be paid under the policy for the combined total of all benefit payments. The choices are 730 x FCDMB, 1,460 x FCDMB, 2,190 x FCDMB, and unlimited.

INFLATION PROTECTION
At the time of application the proposed insured can elect no benefit increase, the simple benefit increase option, or the compound benefit increase option. The simple benefit increase option will increase the daily maximum benefit amounts (both facility and home and community care amounts) by 5% of the original daily maximum benefit amount each year starting with the second policy year and continuing for the life of the policy, while the compound benefit increase option will increase the previous year's daily maximum benefit amounts (both the facility and home and community care amounts) by 5% each year starting with the second policy year and continuing for the life of the policy. The increasing benefits apply even when the policy is in claim status. Also, the remaining lifetime maximum benefit amount, before the increase, will increase each policy year by

the same percentage that the facility care daily maximum benefit amount increases. When the total amount paid under a policy is equal to the current lifetime maximum benefit amount, the policy is terminated.

ELIMINATION PERIOD
Benefit payments commence after an elimination period of 20 or 90 days of service, depending on the plan initially chosen. Satisfaction of the elimination period begins with the first day on which benefit eligibility is established and expenses are incurred for which payment would be made if there were no elimination period. Only days in which services are used are credited toward satisfaction of the elimination period. These days do not need to be consecutive, but they must occur within a continuous period of three times the number of days in the elimination period. Only one elimination period needs to be satisfied during the lifetime of the policy.

The elimination period applies to all policy benefits except caregiver training, case management, equipment purchase, and respite care. Days for which the only expenses incurred are expenses that are not subject to the elimination period will not be used to satisfy the elimination period.

BENEFIT ELIGIBILITY AND CONDITIONS
A licensed health care practitioner must certify the following eligibility conditions at least annually. Benefit eligibility is based on the following: (a) the insured being unable to perform at least 2 or more of the following 6 activities of daily living (ADLs): (1) eating, (2) toileting, (3) transferring, (4) dressing, (5) continence, and (6) bathing, without substantial assistance for a period of at least 90 days due to a loss of functional capacity, or (b) severe cognitive impairment requiring substantial supervision, or (c) the insured having a level of disability similar to that described in (a) above, based on standards established by the Secretary of the Treasury.

A Medicare non-duplication provision excludes benefits that otherwise would be paid but for the application of a Medicare deductible or coinsurance amount.

FACILITY CARE BENEFITS
Facility care benefits are payable for nursing home confinement, whether skilled, intermediate, or custodial levels of care are received. Hospital confinement is not a prerequisite for benefit entitlement. Once benefit eligibility is established and the elimination period is satisfied, expenses incurred as a resident inpatient in a nursing home will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Facility care benefits are also payable for stays in a qualified ALF. A qualified ALF is one that has a minimum of 8 inpatients and has a 24-hour awake, trained, and ready to respond staff. Once benefit eligibility is established and the elimination period is satisfied, expenses incurred as a resident inpatient in an ALF will be reimbursed up to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Premium payments will be waived during extended nursing home and ALF stays. This waiver begins after 90 days of confinement (including during the elimination period) in a nursing home or ALF. These days do not need to be consecutive, but they must occur within a continuous period of 180 days. The waiver stops once nursing home and ALF benefits cease.

If a temporary hospitalization is required during a period of confinement in a nursing home or ALF and there is a charge to reserve a bed in the facility, this policy will pay the facility care daily maximum benefit amount for up to 21 days per policy year. These days also count towards satisfying the elimination period.

HOME CARE BENEFITS
Home care benefits covered at 100% of the home and community care daily maximum benefit amount are services provided by a nurse, a licensed physical, occupational or speech therapist, a home health aide, a personal care attendant, and adult day care. Home care benefits covered at 80% of the home and community care daily maximum benefit amount are homemaker and chore services. These expenses will be reimbursed subject to the percent of the home and community care daily maximum benefit amount listed above on the day expenses are incurred.

Premium payments will be reimbursed on a month-to-month basis during extended periods of home and community care. This premium waiver begins after expenses for home and community care services, excluding homemaker and chore services, have been incurred for 90 days. The expenses may be incurred while the elimination period is being satisfied or policy benefits are being received. These days do not need to be consecutive, but they must occur within a continuous period of 270 days. The premiums will continue to be reimbursed for each month in which at least 12 days of home and community care services, excluding homemaker and chore services, are received.

ADDITIONAL BENEFITS
Benefits in this section do not count against either the facility or home and community care daily maximum benefit amounts. They are, however, deducted from the lifetime maximum benefit amount, except for certain case management services described below. These expenses are not subject to the elimination period and they may not be used to satisfy the elimination period.

Expenses incurred for the first 14 days of <u>respite care</u> received during a policy year will be reimbursed subject to the facility care daily maximum benefit amount that applies on the day expenses are incurred.

Pre-approved <u>equipment purchase</u> expenses will be reimbursed up to a lifetime maximum of 50 times the home and community care daily maximum benefit amount. This equipment must be expected to help the insured remain in their home for at least 90 days.

<u>Caregiver training</u> expenses will be reimbursed up to a lifetime maximum of 5 times the home and community care daily maximum benefit amount.

The initial assessment fee for case management services is reimbursable, but to the extent it exceeds 5 times the facility care daily maximum benefit amount, it will be deducted from the lifetime maximum benefit amount. Other fees charged for case management services are reimbursable, but to the extent they exceed 2 times the facility care daily maximum benefit amount per use, they are deducted from the lifetime maximum benefit amount.

NONFORFEITURE BENEFIT RIDER
At issue, the insured has the option to select a nonforfeiture benefit rider. The nonforfeiture benefit rider provides a reduced lifetime maximum benefit amount upon lapse. The facility and home and community care daily maximum benefit amounts will continue at the same level as of the date of lapse, regardless of whether a benefit increase option was selected by the insured at issue.

The nonforfeiture benefit will begin if the policy terminates due to nonpayment of premium after the policy and rider have been inforce for at least 3 years. The reduced lifetime maximum benefit amount is determined as the sum of all premiums paid at the time of lapse, including the premiums for the nonforfeiture benefit rider. The reduced lifetime maximum benefit amount will not be less than 30 times the facility care daily maximum benefit amount at the time of lapse. However, in no case will the sum of the benefits paid during the premium paying period and the reduced lifetime maximum benefit amount exceed the lifetime maximum benefit amount at time of lapse.

The provisions for the benefit are at least as favorable as those prescribed by the 1996 NAIC Model Regulation.

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies issued prior to September 16, 2002 with endorsement form 32100-PA only, as this policy form is no longer being sold in the market.

5. Actuarial Assumptions

Exhibit I provides a comparison of the original pricing assumptions and the current assumptions used in this filing for mortality, lapses, morbidity and interest.

Exhibits II, III, IV and V provide experience analysis summaries for morbidity, mortality and lapse in support of the current rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current rate increase analysis and summarizes our experience analysis in support of these current rate increase assumptions as well as the company's management of this block of

business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing are reasonable.

Morbidity

Expected claim costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor.

Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates. The above described experience was also used to determine marital discounts.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

Actual-to-expected adjustment factors have been developed from actual emerging experience through anniversaries ending December 2013 and are shown in the following tables:

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2015

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78+**
1	0.10	0.35	0.35	1.00	1.10	1.35	1.60
2	0.10	0.35	0.35	1.00	1.10	1.35	1.60
3	0.10	0.35	0.35	1.00	1.10	1.35	1.60
4	0.10	0.35	0.35	1.00	1.10	1.35	1.60
5	0.10	0.35	0.35	1.00	1.10	1.35	1.60
6	0.15	0.35	0.40	1.00	1.15	1.35	1.60
7	0.15	0.35	0.40	1.00	1.15	1.35	1.60
8	0.15	0.35	0.40	1.00	1.15	1.35	1.60
9	0.15	0.35	0.40	1.00	1.15	1.35	1.60
10	0.15	0.35	0.50	1.05	1.20	1.40	1.60
11	0.25	0.35	0.70	1.05	1.20	1.40	1.60
12	0.25	0.35	0.70	1.05	1.20	1.40	1.60
13	0.25	0.35	0.70	1.05	1.20	1.40	1.60
14	0.25	0.35	0.70	1.05	1.20	1.40	1.60
15	0.25	0.35	0.70	1.05	1.20	1.40	1.60
16	0.35	0.60	0.80	1.10	1.25	1.55	1.75
17	0.35	0.60	0.80	1.10	1.25	1.55	1.75
18	0.35	0.60	0.80	1.10	1.25	1.55	1.75
19	0.35	0.60	0.80	1.10	1.25	1.55	1.75
20	0.35	0.60	0.80	1.10	1.25	1.55	1.75
21	0.60	0.80	0.90	1.10	1.25	1.75	2.00
22	0.60	0.80	0.90	1.10	1.25	1.75	2.00
23	0.60	0.80	0.90	1.10	1.25	1.75	2.00
24	0.60	0.80	0.90	1.10	1.25	1.75	2.00
25	0.60	0.80	0.90	1.10	1.25	1.75	2.00
26	0.85	0.90	1.00	1.10	1.25	2.00	2.00
27	0.85	0.90	1.00	1.10	1.25	2.00	2.00
28	0.85	0.90	1.00	1.10	1.25	2.00	2.00
29	0.85	0.90	1.00	1.10	1.25	2.00	2.00
30	0.85	0.90	1.00	1.10	1.25	2.00	2.00
31	0.90	1.00	1.05	1.10	1.25	2.10	2.05
32	0.93	1.00	1.05	1.10	1.25	2.10	2.05
33	0.95	1.00	1.05	1.10	1.25	2.10	2.05
34	0.98	1.00	1.05	1.10	1.25	2.10	2.05
35+	1.00	1.00	1.05	1.10	1.25	2.10	2.05

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2015

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.10	0.10	0.20	0.20	0.45	0.65	0.70	1.50
2	0.10	0.10	0.25	0.30	0.45	0.85	0.90	1.60
3	0.15	0.15	0.30	0.35	0.55	1.05	0.90	1.70
4	0.20	0.20	0.40	0.35	0.80	1.15	1.10	2.15
5	0.25	0.25	0.45	0.45	0.80	1.40	1.40	2.15
6	0.30	0.35	0.50	0.60	1.00	1.40	1.85	2.15
7	0.30	0.40	0.55	0.75	1.05	1.45	2.05	2.15
8	0.30	0.45	0.60	0.85	1.15	1.55	2.30	2.15
9	0.35	0.55	0.75	0.95	1.20	1.70	2.60	2.20
10	0.40	0.55	0.80	1.00	1.25	1.70	2.60	2.20
11	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
12	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
13	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
14	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
15	0.45	0.55	0.95	1.05	1.25	1.75	2.65	2.20
16	0.45	0.55	0.95	1.05	1.25	1.75	2.65	2.20
17	0.50	0.60	0.95	1.05	1.25	1.75	2.65	2.20
18	0.50	0.65	0.95	1.05	1.25	1.75	2.65	2.20
19	0.55	0.70	0.95	1.05	1.25	1.80	2.65	2.20
20	0.55	0.80	0.95	1.05	1.25	1.80	2.65	2.20
21	0.60	0.80	0.95	1.05	1.25	1.80	2.70	2.20
22	0.60	0.85	0.95	1.05	1.25	1.80	2.70	2.20
23	0.65	0.85	1.00	1.05	1.25	1.80	2.70	2.20
24	0.65	0.90	1.00	1.05	1.25	1.90	2.70	2.20
25	0.70	0.90	1.00	1.05	1.25	1.90	2.70	2.20
26	0.75	0.95	1.00	1.05	1.25	1.90	2.70	2.20
27	0.80	0.95	1.00	1.05	1.25	1.90	2.70	2.20
28	0.85	1.00	1.00	1.05	1.25	1.90	2.70	2.20
29	0.90	1.00	1.05	1.05	1.25	2.00	2.70	2.20
30	0.90	1.00	1.05	1.05	1.25	2.00	2.70	2.20
31	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
32	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
33	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
34	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
35+	1.00	1.00	1.05	1.10	1.25	2.00	2.70	2.20

Beginning in 2003, we have taken steps to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible. To reflect these improvements, we have reduced our expected claim costs by 5% for 2004 and later.
We conduct a morbidity study every year to analyze the current actual-to-expected adjustment factors (A/E factors). Our analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available.

The morbidity study is performed by comparing actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

Exhibit II displays "expected" experience using our current adjustment factors compared to actual incurred claims. The expected basis shown in this exhibit reflects the currently assumed claim costs. As shown in Exhibit II, the total actual-to-expected ratio using the A/E factors described above is 101.6%. This experience is based on 1,843 actual claims (583 lifetime and 1,260 non-lifetime). Actual claim counts split by issue age band are also displayed in Exhibit II.

Professional judgment was applied to create factors for periods beyond that for which there is experience. It has been credibly observed on older forms, including 30160A subject to endorsement form 32100, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus, we believe A/E factors that increase by duration are appropriate.

<u>Mortality</u>
Durational mortality selection factors were developed from actual experience on all long-term care ("LTC") forms combined and are applied to the 1983 Individual Annuity Mortality (IAM) Basic table.

Exhibit III is based on deaths on all LTC policies incurred from policy anniversaries in 2000 through policy anniversaries in 2013. The expected basis shown in this exhibit reflects 1983 IAM Basic mortality with the currently assumed selection factors. The selection factors fit the observed data very well with the resulting A/E at or near 100%.

The data was used in the development of the current selection factors, subject to the constraints that the factors must be non-decreasing by duration and cannot exceed 100%.

Selection factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we

expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 34 for younger issue ages. This experience includes 40,344 deaths.

Lapse Rates

Ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime). In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed. Exhibit IV provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase.

Exhibit V provides the lapse experience across all LTC forms combined from policy anniversaries in 2000 through policy anniversaries in 2013. The expected basis shown in this exhibit reflects the currently assumed lapse rates.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the data contained in this exhibit to derive the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages. This experience includes 35,596 lapses, including 11,061 in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

We have experienced much stronger customer loyalty than anticipated at the time these policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection

2.0% in the year of rate increase notification to policyholders, grading down to 0% in the 3rd year after rate increase notification.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008, 2011 and 2013 so that total commissions paid before and after the prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

The above assumptions are based on actual inforce experience of RiverSource Life and are deemed reasonable for this particular policy form; they do not include any provision for profit or contingencies.

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

7. Underwriting Description

This policy form 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, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, the initial amount of the facility and home and community care daily maximum benefit amounts, the maximum lifetime benefit amount, the elimination period, the Benefit Increase Option, and marital status at issue.

9. Issue Age Range

The issue ages are from 40 to 79 except for the benefit structures with 90-day elimination period, 2- or 4-year maximum policy benefit, and home and community care daily maximum 50% or 75% of facility care daily maximum, which are issued to age 84.

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 inforce count as of 12/31/2014) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	39.8%
Semi-Annual	0.5020*AP+ 0.4	6.2%
Quarterly	0.2580*AP+ 0.5	7.1%
Monthly	0.0868*AP+ 0.6	46.9%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in this rate increase analysis, except as described in the Supplement to the Actuarial Memorandum.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30160A, subject to endorsement form 32100, is shown in Exhibit VI, including any previously implemented rate increases as described in Section 15 of this memorandum.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical loss ratio calculation for each calendar year:

$$LR_j = \frac{\sum_k \sum_t {}_j Pmt_t^k * v^{t-k} + \sum_k ({}_j CR_{ValDate}^k + {}_j IBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

${}_j Pmt_t^k$ = claim payments at time *t* on claims incurred at time *k* in year *j*

${}_j CR_{ValDate}^k$ = open claim reserve held on December 31, 2014 for claims incurred at time *k* in year *j*

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2014 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 2014

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

v = 1 / 1.045 = 0.956938

A historical annual loss ratio is calculated, with and without interest, as historical incurred claims divided by historical earned premiums. Actual historical earned premiums used in Exhibit VI are calculated based on the issue and, if appropriate, termination date for each policy. Actual historical incurred claims used in Exhibit VI are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by anticipated earned premiums. The anticipated incurred claims and

earned premiums are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A lifetime loss ratio as of December 31, 2014 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 4.5% and assume mid-year values.

15. History of Previous Rate Revisions

Three prior increases have been approved and implemented on this form, for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 10% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013.

The actual and projected premiums in Exhibit VI reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2014 on a nationwide basis.

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

The company is requesting an increase of 15% for policies issued prior to September 16, 2002.

Projected experience assuming this increase is implemented on all policies is shown in Exhibit VI. As shown in this exhibit, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Corresponding rate tables are included with this memorandum in Exhibit VII.

17. Pennsylvania Average Annual Premium for Policies Issued Prior to September 16, 2002 (Annual Premium Based on December 31, 2014 Inforce)

Before increase: $1,893
After increase: $2,177

These values assume all previously approved premium increases have been implemented.

18. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

19. Nationwide Distribution of Business as of 12/31/2014 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	38.0%
55-59	27.9%
60-64	20.6%
65-69	9.0%
70-74	3.3%
75-79	1.1%
>79	0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	19.1%
90-day	80.9%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.9%
4-Year	29.3%
6-Year	30.8%
Unlimited	37.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	6.0%
Simple	35.5%
Compound	58.5%

20. Number of Policyholders

As of 12/31/2014, the number of policies and annual premium inforce, assuming all premium increases previously approved in Pennsylvania have been implemented in both the state* and nationwide, is:

	Number of Insured	Annual Premium
Pennsylvania:		
Issued prior to September 16, 2002	1,499	$2,837,818
Issued on or after September 16, 2002	256	375,645*
Nationwide	29,233	$54,802,309

* This premium for Pennsylvania policies issued on or after September 16, 2002 only does not reflect the cumulative 33.1% premium increases.

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Pennsylvania and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

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 the state where it is filed. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. This rate filing will progress toward premium adequacy but may not be sufficient to prevent future rate action. Therefore, benefits cannot be certified as reasonable in relation to premiums.

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: June 22, 2015

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A, Subject to Endorsement Form 32100

Original Pricing Assumptions:

Mortality: 1983 Individual Annuity Mortality Table

Lapse Rates:

	Issue Age				
Duration	**45**	**55**	**65**	**75**	**82**
1	10%	9%	8%	7%	6%
2	9%	8%	7%	6%	5%
3	8%	7%	6%	5%	4%
4	7%	6%	5%	4%	3%
5	6%	5%	5%	4%	3%
6+	5%	5%	5%	4%	3%

Morbidity: Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and severities of claims were developed for nursing home benefits. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on nursing home claims incidence. It was understood that the underwriting process would include an assessment of functional and cognitive abilities if considered appropriate.

Starting in 1990, RiverSource Life also marketed home health care benefit riders. At the time of original pricing, only limited insured experience was available for home health and community care benefits. Therefore the expected claim costs for these benefits were derived from general population data with the assistance of RiverSource Life's reinsurer. Both the incidence rates and the length of home health care usage for the first two years were determined through analysis of the "1982-1984 National Long Term Care Surveys", which polled elderly people who manifested impairments in ADLs. The home health care incidence rates were modified by loading for cognitive impairment as a benefit trigger.

The data from the "1985 National Nursing Home Survey" was used to extrapolate the length of home health care usage after the first two years. Additionally, experience data from continuing care retirement communities was used to verify the claim cost assumptions and to provide guidance in translating general population experience to anticipated insured population experience. Incidence rates by issue age and duration were developed to reflect the effects of underwriting on home health care claims incidence.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits. The nonforfeiture benefit claim costs were determined by assumptions consistent with those used in establishing premium rates. The above described experience was also used to determine marital discounts.

It should be recognized that considerable judgment was made with respect to expected claim costs, especially for non-institutional benefits. After using all available data, total expected claim costs were developed that represented reasonable estimates of aggregate long term care experience under the applicable underwriting criteria.

The following selection factors were used:

	Issue Age Band			
Duration	**40-59**	**60-69**	**70-79**	**80+**
1	40%	35%	30%	20%
2	50%	55%	60%	80%
3	55%	60%	75%	100%
4	60%	65%	90%	100%
5	65%	70%	100%	100%
6	70%	75%	100%	100%
7	75%	80%	100%	100%
8	80%	90%	100%	100%
9	90%	100%	100%	100%
10+	100%	100%	100%	100%

Interest Rate: 5.0%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A, Subject to Endorsement Form 32100

Current Assumptions:

Mortality: 1983 Individual Annuity Mortality Basic Table with selection consistent with experience

Mortality Selection Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	67%	71%	78%	74%	88%
12	57%	67%	72%	78%	90%	89%
13	57%	67%	75%	83%	90%	92%
14	57%	68%	77%	89%	90%	95%
15	57%	69%	78%	90%	95%	98%
16	64%	69%	81%	90%	95%	100%
17	67%	69%	81%	91%	100%	100%
18	70%	70%	84%	95%	100%	100%
19	72%	70%	85%	96%	100%	100%
20	72%	73%	86%	97%	100%	100%
21	75%	75%	88%	100%	100%	100%
22	80%	77%	90%	100%	100%	100%
23	80%	80%	95%	100%	100%	100%
24	85%	82%	95%	100%	100%	100%
25	85%	85%	100%	100%	100%	100%
26	85%	90%	100%	100%	100%	100%
27	87%	90%	100%	100%	100%	100%
28	87%	95%	100%	100%	100%	100%
29	90%	95%	100%	100%	100%	100%
30	90%	100%	100%	100%	100%	100%
31	90%	100%	100%	100%	100%	100%
32	95%	100%	100%	100%	100%	100%
33	95%	100%	100%	100%	100%	100%
34	95%	100%	100%	100%	100%	100%
35+	100%	100%	100%	100%	100%	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A, Subject to Endorsement Form 32100

Current Assumptions (continued):

Lapse Rates:

Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	6.8%	7.0%
2	6.5%	4.5%	3.5%
3	4.8%	3.5%	3.5%
4	3.6%	2.6%	1.9%
5	2.6%	1.9%	1.3%
6	1.9%	1.6%	1.3%
7	1.5%	1.1%	1.3%
8	1.1%	1.1%	1.3%
9	1.1%	1.1%	1.3%
10	0.9%	1.2%	1.3%
11	0.8%	1.0%	1.4%
12	0.7%	0.9%	1.5%
13	0.7%	0.9%	1.5%
14	0.7%	0.9%	1.6%
15	0.6%	0.9%	1.6%
16	0.6%	1.0%	1.7%
17	0.6%	1.2%	1.7%
18	0.6%	1.2%	1.8%
19	0.6%	1.2%	1.8%
20	0.8%	1.2%	1.9%
21	0.8%	1.2%	1.9%
22	0.9%	1.2%	2.0%
23	0.9%	1.2%	2.0%
24	0.9%	1.3%	2.0%
25	0.9%	1.3%	2.0%
26	0.9%	1.3%	2.0%
27	1.0%	1.3%	2.0%
28	1.0%	1.3%	2.0%
29	1.0%	1.3%	2.0%
30	1.0%	1.3%	2.0%
31	1.1%	1.3%	2.0%
32	1.1%	1.3%	2.0%
33	1.1%	1.3%	2.0%
34	1.1%	1.3%	2.0%
35	1.1%	1.4%	2.0%
36	1.1%	1.4%	2.0%
37	1.1%	1.4%	2.0%
38	1.1%	1.4%	2.0%
39	1.1%	1.4%	2.0%
40+	1.1%	1.4%	2.0%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.4%
9	1.1%	1.3%	2.5%
10	1.0%	1.3%	3.3%
11	1.0%	1.5%	3.6%
12	0.9%	1.5%	3.9%
13	0.8%	1.5%	4.2%
14	0.8%	1.5%	5.3%
15	0.7%	1.6%	5.3%
16	0.7%	1.8%	5.3%
17	0.8%	2.0%	5.9%
18	1.0%	2.2%	5.9%
19	1.1%	2.4%	5.9%
20	1.1%	2.7%	5.9%
21	1.1%	2.9%	6.0%
22	1.1%	3.1%	6.0%
23	1.1%	3.4%	6.0%
24	1.2%	3.4%	6.0%
25	1.4%	3.6%	6.0%
26	1.5%	3.8%	6.0%
27	1.6%	4.0%	6.0%
28	2.1%	4.2%	6.0%
29	2.4%	4.4%	6.0%
30	2.6%	4.5%	6.0%
31	2.9%	4.5%	6.0%
32	3.1%	4.5%	6.0%
33	3.2%	4.5%	6.0%
34	3.3%	4.5%	6.0%
35	3.4%	4.5%	6.0%
36	3.5%	4.5%	6.0%
37	3.5%	4.5%	6.0%
38	3.5%	4.5%	6.0%
39	3.5%	4.5%	6.0%
40+	3.5%	4.5%	6.0%

In the year of rate increase notification to policyholders, an additional 1.3% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A, Subject to Endorsement Form 32100

Current Assumptions (continued):

Morbidity: Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2013. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.10	0.35	0.35	1.00	1.10	1.35	1.60
2	0.10	0.35	0.35	1.00	1.10	1.35	1.60
3	0.10	0.35	0.35	1.00	1.10	1.35	1.60
4	0.10	0.35	0.35	1.00	1.10	1.35	1.60
5	0.10	0.35	0.35	1.00	1.10	1.35	1.60
6	0.15	0.35	0.40	1.00	1.15	1.35	1.60
7	0.15	0.35	0.40	1.00	1.15	1.35	1.60
8	0.15	0.35	0.40	1.00	1.15	1.35	1.60
9	0.15	0.35	0.40	1.00	1.15	1.35	1.60
10	0.15	0.35	0.50	1.05	1.20	1.40	1.60
11	0.25	0.35	0.70	1.05	1.20	1.40	1.60
12	0.25	0.35	0.70	1.05	1.20	1.40	1.60
13	0.25	0.35	0.70	1.05	1.20	1.40	1.60
14	0.25	0.35	0.70	1.05	1.20	1.40	1.60
15	0.25	0.35	0.70	1.05	1.20	1.40	1.60
16	0.35	0.60	0.80	1.10	1.25	1.55	1.75
17	0.35	0.60	0.80	1.10	1.25	1.55	1.75
18	0.35	0.60	0.80	1.10	1.25	1.55	1.75
19	0.35	0.60	0.80	1.10	1.25	1.55	1.75
20	0.35	0.60	0.80	1.10	1.25	1.55	1.75
21	0.60	0.80	0.90	1.10	1.25	1.75	2.00
22	0.60	0.80	0.90	1.10	1.25	1.75	2.00
23	0.60	0.80	0.90	1.10	1.25	1.75	2.00
24	0.60	0.80	0.90	1.10	1.25	1.75	2.00
25	0.60	0.80	0.90	1.10	1.25	1.75	2.00
26	0.85	0.90	1.00	1.10	1.25	2.00	2.00
27	0.85	0.90	1.00	1.10	1.25	2.00	2.00
28	0.85	0.90	1.00	1.10	1.25	2.00	2.00
29	0.85	0.90	1.00	1.10	1.25	2.00	2.00
30	0.85	0.90	1.00	1.10	1.25	2.00	2.00
31	0.90	1.00	1.05	1.10	1.25	2.10	2.05
32	0.93	1.00	1.05	1.10	1.25	2.10	2.05
33	0.95	1.00	1.05	1.10	1.25	2.10	2.05
34	0.98	1.00	1.05	1.10	1.25	2.10	2.05
35+	1.00	1.00	1.05	1.10	1.25	2.10	2.05

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison

Policy Form: 30160A, Subject to Endorsement Form 32100

Current Assumptions (continued):

Morbidity (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.10	0.10	0.20	0.20	0.45	0.65	0.70	1.50
2	0.10	0.10	0.25	0.30	0.45	0.85	0.90	1.60
3	0.15	0.15	0.30	0.35	0.55	1.05	0.90	1.70
4	0.20	0.20	0.40	0.35	0.80	1.15	1.10	2.15
5	0.25	0.25	0.45	0.45	0.80	1.40	1.40	2.15
6	0.30	0.35	0.50	0.60	1.00	1.40	1.85	2.15
7	0.30	0.40	0.55	0.75	1.05	1.45	2.05	2.15
8	0.30	0.45	0.60	0.85	1.15	1.55	2.30	2.15
9	0.35	0.55	0.75	0.95	1.20	1.70	2.60	2.20
10	0.40	0.55	0.80	1.00	1.25	1.70	2.60	2.20
11	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
12	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
13	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
14	0.40	0.55	0.90	1.05	1.25	1.75	2.65	2.20
15	0.45	0.55	0.95	1.05	1.25	1.75	2.65	2.20
16	0.45	0.55	0.95	1.05	1.25	1.75	2.65	2.20
17	0.50	0.60	0.95	1.05	1.25	1.75	2.65	2.20
18	0.50	0.65	0.95	1.05	1.25	1.75	2.65	2.20
19	0.55	0.70	0.95	1.05	1.25	1.80	2.65	2.20
20	0.55	0.80	0.95	1.05	1.25	1.80	2.65	2.20
21	0.60	0.80	0.95	1.05	1.25	1.80	2.70	2.20
22	0.60	0.85	0.95	1.05	1.25	1.80	2.70	2.20
23	0.65	0.85	1.00	1.05	1.25	1.80	2.70	2.20
24	0.65	0.90	1.00	1.05	1.25	1.90	2.70	2.20
25	0.70	0.90	1.00	1.05	1.25	1.90	2.70	2.20
26	0.75	0.95	1.00	1.05	1.25	1.90	2.70	2.20
27	0.80	0.95	1.00	1.05	1.25	1.90	2.70	2.20
28	0.85	1.00	1.00	1.05	1.25	1.90	2.70	2.20
29	0.90	1.00	1.05	1.05	1.25	2.00	2.70	2.20
30	0.90	1.00	1.05	1.05	1.25	2.00	2.70	2.20
31	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
32	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
33	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
34	0.95	1.00	1.05	1.08	1.25	2.00	2.70	2.20
35+	1.00	1.00	1.05	1.10	1.25	2.00	2.70	2.20

The following adverse selection factors are used:

Year of Policyholder Notification	With Current Requested Increase
1	2.0%
2	1.0%
3	0.0%

Interest Rate: 4.5%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Long Term Care Claim Experience
For Policy Anniversaries through 2013
Policy Form 30160A, Subject to Endorsement Form 32100
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
Duration	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	594,192	794,739	74.8%	197,412	501,950	39.3%	791,604	1,296,689	61.0%
2	1,480,257	1,281,478	115.5%	978,154	1,166,030	83.9%	2,458,411	2,447,508	100.4%
3	510,274	1,533,177	33.3%	1,814,375	1,762,442	102.9%	2,324,649	3,295,618	70.5%
4	3,870,412	1,872,350	206.7%	2,610,310	2,612,205	99.9%	6,480,722	4,484,556	144.5%
5	3,415,013	2,224,850	153.5%	2,828,877	3,628,492	78.0%	6,243,890	5,853,342	106.7%
6	2,031,717	2,781,619	73.0%	6,400,842	4,937,076	129.6%	8,432,559	7,718,695	109.2%
7	4,546,539	3,299,416	137.8%	5,553,621	6,253,635	88.8%	10,100,160	9,553,051	105.7%
8	1,992,838	3,899,182	51.1%	7,664,459	7,912,964	96.9%	9,657,297	11,812,146	81.8%
9	4,766,360	4,484,775	106.3%	11,614,790	10,077,627	115.3%	16,381,151	14,562,402	112.5%
10	5,303,312	5,533,391	95.8%	11,071,497	11,838,518	93.5%	16,374,810	17,371,910	94.3%
11	7,476,199	6,474,070	115.5%	11,553,141	12,947,398	89.2%	19,029,339	19,421,469	98.0%
12	4,713,678	4,738,361	99.5%	9,946,236	9,242,201	107.6%	14,659,914	13,980,562	104.9%
13	1,789,190	2,094,006	85.4%	4,846,405	3,751,599	129.2%	6,635,595	5,845,605	113.5%
Total	**42,489,982**	**41,011,414**	**103.6%**	**77,080,120**	**76,632,138**	**100.6%**	**119,570,102**	**117,643,552**	**101.6%**

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	215,089	100,488	214.0%	5
43-47	195,344	608,141	32.1%	12
48-52	2,634,366	2,884,617	91.3%	44
53-57	9,872,172	11,320,475	87.2%	164
58-62	20,296,081	21,107,809	96.2%	335
63-67	28,910,939	28,353,223	102.0%	388
68-72	24,616,106	22,468,870	109.6%	379
73-77	21,410,671	20,164,639	106.2%	342
78-82	10,152,540	9,462,488	107.3%	151
83+	1,266,795	1,172,800	108.0%	23
Total	**119,570,102**	**117,643,552**	**101.6%**	**1,843**

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2013
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,154	2,174	99%	(20)
10	2,637	2,657	99%	(20)
11	3,196	3,200	100%	(4)
12	3,323	3,380	98%	(57)
13	3,332	3,385	98%	(53)
14	3,187	3,276	97%	(89)
15	2,965	3,050	97%	(85)
16	2,688	2,770	97%	(82)
17	2,540	2,563	99%	(23)
18	2,159	2,150	100%	9
19	1,737	1,742	100%	(5)
20	1,401	1,430	98%	(29)
21	1,182	1,145	103%	37
22	882	838	105%	44
23	487	484	101%	3
24	67	74	90%	(7)
Total	**40,344**	**40,652**	**99%**	**(308)**

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	23	24	95%	(1)
43-47	131	145	91%	(14)
48-52	956	986	97%	(30)
53-57	2,912	2,920	100%	(8)
58-62	6,674	6,687	100%	(13)
63-67	10,067	10,269	98%	(202)
68-72	9,968	9,996	100%	(28)
73-77	6,604	6,606	100%	(2)
78-82	2,651	2,654	100%	(3)
83+	358	366	98%	(8)
Total	**40,344**	**40,652**	**99%**	**(308)**

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
40,344	**40,652**	**99%**	**(308)**

EXHIBIT IV
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase											
Increase Percent	Average Increase	Year of Increase									Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	
< 10%	6.3%			0.9%	1.5%	1.7%	0.9%	1.2%	1.0%	0.7%	1.2%
10% - 19.9%	11.9%	0.7%	2.1%	1.5%	1.8%	1.9%	1.4%	1.3%	1.2%	1.1%	1.5%
20% - 29.9%	20.8%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%	1.8%
30%+	33.6%	2.9%	2.7%	2.0%	3.4%	3.1%	1.0%	1.9%			2.8%
Total	16.2%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.2%	1.7%

Overall Reduction in Benefits in Relation to Rate Increase Percentage											
Increase Percent	Average Increase	Year of Increase									Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	
< 10%	6.3%			0.3%	0.2%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%
10% - 19.9%	11.9%	0.8%	0.7%	0.5%	0.5%	0.6%	0.5%	0.6%	0.6%	0.7%	0.6%
20% - 29.9%	20.8%	1.5%	1.6%	1.6%	1.3%	2.3%		1.6%	0.9%	0.9%	1.4%
30%+	33.6%	3.0%	2.7%	2.6%	2.5%	2.3%	1.8%	1.5%			2.7%
Total	16.2%	1.4%	1.3%	0.8%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.9%

[1] The total percent reduction in benefit is typically no more than the percentage increase in premium.

EXHIBIT V
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2013
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD																
	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,435	0.9%	0.9%	212	17,566	1.2%	1.2%	32	2,936	1.1%	1.3%	615	62,938	1.0%	1.0%
11	353	40,934	0.9%	0.8%	200	19,218	1.0%	1.0%	34	3,302	1.0%	1.4%	587	63,454	0.9%	0.9%
12	231	34,246	0.7%	0.7%	148	17,789	0.8%	0.9%	43	2,984	1.4%	1.5%	422	55,019	0.8%	0.8%
13	204	29,273	0.7%	0.7%	141	15,703	0.9%	0.9%	31	2,485	1.2%	1.5%	376	47,461	0.8%	0.8%
14	166	24,961	0.7%	0.7%	109	12,961	0.8%	0.9%	31	1,881	1.6%	1.6%	306	39,803	0.8%	0.8%
15	116	19,732	0.6%	0.6%	93	9,829	0.9%	0.9%	20	1,288	1.6%	1.6%	229	30,850	0.7%	0.8%
16	96	15,227	0.6%	0.6%	78	7,407	1.1%	1.0%	22	887	2.5%	1.7%	196	23,520	0.8%	0.8%
17	87	13,423	0.6%	0.6%	80	6,807	1.2%	1.2%	19	750	2.5%	1.7%	186	20,979	0.9%	0.8%
18	46	8,709	0.5%	0.6%	68	5,058	1.3%	1.2%	14	482	2.9%	1.8%	128	14,249	0.9%	0.9%
19	31	5,555	0.6%	0.6%	37	3,172	1.2%	1.2%	5	258	1.9%	1.8%	73	8,984	0.8%	0.9%
20	31	4,116	0.8%	0.8%	37	2,582	1.4%	1.2%	3	176	1.7%	1.9%	71	6,874	1.0%	0.9%
21	30	3,758	0.8%	0.8%	27	2,847	0.9%	1.2%	7	182	3.8%	1.9%	64	6,787	0.9%	1.0%
22	31	3,341	0.9%	0.9%	21	2,689	0.8%	1.2%	5	173	2.9%	2.0%	57	6,203	0.9%	1.0%
23	19	1,819	1.0%	0.9%	16	1,460	1.1%	1.2%	3	85	3.5%	2.0%	38	3,364	1.1%	1.0%
24	2	240	0.8%	0.9%	4	179	2.2%	1.3%	0	11	0.0%	2.0%	6	430	1.4%	1.1%
All Durations	**11,861**	**616,549**	**1.9%**	**1.9%**	**3,435**	**233,382**	**1.5%**	**1.5%**	**582**	**35,030**	**1.7%**	**1.7%**	**15,878**	**884,961**	**1.8%**	**1.8%**
Durations 8 and later	**2,862**	**346,139**	**0.8%**	**0.8%**	**1,653**	**160,058**	**1.0%**	**1.0%**	**338**	**23,643**	**1.4%**	**1.5%**	**4,853**	**529,840**	**0.9%**	**0.9%**

NON-LIFETIME BENEFIT PERIOD																
	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
		Actual		Expected		Actual		Expected		Actual		Expected		Actual		Expected
Duration	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses	Lapses	Exposure	Rate	Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.4%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.1%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.5%	834	64,129	1.3%	1.3%
10	278	30,581	0.9%	1.0%	225	20,119	1.1%	1.3%	188	5,892	3.2%	3.3%	691	56,592	1.2%	1.3%
11	247	27,376	0.9%	1.0%	294	19,999	1.5%	1.5%	206	5,765	3.6%	3.6%	747	53,140	1.4%	1.4%
12	220	22,285	1.0%	0.9%	248	17,841	1.4%	1.5%	191	4,939	3.9%	3.9%	659	45,065	1.5%	1.5%
13	151	19,248	0.8%	0.8%	237	15,702	1.5%	1.5%	166	4,050	4.1%	4.2%	554	39,000	1.4%	1.4%
14	115	14,226	0.8%	0.8%	173	12,574	1.4%	1.5%	160	2,957	5.4%	5.3%	448	29,758	1.5%	1.5%
15	66	9,358	0.7%	0.7%	159	9,135	1.7%	1.6%	89	1,936	4.6%	5.3%	314	20,429	1.5%	1.5%
16	50	6,784	0.7%	0.7%	124	6,589	1.9%	1.8%	75	1,305	5.7%	5.3%	249	14,678	1.7%	1.6%
17	45	5,861	0.8%	0.8%	115	5,797	2.0%	2.0%	49	1,041	4.7%	5.9%	209	12,700	1.6%	1.8%
18	45	3,979	1.1%	1.0%	76	4,231	1.8%	2.2%	44	694	6.3%	5.9%	165	8,904	1.9%	1.9%
19	30	2,707	1.1%	1.1%	62	2,780	2.2%	2.4%	22	373	5.9%	5.9%	114	5,860	1.9%	2.0%
20	25	2,127	1.2%	1.1%	65	2,190	3.0%	2.7%	11	255	4.3%	5.9%	101	4,572	2.2%	2.1%
21	19	1,686	1.1%	1.1%	66	2,027	3.3%	2.9%	15	208	7.2%	6.0%	100	3,921	2.6%	2.3%
22	13	1,245	1.0%	1.1%	48	1,636	2.9%	3.1%	20	157	12.7%	6.0%	81	3,037	2.7%	2.4%
23	5	626	0.8%	1.1%	29	809	3.6%	3.4%	4	50	8.1%	6.0%	38	1,484	2.6%	2.5%
24	4	104	3.9%	1.2%	2	113	1.8%	3.4%	1	3	30.8%	6.0%	7	220	3.2%	2.4%
All Durations	**11,215**	**481,599**	**2.3%**	**2.3%**	**6,021**	**285,142**	**2.1%**	**2.1%**	**2,482**	**75,427**	**3.3%**	**3.3%**	**19,718**	**842,168**	**2.3%**	**2.4%**
Durations 8 and later	**2,130**	**221,176**	**1.0%**	**1.0%**	**2,531**	**165,246**	**1.5%**	**1.6%**	**1,547**	**42,553**	**3.6%**	**3.7%**	**6,208**	**428,976**	**1.4%**	**1.5%**

EXHIBIT VI
RiverSource Life Insurance Company
Nationwide Experience Projections, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

			Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest					Persistency Factors			
	Calendar Year	Ending Policies Inforce	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Morbidity Factor	Policy Lapse & Mortality	Policy Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	9,836	3,316,794	0	0.0%	6,279,206	0	0.0%			0.0075	0.993	4.50%	1.8932
	2001	25,543	26,853,376	521,781	1.9%	48,648,429	945,275	1.9%			0.0308	0.969	4.50%	1.8116
	2002	39,113	48,218,444	1,959,886	4.1%	83,592,406	3,397,696	4.1%			0.0397	0.960	4.50%	1.7336
	2003	37,806	58,076,515	1,472,260	2.5%	96,346,932	2,442,429	2.5%			0.0736	0.926	4.50%	1.6590
	2004	36,450	55,097,014	4,307,861	7.8%	87,467,984	6,838,844	7.8%			0.0359	0.964	4.50%	1.5875
	2005	35,452	53,275,196	6,546,597	12.3%	80,933,779	9,945,357	12.3%			0.0274	0.973	4.50%	1.5192
	2006	34,703	51,925,705	5,963,336	11.5%	75,486,775	8,669,175	11.5%			0.0211	0.979	4.50%	1.4537
	2007	34,072	50,913,530	12,391,734	24.3%	70,828,067	17,238,690	24.3%			0.0182	0.982	4.50%	1.3911
	2008	33,149	52,700,244	9,170,750	17.4%	70,156,597	12,208,457	17.4%			0.0271	0.973	4.50%	1.3312
	2009	32,432	52,062,556	16,271,700	31.3%	66,323,140	20,728,721	31.3%			0.0216	0.978	4.50%	1.2739
	2010	31,769	50,826,883	14,903,597	29.3%	61,960,767	18,168,304	29.3%			0.0204	0.980	4.50%	1.2191
	2011	31,153	50,686,014	21,685,487	42.8%	59,128,267	25,297,418	42.8%			0.0194	0.981	4.50%	1.1666
	2012	30,484	53,057,590	22,146,950	41.7%	59,229,524	24,723,198	41.7%			0.0215	0.979	4.50%	1.1163
	2013	29,849	53,144,790	20,899,779	39.3%	56,772,122	22,326,268	39.3%			0.0208	0.979	4.50%	1.0683
	2014	29,233	55,311,828	21,492,744	38.9%	56,542,650	21,971,009	38.9%			0.0206	0.979	4.50%	1.0223
Projected Future Experience	2015	28,446	53,952,909	28,325,134	52.5%	52,778,461	27,708,552	52.5%	1.0000	1.3543	0.0269	0.973	4.50%	0.9782
	2016	27,646	52,117,167	31,273,091	60.0%	48,787,253	29,274,964	60.0%	1.0000	1.1360	0.0281	0.972	4.50%	0.9361
	2017	26,813	50,241,998	34,590,620	68.8%	45,006,597	30,986,150	68.8%	1.0000	1.1404	0.0301	0.970	4.50%	0.8958
	2018	25,934	48,312,298	37,762,267	78.2%	41,414,334	32,370,622	78.2%	1.0000	1.1287	0.0328	0.967	4.50%	0.8572
	2019	25,013	46,325,558	40,861,036	88.2%	38,001,204	33,518,615	88.2%	1.0000	1.1219	0.0355	0.964	4.50%	0.8203
	2020	24,052	44,291,322	44,502,695	100.5%	34,767,947	34,933,871	100.5%	1.0000	1.1326	0.0384	0.962	4.50%	0.7850
	2021	23,058	42,217,983	49,451,603	117.1%	31,713,311	37,147,064	117.1%	1.0000	1.1591	0.0413	0.959	4.50%	0.7512
	2022	22,028	40,108,210	54,434,341	135.7%	28,831,092	39,129,184	135.7%	1.0000	1.1522	0.0446	0.955	4.50%	0.7188
	2023	20,967	37,965,317	59,116,732	155.7%	26,115,513	40,665,110	155.7%	1.0000	1.1410	0.0482	0.952	4.50%	0.6879
	2024	19,875	35,796,763	63,280,034	176.8%	23,563,457	41,654,502	176.8%	1.0000	1.1293	0.0521	0.948	4.50%	0.6583
	2025	18,750	33,604,528	67,605,203	201.2%	21,167,850	42,585,237	201.2%	1.0000	1.1324	0.0566	0.943	4.50%	0.6299
	2026	17,599	31,392,597	73,287,982	233.5%	18,922,996	44,176,919	233.5%	1.0000	1.1550	0.0614	0.939	4.50%	0.6028
	2027	16,433	29,178,886	78,773,375	270.0%	16,831,200	45,438,692	270.0%	1.0000	1.1511	0.0663	0.934	4.50%	0.5768
	2028	15,252	26,974,991	83,504,998	309.6%	14,889,887	46,093,804	309.6%	1.0000	1.1421	0.0719	0.928	4.50%	0.5520
	2029	14,060	24,783,691	87,043,169	351.2%	13,091,210	45,977,831	351.2%	1.0000	1.1308	0.0782	0.922	4.50%	0.5282
	2030	12,866	22,613,381	89,915,447	397.6%	11,430,441	45,449,782	397.6%	1.0000	1.1288	0.0849	0.915	4.50%	0.5055
	2031	11,691	20,490,499	92,784,218	452.8%	9,911,371	44,880,255	452.8%	1.0000	1.1356	0.0913	0.909	4.50%	0.4837
	2032	10,544	18,435,231	94,643,267	513.4%	8,533,231	43,808,122	513.4%	1.0000	1.1310	0.0981	0.902	4.50%	0.4629
	2033	9,438	16,465,809	95,225,645	578.3%	7,293,428	42,179,609	578.3%	1.0000	1.1240	0.1048	0.895	4.50%	0.4429
	2034	8,388	14,601,761	94,420,469	646.6%	6,189,244	40,021,973	646.6%	1.0000	1.1157	0.1112	0.889	4.50%	0.4239
	2035	7,397	12,855,527	92,991,815	723.4%	5,214,419	37,719,052	723.4%	1.0000	1.1168	0.1182	0.882	4.50%	0.4056
	2036	6,469	11,228,710	90,577,896	806.7%	4,358,425	35,157,824	806.7%	1.0000	1.1139	0.1255	0.874	4.50%	0.3882
	2037	5,611	9,726,877	87,063,025	895.1%	3,612,908	32,338,302	895.1%	1.0000	1.1082	0.1326	0.867	4.50%	0.3714
	2038	4,830	8,362,491	82,620,751	988.0%	2,972,370	29,366,779	988.0%	1.0000	1.1022	0.1390	0.861	4.50%	0.3554
	2039	4,128	7,137,105	77,684,854	1088.5%	2,427,577	26,423,311	1088.5%	1.0000	1.1003	0.1455	0.855	4.50%	0.3401
	2040	3,500	6,045,864	72,321,962	1196.2%	1,967,854	23,539,910	1196.2%	1.0000	1.0979	0.1520	0.848	4.50%	0.3255
	2041	2,944	5,082,067	66,652,166	1311.5%	1,582,919	20,760,250	1311.5%	1.0000	1.0956	0.1588	0.841	4.50%	0.3115
	2042	2,456	4,238,074	60,805,117	1434.7%	1,263,195	18,123,503	1434.7%	1.0000	1.0935	0.1657	0.834	4.50%	0.2981
	2043	2,032	3,505,483	54,908,592	1566.4%	999,847	15,661,236	1566.4%	1.0000	1.0916	0.1728	0.827	4.50%	0.2852
	2044	1,666	2,875,331	49,083,370	1707.1%	784,797	13,396,884	1707.1%	1.0000	1.0900	0.1799	0.820	4.50%	0.2729
	2045	1,354	2,338,302	43,421,837	1857.0%	610,736	11,341,261	1857.0%	1.0000	1.0884	0.1872	0.813	4.50%	0.2612
	2046	1,091	1,884,926	38,017,398	2016.9%	471,120	9,502,092	2016.9%	1.0000	1.0872	0.1947	0.805	4.50%	0.2499
	2047	870	1,505,803	32,935,955	2187.3%	360,154	7,877,544	2187.3%	1.0000	1.0860	0.2022	0.798	4.50%	0.2392
	2048	687	1,191,814	28,227,260	2368.4%	272,780	6,460,602	2368.4%	1.0000	1.0848	0.2100	0.790	4.50%	0.2289
	2049	538	934,295	23,926,084	2560.9%	204,631	5,240,342	2560.9%	1.0000	1.0838	0.2179	0.782	4.50%	0.2190
	2050	416	725,175	20,046,423	2764.4%	151,990	4,201,541	2764.4%	1.0000	1.0826	0.2261	0.774	4.50%	0.2096
	2051	319	557,076	16,594,379	2978.8%	111,730	3,328,254	2978.8%	1.0000	1.0814	0.2345	0.765	4.50%	0.2006
	2052	241	423,357	13,566,589	3204.5%	81,254	2,603,813	3204.5%	1.0000	1.0803	0.2432	0.757	4.50%	0.1919
	2053	180	318,136	10,946,715	3440.9%	58,430	2,010,512	3440.9%	1.0000	1.0790	0.2522	0.748	4.50%	0.1837
	2054	133	236,272	8,715,281	3688.7%	41,526	1,531,750	3688.7%	1.0000	1.0779	0.2614	0.739	4.50%	0.1758
	2055	97	173,330	6,842,727	3947.8%	29,152	1,150,852	3947.8%	1.0000	1.0770	0.2710	0.729	4.50%	0.1682
	2056	70	125,529	5,295,559	4218.6%	20,203	852,287	4218.6%	1.0000	1.0761	0.2809	0.719	4.50%	0.1609
	2057	49	89,691	4,037,480	4501.6%	13,814	621,825	4501.6%	1.0000	1.0755	0.2911	0.709	4.50%	0.1540
	2058	35	63,178	3,030,653	4797.0%	9,311	446,661	4797.0%	1.0000	1.0751	0.3018	0.698	4.50%	0.1474
	2059	24	43,834	2,236,650	5102.5%	6,182	315,445	5102.5%	1.0000	1.0744	0.3131	0.687	4.50%	0.1410
	2060	16	29,922	1,620,741	5416.5%	4,038	218,737	5416.5%	1.0000	1.0736	0.3251	0.675	4.50%	0.1350
	2061	11	20,066	1,150,466	5733.5%	2,591	148,582	5733.5%	1.0000	1.0723	0.3380	0.662	4.50%	0.1291
	2062	7	13,193	798,115	6049.4%	1,631	98,637	6049.4%	1.0000	1.0708	0.3521	0.648	4.50%	0.1236
	2063	4	8,484	539,771	6361.9%	1,003	63,837	6361.9%	1.0000	1.0697	0.3677	0.632	4.50%	0.1183
	2064	3	5,320	354,944	6671.3%	602	40,170	6671.3%	1.0000	1.0694	0.3851	0.615	4.50%	0.1132
	Past		715,466,480	159,734,463	22.3%	979,696,645	194,900,842	19.9%						
	Future		771,616,131	2,297,815,904	297.8%	526,877,217	1,098,542,650	208.5%						
	Lifetime		1,487,082,611	2,457,550,366	165.3%	1,506,573,862	1,293,443,492	85.9%						

EXHIBIT VI
RiverSource Life Insurance Company
Nationwide Experience Projections, All Policies
Projections with 15% Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

			Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
		Ending	Without Interest			With Interest			Premium		Persistency Factors		Calendar Year	Mid-Year
	Calendar	Policies	Earned	Incurred	Loss	Earned	Incurred	Loss	Rate Increase	Morbidity	Policy	Policy	Effective	Disc / Accum
	Year	Inforce	Premiums	Claims	Ratio	Premiums	Claims	Ratio	Factor	Factor	Lapse & Mortality	Persistency	Int Rate	Factor
Historical Experience	2000	9,836	3,316,794	0	0.0%	6,279,206	0	0.0%			0.0075	0.993	4.50%	1.8932
	2001	25,543	26,853,376	521,781	1.9%	48,648,429	945,275	1.9%			0.0308	0.969	4.50%	1.8116
	2002	39,113	48,218,444	1,959,886	4.1%	83,592,406	3,397,696	4.1%			0.0397	0.960	4.50%	1.7336
	2003	37,806	58,076,515	1,472,260	2.5%	96,346,932	2,442,429	2.5%			0.0736	0.926	4.50%	1.6590
	2004	36,450	55,097,014	4,307,861	7.8%	87,467,984	6,838,844	7.8%			0.0359	0.964	4.50%	1.5875
	2005	35,452	53,275,196	6,546,597	12.3%	80,933,779	9,945,357	12.3%			0.0274	0.973	4.50%	1.5192
	2006	34,703	51,925,705	5,963,336	11.5%	75,486,775	8,669,175	11.5%			0.0211	0.979	4.50%	1.4537
	2007	34,072	50,913,530	12,391,734	24.3%	70,828,067	17,238,690	24.3%			0.0182	0.982	4.50%	1.3911
	2008	33,149	52,700,244	9,170,750	17.4%	70,156,597	12,208,457	17.4%			0.0271	0.973	4.50%	1.3312
	2009	32,432	52,062,556	16,271,700	31.3%	66,323,140	20,728,721	31.3%			0.0216	0.978	4.50%	1.2739
	2010	31,769	50,826,883	14,903,597	29.3%	61,960,767	18,168,304	29.3%			0.0204	0.980	4.50%	1.2191
	2011	31,153	50,686,014	21,685,487	42.8%	59,128,267	25,297,418	42.8%			0.0194	0.981	4.50%	1.1666
	2012	30,484	53,057,590	22,146,950	41.7%	59,229,524	24,723,198	41.7%			0.0215	0.979	4.50%	1.1163
	2013	29,849	53,144,790	20,899,779	39.3%	56,772,122	22,326,268	39.3%			0.0208	0.979	4.50%	1.0683
	2014	29,233	55,311,828	21,492,744	38.9%	56,542,650	21,971,009	38.9%			0.0206	0.979	4.50%	1.0223
Projected Future Experience	2015	28,304	54,288,581	28,312,313	52.2%	53,106,826	27,696,010	52.2%	1.0193	1.3605	0.0318	0.968	4.50%	0.9782
	2016	27,285	57,048,780	31,346,760	54.9%	53,403,771	29,343,926	54.9%	1.1089	1.1485	0.0360	0.964	4.50%	0.9361
	2017	26,463	56,624,771	34,520,878	61.0%	50,724,261	30,923,675	61.0%	1.0175	1.1355	0.0301	0.970	4.50%	0.8958
	2018	25,596	54,450,070	37,310,467	68.5%	46,675,763	31,983,330	68.5%	1.0000	1.1174	0.0328	0.967	4.50%	0.8572
	2019	24,686	52,211,064	40,235,231	77.1%	42,829,129	33,005,263	77.1%	1.0000	1.1181	0.0355	0.964	4.50%	0.8203
	2020	23,738	49,918,511	43,805,981	87.8%	39,185,196	34,386,963	87.8%	1.0000	1.1322	0.0384	0.962	4.50%	0.7850
	2021	22,757	47,581,874	48,661,335	102.3%	35,742,560	36,553,430	102.3%	1.0000	1.1587	0.0413	0.959	4.50%	0.7512
	2022	21,741	45,204,161	53,548,880	118.5%	32,494,229	38,492,686	118.5%	1.0000	1.1519	0.0446	0.955	4.50%	0.7188
	2023	20,694	42,789,106	58,139,999	135.9%	29,433,692	39,993,236	135.9%	1.0000	1.1407	0.0482	0.952	4.50%	0.6879
	2024	19,615	40,345,113	62,219,795	154.2%	26,557,438	40,956,593	154.2%	1.0000	1.1290	0.0521	0.948	4.50%	0.6583
	2025	18,505	37,874,414	66,457,938	175.5%	23,857,497	41,862,563	175.5%	1.0000	1.1322	0.0566	0.943	4.50%	0.6299
	2026	17,369	35,381,499	72,029,447	203.6%	21,327,448	43,418,293	203.6%	1.0000	1.1547	0.0614	0.939	4.50%	0.6028
	2027	16,218	32,886,560	77,406,298	235.4%	18,969,890	44,650,124	235.4%	1.0000	1.1509	0.0663	0.934	4.50%	0.5768
	2028	15,053	30,402,672	82,041,867	269.9%	16,781,927	45,286,172	269.9%	1.0000	1.1419	0.0719	0.928	4.50%	0.5520
	2029	13,876	27,932,968	85,504,656	306.1%	14,754,717	45,165,160	306.1%	1.0000	1.1306	0.0782	0.922	4.50%	0.5282
	2030	12,698	25,486,909	88,313,618	346.5%	12,882,930	44,640,102	346.5%	1.0000	1.1287	0.0849	0.915	4.50%	0.5055
	2031	11,539	23,094,293	91,119,534	394.6%	11,170,841	44,075,038	394.6%	1.0000	1.1355	0.0913	0.909	4.50%	0.4837
	2032	10,406	20,777,875	92,934,287	447.3%	9,617,585	43,017,076	447.3%	1.0000	1.1309	0.0981	0.902	4.50%	0.4629
	2033	9,315	18,558,205	93,495,922	503.8%	8,220,242	41,413,439	503.8%	1.0000	1.1239	0.1048	0.895	4.50%	0.4429
	2034	8,279	16,457,294	92,695,752	563.3%	6,975,748	39,290,917	563.3%	1.0000	1.1155	0.1112	0.889	4.50%	0.4239
	2035	7,301	14,489,163	91,284,237	630.0%	5,877,050	37,026,430	630.0%	1.0000	1.1167	0.1182	0.882	4.50%	0.4056
	2036	6,384	12,655,623	88,906,510	702.5%	4,912,282	34,509,075	702.5%	1.0000	1.1138	0.1255	0.874	4.50%	0.3882
	2037	5,537	10,962,944	85,449,228	779.4%	4,072,027	31,738,881	779.4%	1.0000	1.1081	0.1326	0.867	4.50%	0.3714
	2038	4,767	9,425,175	81,082,876	860.3%	3,350,091	28,820,155	860.3%	1.0000	1.1021	0.1390	0.861	4.50%	0.3554
	2039	4,074	8,044,070	76,233,165	947.7%	2,736,067	25,929,541	947.7%	1.0000	1.1002	0.1455	0.855	4.50%	0.3401
	2040	3,455	6,814,157	70,965,505	1041.4%	2,217,924	23,098,400	1041.4%	1.0000	1.0978	0.1520	0.848	4.50%	0.3255
	2041	2,906	5,727,883	65,397,728	1141.7%	1,784,072	20,369,528	1141.7%	1.0000	1.0955	0.1588	0.841	4.50%	0.3115
	2042	2,424	4,776,636	59,657,010	1248.9%	1,423,719	17,781,299	1248.9%	1.0000	1.0934	0.1657	0.834	4.50%	0.2981
	2043	2,006	3,950,949	53,868,662	1363.4%	1,126,904	15,364,623	1363.4%	1.0000	1.0915	0.1728	0.827	4.50%	0.2852
	2044	1,645	3,240,719	48,151,103	1485.8%	884,526	13,142,430	1485.8%	1.0000	1.0900	0.1799	0.820	4.50%	0.2729
	2045	1,337	2,635,445	42,594,883	1616.2%	688,346	11,125,270	1616.2%	1.0000	1.0884	0.1872	0.813	4.50%	0.2612
	2046	1,077	2,124,455	37,291,539	1755.3%	530,988	9,320,671	1755.3%	1.0000	1.0871	0.1947	0.805	4.50%	0.2499
	2047	859	1,697,155	32,305,621	1903.5%	405,921	7,726,782	1903.5%	1.0000	1.0859	0.2022	0.798	4.50%	0.2392
	2048	678	1,343,265	27,685,838	2061.1%	307,444	6,336,682	2061.1%	1.0000	1.0848	0.2100	0.790	4.50%	0.2289
	2049	531	1,053,021	23,466,201	2228.5%	230,635	5,139,617	2228.5%	1.0000	1.0838	0.2179	0.782	4.50%	0.2190
	2050	411	817,327	19,660,354	2405.4%	171,304	4,120,624	2405.4%	1.0000	1.0826	0.2261	0.774	4.50%	0.2096
	2051	314	627,866	16,274,202	2592.0%	125,928	3,264,037	2592.0%	1.0000	1.0814	0.2345	0.765	4.50%	0.2006
	2052	238	477,154	13,304,379	2788.3%	91,579	2,553,487	2788.3%	1.0000	1.0802	0.2432	0.757	4.50%	0.1919
	2053	178	358,563	10,734,798	2993.8%	65,855	1,971,590	2993.8%	1.0000	1.0789	0.2522	0.748	4.50%	0.1837
	2054	131	266,296	8,546,305	3209.3%	46,803	1,502,052	3209.3%	1.0000	1.0779	0.2614	0.739	4.50%	0.1758
	2055	96	195,356	6,709,866	3434.7%	32,856	1,128,507	3434.7%	1.0000	1.0769	0.2710	0.729	4.50%	0.1682
	2056	69	141,480	5,192,600	3670.2%	22,770	835,716	3670.2%	1.0000	1.0761	0.2809	0.719	4.50%	0.1609
	2057	49	101,088	3,958,882	3916.3%	15,569	609,720	3916.3%	1.0000	1.0755	0.2911	0.709	4.50%	0.1540
	2058	34	71,206	2,971,585	4173.2%	10,494	437,955	4173.2%	1.0000	1.0751	0.3018	0.698	4.50%	0.1474
	2059	23	49,404	2,193,009	4438.9%	6,968	309,290	4438.9%	1.0000	1.0743	0.3131	0.687	4.50%	0.1410
	2060	16	33,724	1,589,084	4712.0%	4,551	214,465	4712.0%	1.0000	1.0736	0.3251	0.675	4.50%	0.1350
	2061	10	22,615	1,127,972	4987.6%	2,921	145,677	4987.6%	1.0000	1.0722	0.3380	0.662	4.50%	0.1291
	2062	7	14,870	782,497	5262.4%	1,838	96,707	5262.4%	1.0000	1.0708	0.3521	0.648	4.50%	0.1236
	2063	4	9,563	529,199	5534.1%	1,131	62,586	5534.1%	1.0000	1.0697	0.3677	0.632	4.50%	0.1183
	2064	3	5,997	347,987	5803.1%	679	39,383	5803.1%	1.0000	1.0694	0.3851	0.615	4.50%	0.1132
	Past		715,466,480	159,734,463	22.3%	979,696,645	194,900,842	19.9%						
	Future		861,447,888	2,258,363,784	262.2%	585,860,933	1,080,875,174	184.5%						
	Lifetime		1,576,914,368	2,418,098,246	153.3%	1,565,557,578	1,275,776,016	81.5%						

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
41	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
42	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
43	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
44	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
45	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
46	85.72	97.96	110.22	70.40	81.14	91.84	139.32	158.42	177.56	125.52	142.38	159.18	189.80	212.78	235.72	171.44	191.34	211.24
47	87.26	100.26	113.28	71.94	83.44	94.90	146.94	166.86	186.74	130.12	147.72	165.30	197.48	221.20	244.90	177.56	199.00	220.40
48	87.26	100.26	113.28	75.02	86.50	97.96	153.06	174.50	195.92	133.18	150.78	168.38	208.18	232.66	257.14	182.16	204.36	226.52
49	91.84	105.64	119.40	76.54	88.78	101.02	156.12	177.56	199.00	134.68	153.06	171.44	215.84	241.08	266.34	188.28	210.48	232.66
50	91.84	105.64	119.40	79.60	91.84	104.08	160.72	182.92	205.12	137.78	156.12	174.50	231.16	257.94	284.70	192.86	215.84	238.78
51	94.90	110.22	125.52	81.14	94.14	107.16	165.30	188.28	211.24	145.42	164.54	183.68	237.26	264.06	290.84	197.48	221.20	244.90
52	97.96	113.28	128.58	81.14	94.14	107.16	168.38	191.34	214.30	145.42	164.54	183.68	244.90	272.46	300.02	206.66	230.40	254.08
53	99.50	115.58	131.62	88.78	102.56	116.34	172.98	196.72	220.40	150.00	169.92	189.80	252.56	280.88	309.18	211.24	235.72	260.22
54	99.50	115.58	131.62	88.78	102.56	116.34	180.62	205.12	229.60	153.06	172.98	192.86	263.28	292.38	321.44	215.84	241.08	266.34
55	104.08	120.94	137.78	94.90	110.22	125.52	185.22	210.48	235.72	159.18	180.62	202.06	274.00	303.86	333.68	225.00	251.80	278.58
56	111.76	129.36	146.94	97.96	113.28	128.58	197.48	224.26	251.02	169.92	192.10	214.30	290.84	321.44	352.06	241.84	269.40	296.96
57	122.46	140.82	159.18	105.64	121.70	137.78	211.24	238.78	266.34	183.68	206.66	229.60	304.62	335.98	367.36	258.70	287.00	315.30
58	130.12	149.24	168.38	113.28	130.12	146.94	221.96	250.26	278.58	194.40	218.14	241.84	322.98	355.90	388.80	272.46	301.56	330.62
59	137.78	157.66	177.56	120.94	138.56	156.12	238.78	267.88	296.96	208.18	232.66	257.14	339.80	373.48	407.14	289.32	319.18	348.98
60	150.00	171.44	192.86	128.58	146.94	165.30	249.50	279.36	309.18	225.00	251.80	278.58	353.60	388.04	422.46	303.08	333.68	364.30
61	157.66	179.86	202.06	134.68	153.06	171.44	263.28	293.90	324.50	238.78	266.34	293.90	370.42	405.62	440.82	319.94	351.30	382.68
62	165.30	188.28	211.24	139.32	158.42	177.56	277.06	308.44	339.80	249.50	277.82	306.14	384.22	420.18	456.14	338.28	371.20	404.08
63	172.98	196.72	220.40	150.00	169.92	189.80	292.38	325.28	358.18	263.28	292.38	321.44	401.02	437.76	474.52	352.06	385.74	419.40
64	183.68	208.18	232.66	159.18	180.62	202.06	303.08	336.74	370.42	274.00	303.86	333.68	417.88	455.38	492.86	368.90	403.32	437.76
65	194.40	221.20	247.96	166.86	189.04	211.24	321.44	356.66	391.86	292.38	323.74	355.12	436.24	475.30	514.30	384.22	420.18	456.14
66	228.10	256.38	284.70	194.40	218.14	241.84	371.96	409.44	446.96	333.68	367.36	401.02	495.92	537.28	578.58	433.18	472.24	511.24
67	266.34	296.96	327.56	231.16	257.94	284.70	424.00	464.56	505.12	378.08	414.06	450.02	557.16	601.56	645.94	480.64	521.96	563.28
68	303.08	336.74	370.42	260.22	289.32	318.36	474.52	517.36	560.22	424.00	463.04	502.04	613.80	660.50	707.16	529.60	574.02	618.38
69	344.40	380.40	416.34	292.38	323.74	355.12	523.48	569.42	615.32	471.44	512.78	554.10	679.60	730.14	780.64	577.08	623.74	670.42
70	381.16	420.18	459.20	322.98	357.42	391.86	575.52	624.50	673.48	514.30	558.70	603.08	739.32	792.12	844.92	621.44	670.42	719.42
71	414.82	455.38	495.92	353.60	389.58	425.52	627.58	679.60	731.66	557.16	603.08	649.00	795.94	851.04	906.16	670.42	722.48	774.50
72	456.14	498.98	541.86	384.22	423.24	462.26	678.08	732.44	786.76	604.62	652.84	701.04	861.76	920.70	979.62	717.90	772.22	826.56
73	492.86	538.80	584.70	416.34	457.68	498.98	730.14	787.54	844.92	647.48	698.76	750.04	919.94	981.92	999.98	766.86	824.28	881.66
74	528.08	576.32	624.50	446.96	491.34	535.74	780.64	840.36	900.02	691.86	745.44	799.00	979.62	999.98	999.98	814.32	874.02	933.70
75	570.96	622.22	673.48	482.18	528.84	575.52	837.26	900.82	964.32	740.84	797.48	854.10	999.98	999.98	999.98	867.88	931.44	994.94
76	616.86	674.26	731.66	521.96	574.78	627.58	900.02	970.44	999.98	797.48	861.00	924.50	999.98	999.98	999.98	924.50	994.94	999.98
77	665.86	729.38	792.88	561.76	620.68	679.60	965.86	999.98	999.98	851.04	921.44	991.86	999.98	999.98	999.98	984.22	999.98	999.98
78	711.76	781.42	851.04	601.56	666.60	731.66	999.98	999.98	999.98	907.70	984.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.74	836.52	912.28	641.36	712.52	783.70	999.98	999.98	999.98	967.38	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
41	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
42	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
43	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
44	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
45	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
46	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	125.52	140.82	156.12
47	71.94	83.44	94.90	61.22	70.40	79.60	107.16	122.46	137.78	88.78	101.02	113.28	151.54	170.68	189.80	130.12	146.18	162.24
48	71.94	83.44	94.90	62.76	72.70	82.66	111.76	127.82	143.88	93.38	106.40	119.40	154.60	173.74	192.86	133.18	149.24	165.30
49	73.46	85.72	97.96	62.76	72.70	82.66	117.88	133.92	150.00	96.44	109.46	122.46	159.18	179.10	199.00	140.82	157.66	174.50
50	76.54	88.78	101.02	67.34	78.08	88.78	122.46	139.32	156.12	101.02	114.82	128.58	162.24	182.16	202.06	148.48	166.10	183.68
51	78.08	91.08	104.08	67.34	78.08	88.78	127.06	144.68	162.24	101.02	114.82	128.58	168.38	189.80	211.24	151.54	169.16	186.74
52	78.08	91.08	104.08	67.34	78.08	88.78	130.12	147.72	165.30	104.08	117.88	131.62	174.50	195.92	217.36	156.12	174.50	192.86
53	79.60	93.38	107.16	68.88	80.38	91.84	134.68	153.06	171.44	110.22	125.52	140.82	179.10	201.30	223.46	159.18	177.56	195.92
54	79.60	93.38	107.16	68.88	80.38	91.84	139.32	158.42	177.56	116.34	131.62	146.94	182.16	204.36	226.52	163.78	182.92	202.06
55	85.72	101.02	116.34	73.46	85.72	97.96	146.94	166.86	186.74	120.94	137.02	153.06	186.74	209.72	232.66	174.50	194.40	214.30
56	91.84	107.16	122.46	76.54	88.78	101.02	156.12	177.56	199.00	128.58	145.42	162.24	197.48	221.20	244.90	183.68	205.12	226.52
57	99.50	115.58	131.62	81.14	94.14	107.16	163.78	185.98	208.18	136.26	153.84	171.44	211.24	235.72	260.22	194.40	216.60	238.78
58	107.16	124.00	140.82	88.78	102.56	116.34	177.56	200.54	223.46	150.00	168.38	186.74	228.10	253.32	278.58	208.18	231.16	254.08
59	111.76	129.36	146.94	97.96	113.28	128.58	185.22	208.96	232.66	157.66	176.80	195.92	240.32	267.12	293.90	218.90	242.62	266.34
60	122.46	140.82	159.18	102.56	118.64	134.68	195.92	220.40	244.90	171.44	191.34	211.24	257.14	284.70	312.24	232.66	257.14	281.64
61	128.58	146.94	165.30	105.64	121.70	137.78	206.66	231.90	257.14	180.62	202.06	223.46	267.88	296.20	324.50	243.38	268.64	293.90
62	133.18	152.30	171.44	113.28	130.12	146.94	215.84	242.62	269.40	188.28	210.48	232.66	278.58	307.68	336.74	258.70	285.48	312.24
63	140.82	160.72	180.62	120.94	138.56	156.12	226.52	254.08	281.64	202.06	225.00	247.96	295.44	325.28	355.12	269.40	296.96	324.50
64	153.06	174.50	195.92	125.52	143.88	162.24	237.26	265.58	293.90	209.72	233.46	257.14	309.18	339.80	370.42	283.18	311.48	339.80
65	160.72	182.92	205.12	133.18	152.30	171.44	249.50	279.36	309.18	221.96	247.20	272.46	326.04	358.96	391.86	293.90	322.98	352.06
66	185.22	208.96	232.66	156.12	177.56	199.00	283.18	316.08	348.98	257.14	284.70	312.24	370.42	405.62	440.82	326.04	357.42	388.80
67	212.78	239.56	266.34	180.62	203.60	226.52	321.44	356.66	391.86	292.38	322.24	352.06	414.82	453.86	492.86	361.24	396.46	431.64
68	237.26	265.58	293.90	199.00	223.46	247.96	356.66	394.16	431.64	326.04	358.96	391.86	459.20	500.52	541.86	399.52	437.00	474.52
69	263.28	293.90	324.50	226.52	254.08	281.64	390.34	430.88	471.44	359.72	394.16	428.58	506.66	551.82	596.96	434.70	476.06	517.36
70	287.76	321.44	355.12	251.02	280.12	309.18	428.58	471.44	514.30	394.92	431.64	468.38	547.98	595.44	642.88	473.00	518.14	563.28
71	312.24	347.46	382.68	272.46	303.08	333.68	465.32	511.24	557.16	431.64	471.44	511.24	595.44	646.72	697.98	508.18	555.64	603.08
72	338.28	375.78	413.28	300.02	333.68	367.36	497.46	545.70	593.88	462.26	503.60	544.92	639.82	693.40	746.94	543.40	594.68	645.94
73	364.30	404.08	443.90	321.44	356.66	391.86	534.22	585.48	636.76	502.04	546.46	590.82	684.20	741.62	799.00	578.58	632.18	685.72
74	390.34	432.42	474.52	345.92	382.68	419.40	572.48	626.06	679.60	534.22	580.88	627.58	728.60	788.30	847.98	613.80	671.20	728.60
75	420.94	466.10	511.24	370.42	410.20	450.02	610.74	668.16	725.54	569.42	618.38	667.36	779.12	842.66	906.16	653.60	714.06	774.50
76	473.00	521.20	569.42	422.46	465.32	508.18	681.14	743.14	805.12	639.82	693.40	746.94	851.04	919.94	988.80	725.54	791.36	857.16
77	526.54	578.58	630.64	476.06	522.72	569.42	750.04	815.86	881.66	710.22	768.38	826.56	926.04	999.98	999.98	800.54	871.72	942.88
78	578.58	633.70	688.80	529.60	580.12	630.64	825.04	896.20	967.38	785.24	848.76	912.28	999.98	999.98	999.98	875.54	952.06	999.98
79	636.76	696.46	756.14	586.24	640.60	694.92	898.50	974.28	999.98	858.70	926.80	994.94	999.98	999.98	999.98	947.48	999.98	999.98

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
41	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
42	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
43	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
44	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
45	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
46	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
47	58.16	67.34	76.54	41.34	48.24	55.10	88.78	101.02	113.28	70.40	81.14	91.84	137.78	153.06	168.38	116.34	128.58	140.82
48	59.70	69.64	79.60	42.84	50.54	58.16	90.32	103.32	116.34	73.46	84.20	94.90	139.32	155.36	171.44	120.94	133.92	146.94
49	62.76	72.70	82.66	45.94	53.60	61.22	93.38	106.40	119.40	75.02	86.50	97.96	142.38	158.42	174.50	120.94	133.92	146.94
50	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
51	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
52	67.34	78.08	88.78	55.10	64.28	73.46	101.02	114.82	128.58	79.60	91.84	104.08	150.00	166.86	183.68	125.52	139.32	153.06
53	68.88	80.38	91.84	56.64	66.58	76.54	104.08	119.40	134.68	85.72	97.96	110.22	151.54	169.16	186.74	131.62	146.94	162.24
54	68.88	80.38	91.84	56.64	66.58	76.54	107.16	122.46	137.78	85.72	97.96	110.22	154.60	172.22	189.80	131.62	146.94	162.24
55	73.46	85.72	97.96	61.22	71.94	82.66	111.76	127.82	143.88	90.32	103.32	116.34	159.18	177.56	195.92	139.32	155.36	171.44
56	76.54	88.78	101.02	64.28	75.02	85.72	122.46	139.32	156.12	97.96	111.76	125.52	169.92	189.04	208.18	146.94	163.78	180.62
57	81.14	94.14	107.16	68.88	80.38	91.84	130.12	147.72	165.30	107.16	122.46	137.78	177.56	197.48	217.36	154.60	172.22	189.80
58	88.78	102.56	116.34	73.46	85.72	97.96	137.78	156.12	174.50	117.88	133.92	150.00	191.34	213.54	235.72	162.24	180.62	199.00
59	97.96	113.28	128.58	78.08	91.08	104.08	148.48	167.62	186.74	125.52	142.38	159.18	202.06	225.00	247.96	177.56	197.48	217.36
60	102.56	118.64	134.68	88.78	102.56	116.34	159.18	180.62	202.06	137.78	156.12	174.50	214.30	238.78	263.28	186.74	208.18	229.60
61	107.16	124.00	140.82	91.84	105.64	119.40	166.86	189.04	211.24	148.48	167.62	186.74	221.96	247.20	272.46	194.40	216.60	238.78
62	114.82	132.42	150.00	97.96	113.28	128.58	177.56	200.54	223.46	156.12	176.04	195.92	234.20	261.00	287.76	209.72	233.46	257.14
63	122.46	140.82	159.18	102.56	118.64	134.68	185.22	208.96	232.66	165.30	186.74	208.18	246.44	274.76	303.08	217.36	241.84	266.34
64	127.06	146.18	165.30	107.16	124.00	140.82	192.86	217.36	241.84	176.04	198.24	220.40	254.08	283.18	312.24	228.10	253.32	278.58
65	134.68	154.60	174.50	114.82	132.42	150.00	209.72	236.50	263.28	188.28	212.02	235.72	269.40	300.02	330.62	241.84	269.40	296.96
66	157.66	179.86	202.06	133.18	152.30	171.44	237.26	265.58	293.90	212.78	238.02	263.28	303.08	336.74	370.42	270.94	300.80	330.62
67	180.62	205.12	229.60	156.12	177.56	199.00	266.34	296.96	327.56	243.38	271.70	300.02	338.28	374.26	410.20	304.62	337.52	370.42
68	200.54	227.34	254.08	177.56	200.54	223.46	300.02	333.68	367.36	270.94	300.80	330.62	378.08	417.12	456.14	336.74	371.96	407.14
69	223.46	252.56	281.64	192.86	217.36	241.84	329.10	365.08	401.02	298.50	331.40	364.30	414.82	456.92	498.98	375.02	414.06	453.08
70	246.44	277.82	309.18	217.36	244.90	272.46	362.78	401.82	440.82	327.56	362.78	397.96	451.56	496.70	541.86	407.14	448.50	489.80
71	269.40	303.08	336.74	238.78	267.88	296.96	391.86	433.18	474.52	355.12	391.86	428.58	486.74	534.22	581.64	437.76	482.18	526.54
72	289.32	325.28	361.24	254.08	284.70	315.30	422.46	466.86	511.24	382.68	422.46	462.26	525.02	576.32	627.58	471.44	518.90	566.36
73	310.74	348.22	385.74	277.06	309.98	342.86	454.62	501.28	547.98	410.20	451.56	492.86	560.22	613.80	667.36	505.12	555.64	606.14
74	335.22	375.78	416.34	298.50	332.92	367.36	486.74	535.74	584.70	440.82	485.24	529.60	600.02	656.68	713.28	537.28	590.06	642.88
75	361.24	404.08	446.96	321.44	358.18	394.92	520.42	572.48	624.50	469.92	516.60	563.28	636.76	696.46	756.14	575.52	632.18	688.80
76	411.76	458.44	505.12	368.90	409.44	450.02	575.52	632.18	688.80	525.02	576.32	627.58	693.40	758.44	823.50	632.18	694.16	756.14
77	459.20	509.72	560.22	419.40	463.80	508.18	632.18	692.64	753.08	581.64	636.76	691.86	750.04	820.44	890.84	687.28	753.88	820.44
78	511.24	564.84	618.38	471.44	518.90	566.36	691.86	757.68	823.50	641.36	701.82	762.26	809.74	885.50	961.24	746.94	818.92	890.84
79	563.28	621.44	679.60	523.48	575.52	627.58	750.04	820.44	890.84	699.52	764.56	829.62	866.34	947.48	999.98	803.60	880.90	958.18
80				575.52	630.64					759.20	829.62					863.28	945.94	
81				626.06	684.96					820.44	895.44					919.94	999.98	
82				681.14	744.68					880.14	960.48					979.62	999.98	
83				736.26	804.36					939.82	999.98					999.98	999.98	
84				786.76	858.70					998.00	999.98					999.98	999.98	

EXHIBIT VII

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
41	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
42	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
43	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
44	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
45	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
46	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
47	41.34	48.24	55.10	32.16	37.52	42.84	68.88	78.84	88.78	55.10	62.76	70.40	97.96	110.22	122.46	81.14	91.08	101.02
48	42.84	50.54	58.16	33.68	39.80	45.94	70.40	81.14	91.84	58.16	67.34	76.54	97.96	110.22	122.46	85.72	96.44	107.16
49	42.84	50.54	58.16	33.68	39.80	45.94	73.46	84.20	94.90	61.22	70.40	79.60	102.56	115.58	128.58	85.72	96.44	107.16
50	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	102.56	115.58	128.58	90.32	101.80	113.28
51	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	107.16	120.94	134.68	93.38	104.88	116.34
52	49.00	58.16	67.34	38.28	45.18	52.04	84.20	95.68	107.16	68.88	78.84	88.78	107.16	120.94	134.68	93.38	104.88	116.34
53	50.54	60.46	70.40	39.80	47.48	55.10	85.72	97.96	110.22	70.40	81.14	91.84	116.34	131.62	146.94	97.96	110.22	122.46
54	50.54	60.46	70.40	39.80	47.48	55.10	88.78	101.02	113.28	73.46	84.20	94.90	116.34	131.62	146.94	101.02	113.28	125.52
55	58.16	68.88	79.60	45.94	55.10	64.28	93.38	106.40	119.40	78.08	89.56	101.02	120.94	137.02	153.06	105.64	118.64	131.62
56	61.22	71.94	82.66	45.94	55.10	64.28	96.44	109.46	122.46	84.20	95.68	107.16	125.52	142.38	159.18	113.28	127.06	140.82
57	65.82	77.32	88.78	50.54	60.46	70.40	104.08	117.88	131.62	91.84	104.08	116.34	133.18	150.78	168.38	119.40	134.68	150.00
58	70.40	82.66	94.90	58.16	68.88	79.60	110.22	125.52	140.82	96.44	109.46	122.46	143.88	162.24	180.62	127.06	143.12	159.18
59	75.02	88.02	101.02	61.22	71.94	82.66	120.94	137.02	153.06	104.08	117.88	131.62	151.54	170.68	189.80	131.62	148.48	165.30
60	82.66	96.44	110.22	65.82	77.32	88.78	125.52	142.38	159.18	110.22	125.52	140.82	159.18	179.10	199.00	142.38	159.96	177.56
61	88.78	102.56	116.34	70.40	82.66	94.90	133.18	150.78	168.38	120.94	137.02	153.06	168.38	189.80	211.24	146.94	165.30	183.68
62	94.90	110.22	125.52	73.46	85.72	97.96	137.78	156.12	174.50	125.52	142.38	159.18	179.10	201.30	223.46	151.54	170.68	189.80
63	99.50	115.58	131.62	78.08	91.08	104.08	148.48	167.62	186.74	133.18	150.78	168.38	186.74	209.72	232.66	159.18	179.10	199.00
64	104.08	120.94	137.78	82.66	96.44	110.22	153.06	172.98	192.86	137.78	156.12	174.50	194.40	218.14	241.84	165.30	186.74	208.18
65	111.76	129.36	146.94	91.84	107.16	122.46	162.24	183.68	205.12	148.48	167.62	186.74	205.12	229.60	254.08	176.04	198.24	220.40
66	127.06	146.18	165.30	104.08	120.94	137.78	180.62	203.60	226.52	162.24	183.68	205.12	231.16	257.94	284.70	191.34	215.08	238.78
67	140.82	162.24	183.68	116.34	134.68	153.06	195.92	220.40	244.90	177.56	200.54	223.46	252.56	280.88	309.18	209.72	234.96	260.22
68	159.18	182.16	205.12	131.62	151.54	171.44	217.36	244.90	272.46	189.80	214.30	238.78	278.58	309.18	339.80	228.10	256.38	284.70
69	171.44	195.92	220.40	145.42	167.62	189.80	235.72	264.82	293.90	203.60	230.40	257.14	304.62	337.52	370.42	246.44	276.30	306.14
70	192.86	220.40	247.96	160.72	184.46	208.18	255.62	287.00	318.36	218.90	247.20	275.52	330.62	365.84	401.02	267.88	300.80	333.68
71	205.12	234.20	263.28	172.98	198.24	223.46	275.52	309.18	342.86	231.16	261.00	290.84	355.12	391.86	428.58	283.18	317.60	352.06
72	220.40	251.02	281.64	189.80	217.36	244.90	290.84	326.04	361.24	246.44	277.82	309.18	381.16	420.18	459.20	301.56	337.52	373.48
73	237.26	270.18	303.08	202.06	231.16	260.22	310.74	348.22	385.74	260.22	293.90	327.56	407.14	448.50	489.80	319.94	358.96	397.96
74	252.56	287.00	321.44	217.36	247.96	278.58	330.62	370.42	410.20	275.52	310.74	345.92	431.64	474.52	517.36	338.28	378.84	419.40
75	269.40	306.14	342.86	234.20	267.12	300.02	350.54	392.64	434.70	287.76	324.50	361.24	459.20	505.12	551.04	361.24	404.08	446.96
76	307.68	348.22	388.80	267.88	303.86	339.80	382.68	428.58	474.52	319.94	360.48	401.02	495.92	544.92	593.88	399.52	446.20	492.86
77	345.92	390.34	434.70	309.18	348.98	388.80	419.40	468.38	517.36	355.12	399.52	443.90	534.22	587.00	639.82	437.76	488.30	538.80
78	384.22	432.42	480.64	348.98	393.40	437.76	451.56	504.36	557.16	385.74	433.18	480.64	575.52	632.18	688.80	477.58	531.14	584.70
79	422.46	474.52	526.54	382.68	430.12	477.58	488.30	545.70	603.08	425.52	477.58	529.60	612.26	671.96	731.66	515.84	573.26	630.64
80				425.52	477.58					456.14	511.24					552.58	613.04	
81				462.26	517.36					491.34	550.28					593.88	658.20	
82				502.04	561.76					528.08	591.60					632.18	700.28	
83				544.92	609.20					564.84	632.94					671.96	743.14	
84				584.70	653.60					603.08	675.02					710.22	785.24	

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

Pennsylvania Supplement to the
Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2015

Product or Rider	Form Number
Long Term Care Policy Form	30160A-PA
Long Term Care Insurance Endorsement Form	32100-PA

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of the requested rate increase with Chapter 18 Section 3803(c) and Regulation 89.83 of the Insurance Regulations for the state of Pennsylvania. It may not be appropriate for other purposes.

2. Demonstration of Compliance with Chapter 18 Section 3803(c)

We believe that we comply with this subsection of the regulation by submitting these rates before they are being used.

3. Demonstration of Compliance with Regulation 89.83

89.83(a): General. This subsection requires no action.

89.83(b): New Filings. This subsection is not applicable.

89.83(c): Revision of Current Rates.

(1): This rate increase filing complies with the minimum loss ratio requirement of 60%, as specified in Regulation 89a.117.

(2): Section 2 of the Actuarial Memorandum provides a description of benefits. A copy of the policy form and endorsement form are included with this filing.

(2)(i): The reason for this rate increase is due to a combination of actual voluntary lapse and mortality running less than expected in pricing. A rate increase is considered an effective way to reduce projected losses.

At this time, a premium rate increase of 15% is being requested for policies issued prior to September 16, 2002 in Pennsylvania with endorsement form 32100-PA.

Existing rates can be found in Attachment 1 to this supplement, and revised rates are shown in Attachment 2 to this supplement. As shown in Section 17 of the Actuarial Memorandum, the average annual premium based on December 31, 2014 inforce before and after the requested rate increase for policies issued prior to September 16, 2002 is as follows:

Before increase:	$1,893
After increase:	$2,177

These values assume all previously approved premium increases have been

implemented.

Attachment 3 to this supplement displays nationwide experience showing earned premiums and incurred claims, both with and without the requested rate increase. Attachment 4 to this supplement displays nationwide experience showing written premiums and paid claims, both with and without the requested rate increase. The actual and projected premiums in Attachments 3 and 4 reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2014 on a nationwide basis.

Attachments 5 and 6 display corresponding Pennsylvania-specific experience. Note that the actual and projected premiums in these attachments reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date. Please note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but is providing it as required.

(2)(ii)(A): As shown in Section 16 of the Actuarial Memorandum, three prior increases have been approved and implemented on this form, for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 10% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013.

(2)(ii)(B): RiverSource Life currently pays a commission of 4.55% of premium in most states. This rate was reduced in 2008, 2011 and 2013 so that commissions paid before and after the prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience can be found in Attachments 3 and 4 to this supplement, respectively. The actual and projected premiums in Attachments 3 and 4 reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2014 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience can be found in Attachments 5 and 6 to this supplement, respectively. Note that the actual and projected premiums in these attachments reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date. Please note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but is providing it as required.

Details of reserve balances and calculation basis for both nationwide and Pennsylvania-specific experience can be found in Attachment 7. Please note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but

is providing it as required.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience can be found in Attachments 3 and 4 to this supplement, respectively.

Claims incurred and paid since inception for Pennsylvania-specific experience can be found in Attachments 5 and 6 to this supplement, respectively. Please note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but is providing it as required.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums in Attachment 8 reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2014 on a nationwide basis, and the actual and projected premiums in Attachment 9 reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date. Please note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but is providing it as generally required.

(2)(ii)(D): We believe that we have provided information sufficient to support the rate increase requested in this filing.

(2)(iii): We believe that data used in this rate increase filing is in agreement with those used in the annual statement filed with the Department.

89.83 (d): Filing Procedure. We believe this rate increase filing complies with this subsection.

Attachment 1

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Annual Premiums
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
41	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
42	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
43	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
44	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
45	74.54	85.18	95.84	61.22	70.56	79.86	118.48	135.10	151.74	109.14	123.80	138.42	159.72	179.70	199.66	143.74	161.06	178.36
46	74.54	85.18	95.84	61.22	70.56	79.86	121.14	137.76	154.40	109.14	123.80	138.42	165.04	185.02	204.98	149.08	166.38	183.68
47	75.88	87.18	98.50	62.56	72.56	82.52	127.78	145.10	162.38	113.14	128.46	143.74	171.72	192.34	212.96	154.40	173.04	191.66
48	75.88	87.18	98.50	65.24	75.22	85.18	133.10	151.74	170.36	115.80	131.12	146.42	181.02	202.32	223.60	158.40	177.70	196.98
49	79.86	91.86	103.82	66.56	77.20	87.84	135.76	154.40	173.04	117.12	133.10	149.08	187.68	209.64	231.60	163.72	183.02	202.32
50	79.86	91.86	103.82	69.22	79.86	90.50	139.76	159.06	178.36	119.80	135.76	151.74	201.00	224.30	247.56	167.70	187.68	207.64
51	82.52	95.84	109.14	70.56	81.86	93.18	143.74	163.72	183.68	126.46	143.08	159.72	206.32	229.62	252.90	171.72	192.34	212.96
52	85.18	98.50	111.80	70.56	81.86	93.18	146.42	166.38	186.34	126.46	143.08	159.72	212.96	236.92	260.88	179.70	200.34	220.94
53	86.52	100.50	114.46	77.20	89.18	101.16	150.42	171.06	191.66	130.44	147.76	165.04	219.62	244.24	268.86	183.68	204.98	226.28
54	86.52	100.50	114.46	77.20	89.18	101.16	157.06	178.36	199.66	133.10	150.42	167.70	228.94	254.24	279.52	187.68	209.64	231.60
55	90.50	105.16	119.80	82.52	95.84	109.14	161.06	183.02	204.98	138.42	157.06	175.70	238.26	264.22	290.16	195.66	218.96	242.24
56	97.18	112.48	127.78	85.18	98.50	111.80	171.72	195.00	218.28	147.76	167.04	186.34	252.90	279.52	306.14	210.30	234.26	258.22
57	106.48	122.46	138.42	91.86	105.82	119.80	183.68	207.64	231.60	159.72	179.70	199.66	264.88	292.16	319.44	224.96	249.56	274.18
58	113.14	129.78	146.42	98.50	113.14	127.78	193.00	217.62	242.24	169.04	189.68	210.30	280.86	309.48	338.08	236.92	262.22	287.50
59	119.80	137.10	154.40	105.16	120.48	135.76	207.64	232.94	258.22	181.02	202.32	223.60	295.48	324.76	354.04	251.58	277.54	303.46
60	130.44	149.08	167.70	111.80	127.78	143.74	216.96	242.92	268.86	195.66	218.96	242.24	307.48	337.42	367.36	263.54	290.16	316.78
61	137.10	156.40	175.70	117.12	133.10	149.08	228.94	255.56	282.18	207.64	231.60	255.56	322.10	352.72	383.32	278.20	305.48	332.76
62	143.74	163.72	183.68	121.14	137.76	154.40	240.92	268.20	295.48	216.96	241.58	266.20	334.10	365.38	396.64	294.16	322.78	351.38
63	150.42	171.06	191.66	130.44	147.76	165.04	254.24	282.86	311.46	228.94	254.24	279.52	348.72	380.66	412.62	306.14	335.42	364.70
64	159.72	181.02	202.32	138.42	157.06	175.70	263.54	292.82	322.10	238.26	264.22	290.16	363.38	395.98	428.58	320.78	350.72	380.66
65	169.04	192.34	215.62	145.10	164.38	183.68	279.52	310.14	340.74	254.24	281.52	308.80	379.34	413.30	447.22	334.10	365.38	396.64
66	198.34	222.94	247.56	169.04	189.68	210.30	323.44	356.04	388.66	290.16	319.44	348.72	431.24	467.20	503.12	376.68	410.64	444.56
67	231.60	258.22	284.84	201.00	224.30	247.56	368.70	403.96	439.24	328.76	360.06	391.32	484.48	523.10	561.68	417.94	453.88	489.80
68	263.54	292.82	322.10	226.28	251.58	276.84	412.62	449.88	487.14	368.70	402.64	436.56	533.74	574.34	614.92	460.52	499.14	537.72
69	299.48	330.78	362.04	254.24	281.52	308.80	455.20	495.14	535.06	409.94	445.90	481.82	590.96	634.90	678.82	501.80	542.38	582.98
70	331.44	365.38	399.30	280.86	310.80	340.74	500.46	543.04	585.64	447.22	485.82	524.42	642.88	688.80	734.72	540.38	582.98	625.58
71	360.72	395.98	431.24	307.48	338.76	370.02	545.72	590.96	636.22	484.48	524.42	564.34	692.12	740.04	787.96	582.98	628.24	673.48
72	396.64	433.90	471.18	334.10	368.04	401.96	589.64	636.90	684.14	525.76	567.68	609.60	749.36	800.60	851.84	624.26	671.50	718.74
73	428.58	468.52	508.44	362.04	397.98	433.90	634.90	684.82	734.72	563.02	607.62	652.20	799.94	853.84	907.74	666.84	716.76	766.66
74	459.20	501.14	543.04	388.66	427.26	465.86	678.82	730.74	782.62	601.62	648.20	694.78	851.84	907.74	963.64	708.10	760.02	811.92
75	496.48	541.06	585.64	419.28	459.86	500.46	728.06	783.32	838.54	644.20	693.46	742.70	909.08	968.30	999.98	754.68	809.94	865.16
76	536.40	586.32	636.22	453.88	499.80	545.72	782.62	843.86	905.08	693.46	748.70	803.92	968.96	999.98	999.98	803.92	865.16	926.38
77	579.00	634.24	689.46	488.48	539.72	590.96	839.88	907.08	974.30	740.04	801.26	862.48	999.98	999.98	999.98	855.84	923.06	990.26
78	618.92	679.50	740.04	523.10	579.66	636.22	894.44	967.64	999.98	789.30	856.50	923.72	999.98	999.98	999.98	907.74	980.96	999.98
79	661.52	727.40	793.28	557.70	619.58	681.48	951.68	999.98	999.98	841.20	915.72	990.26	999.98	999.98	999.98	960.98	999.98	999.98

Attachment 1

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Annual Premiums
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
41	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
42	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
43	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
44	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
45	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	106.48	119.80	133.10
46	61.22	70.56	79.86	53.24	61.22	69.22	87.84	99.84	111.80	74.54	85.18	95.84	127.78	143.74	159.72	109.14	122.46	135.76
47	62.56	72.56	82.52	53.24	61.22	69.22	93.18	106.48	119.80	77.20	87.84	98.50	131.78	148.42	165.04	113.14	127.12	141.08
48	62.56	72.56	82.52	54.58	63.22	71.88	97.18	111.14	125.12	81.20	92.52	103.82	134.44	151.08	167.70	115.80	129.78	143.74
49	63.88	74.54	85.18	54.58	63.22	71.88	102.50	116.46	130.44	83.86	95.18	106.48	138.42	155.74	173.04	122.46	137.10	151.74
50	66.56	77.20	87.84	58.56	67.90	77.20	106.48	121.14	135.76	87.84	99.84	111.80	141.08	158.40	175.70	129.12	144.44	159.72
51	67.90	79.20	90.50	58.56	67.90	77.20	110.48	125.80	141.08	87.84	99.84	111.80	146.42	165.04	183.68	131.78	147.10	162.38
52	67.90	79.20	90.50	58.56	67.90	77.20	113.14	128.46	143.74	90.50	102.50	114.46	151.74	170.36	189.00	135.76	151.74	167.70
53	69.22	81.20	93.18	59.90	69.90	79.86	117.12	133.10	149.08	95.84	109.14	122.46	155.74	175.04	194.32	138.42	154.40	170.36
54	69.22	81.20	93.18	59.90	69.90	79.86	121.14	137.76	154.40	101.16	114.46	127.78	158.40	177.70	196.98	142.42	159.06	175.70
55	74.54	87.84	101.16	63.88	74.54	85.18	127.78	145.10	162.38	105.16	119.14	133.10	162.38	182.36	202.32	151.74	169.04	186.34
56	79.86	93.18	106.48	66.56	77.20	87.84	135.76	154.40	173.04	111.80	126.46	141.08	171.72	192.34	212.96	159.72	178.36	196.98
57	86.52	100.50	114.46	70.56	81.86	93.18	142.42	161.72	181.02	118.48	133.78	149.08	183.68	204.98	226.28	169.04	188.34	207.64
58	93.18	107.82	122.46	77.20	89.18	101.16	154.40	174.38	194.32	130.44	146.42	162.38	198.34	220.28	242.24	181.02	201.00	220.94
59	97.18	112.48	127.78	85.18	98.50	111.80	161.06	181.70	202.32	137.10	153.74	170.36	208.98	232.28	255.56	190.34	210.98	231.60
60	106.48	122.46	138.42	89.18	103.16	117.12	170.36	191.66	212.96	149.08	166.38	183.68	223.60	247.56	271.52	202.32	223.60	244.90
61	111.80	127.78	143.74	91.86	105.82	119.80	179.70	201.66	223.60	157.06	175.70	194.32	232.94	257.56	282.18	211.64	233.60	255.56
62	115.80	132.44	149.08	98.50	113.14	127.78	187.68	210.98	234.26	163.72	183.02	202.32	242.24	267.54	292.82	224.96	248.24	271.52
63	122.46	139.76	157.06	105.16	120.48	135.76	196.98	220.94	244.90	175.70	195.66	215.62	256.90	282.86	308.80	234.26	258.22	282.18
64	133.10	151.74	170.36	109.14	125.12	141.08	206.32	230.94	255.56	182.36	203.00	223.60	268.86	295.48	322.10	246.24	270.86	295.48
65	139.76	159.06	178.36	115.80	132.44	149.08	216.96	242.92	268.86	193.00	214.96	236.92	283.52	312.14	340.74	255.56	280.86	306.14
66	161.06	181.70	202.32	135.76	154.40	173.04	246.24	274.86	303.46	223.60	247.56	271.52	322.10	352.72	383.32	283.52	310.80	338.08
67	185.02	208.32	231.60	157.06	177.04	196.98	279.52	310.14	340.74	254.24	280.20	306.14	360.72	394.66	428.58	314.12	344.74	375.34
68	206.32	230.94	255.56	173.04	194.32	215.62	310.14	342.74	375.34	283.52	312.14	340.74	399.30	435.24	471.18	347.40	380.00	412.62
69	228.94	255.56	282.18	196.98	220.94	244.90	339.42	374.68	409.94	312.80	342.74	372.68	440.58	479.84	519.10	378.00	413.96	449.88
70	250.22	279.52	308.80	218.28	243.58	268.86	372.68	409.94	447.22	343.40	375.34	407.28	476.50	517.78	559.02	411.30	450.56	489.80
71	271.52	302.14	332.76	236.92	263.54	290.16	404.62	444.56	484.48	375.34	409.94	444.56	517.78	562.36	606.94	441.90	483.16	524.42
72	294.16	326.76	359.38	260.88	290.16	319.44	432.58	474.52	516.42	401.96	437.92	473.84	556.36	602.96	649.52	472.52	517.12	561.68
73	316.78	351.38	386.00	279.52	310.14	340.74	464.54	509.12	553.70	436.56	475.18	513.76	594.96	644.88	694.78	503.12	549.72	596.28
74	339.42	376.02	412.62	300.80	332.76	364.70	497.80	544.40	590.96	464.54	505.12	545.72	633.56	685.48	737.38	533.74	583.66	633.56
75	366.04	405.30	444.56	322.10	356.70	391.32	531.08	581.00	630.90	495.14	537.72	580.32	677.50	732.74	787.96	568.34	620.92	673.48
76	411.30	453.22	495.14	367.36	404.62	441.90	592.30	646.20	700.10	556.36	602.96	649.52	740.04	799.94	859.82	630.90	688.14	745.36
77	457.86	503.12	548.38	413.96	454.54	495.14	652.20	709.44	766.66	617.58	668.16	718.74	805.26	869.82	934.36	696.12	758.02	819.90
78	503.12	551.04	598.96	460.52	504.46	548.38	717.42	779.30	841.20	682.82	738.06	793.28	870.48	939.68	999.98	761.34	827.88	894.44
79	553.70	605.62	657.52	509.78	557.04	604.28	781.30	847.20	913.06	746.70	805.92	865.16	934.36	999.98	999.98	823.90	895.12	966.30

Attachment 1

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Annual Premiums
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
41	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
42	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
43	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
44	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
45	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
46	50.58	58.56	66.56	35.94	41.94	47.92	74.54	85.18	95.84	61.22	70.56	79.86	114.46	127.78	141.08	101.16	111.80	122.46
47	50.58	58.56	66.56	35.94	41.94	47.92	77.20	87.84	98.50	61.22	70.56	79.86	119.80	133.10	146.42	101.16	111.80	122.46
48	51.92	60.56	69.22	37.26	43.94	50.58	78.54	89.84	101.16	63.88	73.22	82.52	121.14	135.10	149.08	105.16	116.46	127.78
49	54.58	63.22	71.88	39.94	46.60	53.24	81.20	92.52	103.82	65.24	75.22	85.18	123.80	137.76	151.74	105.16	116.46	127.78
50	55.90	65.24	74.54	42.60	50.58	58.56	85.18	97.18	109.14	67.90	77.88	87.84	127.78	142.42	157.06	109.14	121.14	133.10
51	55.90	65.24	74.54	42.60	50.58	58.56	85.18	97.18	109.14	67.90	77.88	87.84	127.78	142.42	157.06	109.14	121.14	133.10
52	58.56	67.90	77.20	47.92	55.90	63.88	87.84	99.84	111.80	69.22	79.86	90.50	130.44	145.10	159.72	109.14	121.14	133.10
53	59.90	69.90	79.86	49.26	57.90	66.56	90.50	103.82	117.12	74.54	85.18	95.84	131.78	147.10	162.38	114.46	127.78	141.08
54	59.90	69.90	79.86	49.26	57.90	66.56	93.18	106.48	119.80	74.54	85.18	95.84	134.44	149.76	165.04	114.46	127.78	141.08
55	63.88	74.54	85.18	53.24	62.56	71.88	97.18	111.14	125.12	78.54	89.84	101.16	138.42	154.40	170.36	121.14	135.10	149.08
56	66.56	77.20	87.84	55.90	65.24	74.54	106.48	121.14	135.76	85.18	97.18	109.14	147.76	164.38	181.02	127.78	142.42	157.06
57	70.56	81.86	93.18	59.90	69.90	79.86	113.14	128.46	143.74	93.18	106.48	119.80	154.40	171.72	189.00	134.44	149.76	165.04
58	77.20	89.18	101.16	63.88	74.54	85.18	119.80	135.76	151.74	102.50	116.46	130.44	166.38	185.68	204.98	141.08	157.06	173.04
59	85.18	98.50	111.80	67.90	79.20	90.50	129.12	145.76	162.38	109.14	123.80	138.42	175.70	195.66	215.62	154.40	171.72	189.00
60	89.18	103.16	117.12	77.20	89.18	101.16	138.42	157.06	175.70	119.80	135.76	151.74	186.34	207.64	228.94	162.38	181.02	199.66
61	93.18	107.82	122.46	79.86	91.86	103.82	145.10	164.38	183.68	129.12	145.76	162.38	193.00	214.96	236.92	169.04	188.34	207.64
62	99.84	115.14	130.44	85.18	98.50	111.80	154.40	174.38	194.32	135.76	153.08	170.36	203.66	226.96	250.22	182.36	203.00	223.60
63	106.48	122.46	138.42	89.18	103.16	117.12	161.06	181.70	202.32	143.74	162.38	181.02	214.30	238.92	263.54	189.00	210.30	231.60
64	110.48	127.12	143.74	93.18	107.82	122.46	167.70	189.00	210.30	153.08	172.38	191.66	220.94	246.24	271.52	198.34	220.28	242.24
65	117.12	134.44	151.74	99.84	115.14	130.44	182.36	205.66	228.94	163.72	184.36	204.98	234.26	260.88	287.50	210.30	234.26	258.22
66	137.10	156.40	175.70	115.80	132.44	149.08	206.32	230.94	255.56	185.02	206.98	228.94	263.54	292.82	322.10	235.60	261.56	287.50
67	157.06	178.36	199.66	135.76	154.40	173.04	231.60	258.22	284.84	211.64	236.26	260.88	294.16	325.44	356.70	264.88	293.50	322.10
68	174.38	197.68	220.94	154.40	174.38	194.32	260.88	290.16	319.44	235.60	261.56	287.50	328.76	362.72	396.64	292.82	323.44	354.04
69	194.32	219.62	244.90	167.70	189.00	210.30	286.18	317.46	348.72	259.56	288.18	316.78	360.72	397.32	433.90	326.10	360.06	393.98
70	214.30	241.58	268.86	189.00	212.96	236.92	315.46	349.40	383.32	284.84	315.46	346.06	392.66	431.92	471.18	354.04	390.00	425.92
71	234.26	263.54	292.82	207.64	232.94	258.22	340.74	376.68	412.62	308.80	340.74	372.68	423.26	464.54	505.78	380.66	419.28	457.86
72	251.58	282.86	314.12	220.94	247.56	274.18	367.36	405.96	444.56	332.76	367.36	401.96	456.54	501.14	545.72	409.94	451.22	492.48
73	270.20	302.80	335.42	240.92	269.54	298.14	395.32	435.90	476.50	356.70	392.66	428.58	487.14	533.74	580.32	439.24	483.16	527.08
74	291.50	326.76	362.04	259.56	289.50	319.44	423.26	465.86	508.44	383.32	421.94	460.52	521.76	571.02	620.24	467.20	513.10	559.02
75	314.12	351.38	388.66	279.52	311.46	343.40	452.54	497.80	543.04	408.62	449.22	489.80	553.70	605.62	657.52	500.46	549.72	598.96
76	358.06	398.64	439.24	320.78	356.04	391.32	500.46	549.72	598.96	456.54	501.14	545.72	602.96	659.52	716.08	549.72	603.62	657.52
77	399.30	443.24	487.14	364.70	403.30	441.90	549.72	602.30	654.86	505.78	553.70	601.62	652.20	713.42	774.64	597.64	655.54	713.42
78	444.56	491.16	537.72	409.94	451.22	492.48	601.62	658.86	716.08	557.70	610.28	662.84	704.12	770.00	835.86	649.52	712.10	774.64
79	489.80	540.38	590.96	455.20	500.46	545.72	652.20	713.42	774.64	608.28	664.84	721.40	753.34	823.90	894.44	698.78	766.00	833.20
80				500.46	548.38					660.18	721.40					750.68	822.56	
81				544.40	595.62					713.42	778.64					799.94	876.48	
82				592.30	647.54					765.34	835.20					851.84	933.04	
83				640.22	699.44					817.24	891.78					903.76	989.60	
84				684.14	746.70					867.82	946.36					955.66	999.98	

Attachment 1

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Current Annual Premiums
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
41	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
42	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
43	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
44	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
45	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
46	35.94	41.94	47.92	27.96	32.62	37.26	57.24	65.90	74.54	45.26	51.92	58.56	81.20	91.20	101.16	65.24	73.88	82.52
47	35.94	41.94	47.92	27.96	32.62	37.26	59.90	68.56	77.20	47.92	54.58	61.22	85.18	95.84	106.48	70.56	79.20	87.84
48	37.26	43.94	50.58	29.28	34.60	39.94	61.22	70.56	79.86	50.58	58.56	66.56	85.18	95.84	106.48	74.54	83.86	93.18
49	37.26	43.94	50.58	29.28	34.60	39.94	63.88	73.22	82.52	53.24	61.22	69.22	89.18	100.50	111.80	74.54	83.86	93.18
50	42.60	50.58	58.56	33.28	39.28	45.26	67.90	77.88	87.84	57.24	65.90	74.54	89.18	100.50	111.80	78.54	88.52	98.50
51	42.60	50.58	58.56	33.28	39.28	45.26	67.90	77.88	87.84	57.24	65.90	74.54	93.18	105.16	117.12	81.20	91.20	101.16
52	42.60	50.58	58.56	33.28	39.28	45.26	73.22	83.20	93.18	59.90	68.56	77.20	93.18	105.16	117.12	81.20	91.20	101.16
53	43.94	52.58	61.22	34.60	41.28	47.92	74.54	85.18	95.84	61.22	70.56	79.86	101.16	114.46	127.78	85.18	95.84	106.48
54	43.94	52.58	61.22	34.60	41.28	47.92	77.20	87.84	98.50	63.88	73.22	82.52	101.16	114.46	127.78	87.84	98.50	109.14
55	50.58	59.90	69.22	39.94	47.92	55.90	81.20	92.52	103.82	67.90	77.88	87.84	105.16	119.14	133.10	91.86	103.16	114.46
56	53.24	62.56	71.88	39.94	47.92	55.90	83.86	95.18	106.48	73.22	83.20	93.18	109.14	123.80	138.42	98.50	110.48	122.46
57	57.24	67.24	77.20	43.94	52.58	61.22	90.50	102.50	114.46	79.86	90.50	101.16	115.80	131.12	146.42	103.82	117.12	130.44
58	61.22	71.88	82.52	50.58	59.90	69.22	95.84	109.14	122.46	83.86	95.18	106.48	125.12	141.08	157.06	110.48	124.46	138.42
59	65.24	76.54	87.84	53.24	62.56	71.88	105.16	119.14	133.10	90.50	102.50	114.46	131.78	148.42	165.04	114.46	129.12	143.74
60	71.88	83.86	95.84	57.24	67.24	77.20	109.14	123.80	138.42	95.84	109.14	122.46	138.42	155.74	173.04	123.80	139.10	154.40
61	77.20	89.18	101.16	61.22	71.88	82.52	115.80	131.12	146.42	105.16	119.14	133.10	146.42	165.04	183.68	127.78	143.74	159.72
62	82.52	95.84	109.14	63.88	74.54	85.18	119.80	135.76	151.74	109.14	123.80	138.42	155.74	175.04	194.32	131.78	148.42	165.04
63	86.52	100.50	114.46	67.90	79.20	90.50	129.12	145.76	162.38	115.80	131.12	146.42	162.38	182.36	202.32	138.42	155.74	173.04
64	90.50	105.16	119.80	71.88	83.86	95.84	133.10	150.42	167.70	119.80	135.76	151.74	169.04	189.68	210.30	143.74	162.38	181.02
65	97.18	112.48	127.78	79.86	93.18	106.48	141.08	159.72	178.36	129.12	145.76	162.38	178.36	199.66	220.94	153.08	172.38	191.66
66	110.48	127.12	143.74	90.50	105.16	119.80	157.06	177.04	196.98	141.08	159.72	178.36	201.00	224.30	247.56	166.38	187.02	207.64
67	122.46	141.08	159.72	101.16	117.12	133.10	170.36	191.66	212.96	154.40	174.38	194.32	219.62	244.24	268.86	182.36	204.32	226.28
68	138.42	158.40	178.36	114.46	131.78	149.08	189.00	212.96	236.92	165.04	186.34	207.64	242.24	268.86	295.48	198.34	222.94	247.56
69	149.08	170.36	191.66	126.46	145.76	165.04	204.98	230.28	255.56	177.04	200.34	223.60	264.88	293.50	322.10	214.30	240.26	266.20
70	167.70	191.66	215.62	139.76	160.40	181.02	222.28	249.56	276.84	190.34	214.96	239.58	287.50	318.12	348.72	232.94	261.56	290.16
71	178.36	203.66	228.94	150.42	172.38	194.32	239.58	268.86	298.14	201.00	226.96	252.90	308.80	340.74	372.68	246.24	276.18	306.14
72	191.66	218.28	244.90	165.04	189.00	212.96	252.90	283.52	314.12	214.30	241.58	268.86	331.44	365.38	399.30	262.22	293.50	324.76
73	206.32	234.94	263.54	175.70	201.00	226.28	270.20	302.80	335.42	226.28	255.56	284.84	354.04	390.00	425.92	278.20	312.14	346.06
74	219.62	249.56	279.52	189.00	215.62	242.24	287.50	322.10	356.70	239.58	270.20	300.80	375.34	412.62	449.88	294.16	329.42	364.70
75	234.26	266.20	298.14	203.66	232.28	260.88	304.82	341.42	378.00	250.22	282.18	314.12	399.30	439.24	479.16	314.12	351.38	388.66
76	267.54	302.80	338.08	232.94	264.22	295.48	332.76	372.68	412.62	278.20	313.46	348.72	431.24	473.84	516.42	347.40	388.00	428.58
77	300.80	339.42	378.00	268.86	303.46	338.08	364.70	407.28	449.88	308.80	347.40	386.00	464.54	510.44	556.36	380.66	424.60	468.52
78	334.10	376.02	417.94	303.46	342.08	380.66	392.66	438.58	484.48	335.42	376.68	417.94	500.46	549.72	598.96	415.28	461.86	508.44
79	367.36	412.62	457.86	332.76	374.02	415.28	424.60	474.52	524.42	370.02	415.28	460.52	532.40	584.32	636.22	448.56	498.48	548.38
80				370.02	415.28					396.64	444.56					480.50	533.08	
81				401.96	449.88					427.26	478.50					516.42	572.34	
82				436.56	488.48					459.20	514.44					549.72	608.94	
83				473.84	529.74					491.16	550.38					584.32	646.20	
84				508.44	568.34					524.42	586.98					617.58	682.82	

Attachment 2

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
41	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
42	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
43	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
44	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
45	85.72	97.96	110.22	70.40	81.14	91.84	136.26	155.36	174.50	125.52	142.38	159.18	183.68	206.66	229.60	165.30	185.22	205.12
46	85.72	97.96	110.22	70.40	81.14	91.84	139.32	158.42	177.56	125.52	142.38	159.18	189.80	212.78	235.72	171.44	191.34	211.24
47	87.26	100.26	113.28	71.94	83.44	94.90	146.94	166.86	186.74	130.12	147.72	165.30	197.48	221.20	244.90	177.56	199.00	220.40
48	87.26	100.26	113.28	75.02	86.50	97.96	153.06	174.50	195.92	133.18	150.78	168.38	208.18	232.66	257.14	182.16	204.36	226.52
49	91.84	105.64	119.40	76.54	88.78	101.02	156.12	177.56	199.00	134.68	153.06	171.44	215.84	241.08	266.34	188.28	210.48	232.66
50	91.84	105.64	119.40	79.60	91.84	104.08	160.72	182.92	205.12	137.78	156.12	174.50	231.16	257.94	284.70	192.86	215.84	238.78
51	94.90	110.22	125.52	81.14	94.14	107.16	165.30	188.28	211.24	145.42	164.54	183.68	237.26	264.06	290.84	197.48	221.20	244.90
52	97.96	113.28	128.58	81.14	94.14	107.16	168.38	191.34	214.30	145.42	164.54	183.68	244.90	272.46	300.02	206.66	230.40	254.08
53	99.50	115.58	131.62	88.78	102.56	116.34	172.98	196.72	220.40	150.00	169.92	189.80	252.56	280.88	309.18	211.24	235.72	260.22
54	99.50	115.58	131.62	88.78	102.56	116.34	180.62	205.12	229.60	153.06	172.98	192.86	263.28	292.38	321.44	215.84	241.08	266.34
55	104.08	120.94	137.78	94.90	110.22	125.52	185.22	210.48	235.72	159.18	180.62	202.06	274.00	303.86	333.68	225.00	251.80	278.58
56	111.76	129.36	146.94	97.96	113.28	128.58	197.48	224.26	251.02	169.92	192.10	214.30	290.84	321.44	352.06	241.84	269.40	296.96
57	122.46	140.82	159.18	105.64	121.70	137.78	211.24	238.78	266.34	183.68	206.66	229.60	304.62	335.98	367.36	258.70	287.00	315.30
58	130.12	149.24	168.38	113.28	130.12	146.94	221.96	250.26	278.58	194.40	218.14	241.84	322.98	355.90	388.80	272.46	301.56	330.62
59	137.78	157.66	177.56	120.94	138.56	156.12	238.78	267.88	296.96	208.18	232.66	257.14	339.80	373.48	407.14	289.32	319.18	348.98
60	150.00	171.44	192.86	128.58	146.94	165.30	249.50	279.36	309.18	225.00	251.80	278.58	353.60	388.04	422.46	303.08	333.68	364.30
61	157.66	179.86	202.06	134.68	153.06	171.44	263.28	293.90	324.50	238.78	266.34	293.90	370.42	405.62	440.82	319.94	351.30	382.68
62	165.30	188.28	211.24	139.32	158.42	177.56	277.06	308.44	339.80	249.50	277.82	306.14	384.22	420.18	456.14	338.28	371.20	404.08
63	172.98	196.72	220.40	150.00	169.92	189.80	292.38	325.28	358.18	263.28	292.38	321.44	401.02	437.76	474.52	352.06	385.74	419.40
64	183.68	208.18	232.66	159.18	180.62	202.06	303.08	336.74	370.42	274.00	303.86	333.68	417.88	455.38	492.86	368.90	403.32	437.76
65	194.40	221.20	247.96	166.86	189.04	211.24	321.44	356.66	391.86	292.38	323.74	355.12	436.24	475.30	514.30	384.22	420.18	456.14
66	228.10	256.38	284.70	194.40	218.14	241.84	371.96	409.44	446.96	333.68	367.36	401.02	495.92	537.28	578.58	433.18	472.24	511.24
67	266.34	296.96	327.56	231.16	257.94	284.70	424.00	464.56	505.12	378.08	414.06	450.02	557.16	601.56	645.94	480.64	521.96	563.28
68	303.08	336.74	370.42	260.22	289.32	318.36	474.52	517.36	560.22	424.00	463.04	502.04	613.80	660.50	707.16	529.60	574.02	618.38
69	344.40	380.40	416.34	292.38	323.74	355.12	523.48	569.42	615.32	471.44	512.78	554.10	679.60	730.14	780.64	577.08	623.74	670.42
70	381.16	420.18	459.20	322.98	357.42	391.86	575.52	624.50	673.48	514.30	558.70	603.08	739.32	792.12	844.92	621.44	670.42	719.42
71	414.82	455.38	495.92	353.60	389.58	425.52	627.58	679.60	731.66	557.16	603.08	649.00	795.94	851.04	906.16	670.42	722.48	774.50
72	456.14	498.98	541.86	384.22	423.24	462.26	678.08	732.44	786.76	604.62	652.84	701.04	861.76	920.70	979.62	717.90	772.22	826.56
73	492.86	538.80	584.70	416.34	457.68	498.98	730.14	787.54	844.92	647.48	698.76	750.04	919.94	981.92	999.98	766.86	824.28	881.66
74	528.08	576.32	624.50	446.96	491.34	535.74	780.64	840.36	900.02	691.86	745.44	799.00	979.62	999.98	999.98	814.32	874.02	933.70
75	570.96	622.22	673.48	482.18	528.84	575.52	837.26	900.82	964.32	740.84	797.48	854.10	999.98	999.98	999.98	867.88	931.44	994.94
76	616.86	674.26	731.66	521.96	574.78	627.58	900.02	970.44	999.98	797.48	861.00	924.50	999.98	999.98	999.98	924.50	994.94	999.98
77	665.86	729.38	792.88	561.76	620.68	679.60	965.86	999.98	999.98	851.04	921.44	991.86	999.98	999.98	999.98	984.22	999.98	999.98
78	711.76	781.42	851.04	601.56	666.60	731.66	999.98	999.98	999.98	907.70	984.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.74	836.52	912.28	641.36	712.52	783.70	999.98	999.98	999.98	967.38	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
41	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
42	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
43	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
44	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
45	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	122.46	137.78	153.06
46	70.40	81.14	91.84	61.22	70.40	79.60	101.02	114.82	128.58	85.72	97.96	110.22	146.94	165.30	183.68	125.52	140.82	156.12
47	71.94	83.44	94.90	61.22	70.40	79.60	107.16	122.46	137.78	88.78	101.02	113.28	151.54	170.68	189.80	130.12	146.18	162.24
48	71.94	83.44	94.90	62.76	72.70	82.66	111.76	127.82	143.88	93.38	106.40	119.40	154.60	173.74	192.86	133.18	149.24	165.30
49	73.46	85.72	97.96	62.76	72.70	82.66	117.88	133.92	150.00	96.44	109.46	122.46	159.18	179.10	199.00	140.82	157.66	174.50
50	76.54	88.78	101.02	67.34	78.08	88.78	122.46	139.32	156.12	101.02	114.82	128.58	162.24	182.16	202.06	148.48	166.10	183.68
51	78.08	91.08	104.08	67.34	78.08	88.78	127.06	144.68	162.24	101.02	114.82	128.58	168.38	189.80	211.24	151.54	169.16	186.74
52	78.08	91.08	104.08	67.34	78.08	88.78	130.12	147.72	165.30	104.08	117.88	131.62	174.50	195.92	217.36	156.12	174.50	192.86
53	79.60	93.38	107.16	68.88	80.38	91.84	134.68	153.06	171.44	110.22	125.52	140.82	179.10	201.30	223.46	159.18	177.56	195.92
54	79.60	93.38	107.16	68.88	80.38	91.84	139.32	158.42	177.56	116.34	131.62	146.94	182.16	204.36	226.52	163.78	182.92	202.06
55	85.72	101.02	116.34	73.46	85.72	97.96	146.94	166.86	186.74	120.94	137.02	153.06	186.74	209.72	232.66	174.50	194.40	214.30
56	91.84	107.16	122.46	76.54	88.78	101.02	156.12	177.56	199.00	128.58	145.42	162.24	197.48	221.20	244.90	183.68	205.12	226.52
57	99.50	115.58	131.62	81.14	94.14	107.16	163.78	185.98	208.18	136.26	153.84	171.44	211.24	235.72	260.22	194.40	216.60	238.78
58	107.16	124.00	140.82	88.78	102.56	116.34	177.56	200.54	223.46	150.00	168.38	186.74	228.10	253.32	278.58	208.18	231.16	254.08
59	111.76	129.36	146.94	97.96	113.28	128.58	185.22	208.96	232.66	157.66	176.80	195.92	240.32	267.12	293.90	218.90	242.62	266.34
60	122.46	140.82	159.18	102.56	118.64	134.68	195.92	220.40	244.90	171.44	191.34	211.24	257.14	284.70	312.24	232.66	257.14	281.64
61	128.58	146.94	165.30	105.64	121.70	137.78	206.66	231.90	257.14	180.62	202.06	223.46	267.88	296.20	324.50	243.38	268.64	293.90
62	133.18	152.30	171.44	113.28	130.12	146.94	215.84	242.62	269.40	188.28	210.48	232.66	278.58	307.68	336.74	258.70	285.48	312.24
63	140.82	160.72	180.62	120.94	138.56	156.12	226.52	254.08	281.64	202.06	225.00	247.96	295.44	325.28	355.12	269.40	296.96	324.50
64	153.06	174.50	195.92	125.52	143.88	162.24	237.26	265.58	293.90	209.72	233.46	257.14	309.18	339.80	370.42	283.18	311.48	339.80
65	160.72	182.92	205.12	133.18	152.30	171.44	249.50	279.36	309.18	221.96	247.20	272.46	326.04	358.96	391.86	293.90	322.98	352.06
66	185.22	208.96	232.66	156.12	177.56	199.00	283.18	316.08	348.98	257.14	284.70	312.24	370.42	405.62	440.82	326.04	357.42	388.80
67	212.78	239.56	266.34	180.62	203.60	226.52	321.44	356.66	391.86	292.38	322.24	352.06	414.82	453.86	492.86	361.24	396.46	431.64
68	237.26	265.58	293.90	199.00	223.46	247.96	356.66	394.16	431.64	326.04	358.96	391.86	459.20	500.52	541.86	399.52	437.00	474.52
69	263.28	293.90	324.50	226.52	254.08	281.64	390.34	430.88	471.44	359.72	394.16	428.58	506.66	551.82	596.96	434.70	476.06	517.36
70	287.76	321.44	355.12	251.02	280.12	309.18	428.58	471.44	514.30	394.92	431.64	468.38	547.98	595.44	642.88	473.00	518.14	563.28
71	312.24	347.46	382.68	272.46	303.08	333.68	465.32	511.24	557.16	431.64	471.44	511.24	595.44	646.72	697.98	508.18	555.64	603.08
72	338.28	375.78	413.28	300.02	333.68	367.36	497.46	545.70	593.88	462.26	503.60	544.92	639.82	693.40	746.94	543.40	594.68	645.94
73	364.30	404.08	443.90	321.44	356.66	391.86	534.22	585.48	636.76	502.04	546.46	590.82	684.20	741.62	799.00	578.58	632.18	685.72
74	390.34	432.42	474.52	345.92	382.68	419.40	572.48	626.06	679.60	534.22	580.88	627.58	728.60	788.30	847.98	613.80	671.20	728.60
75	420.94	466.10	511.24	370.42	410.20	450.02	610.74	668.16	725.54	569.42	618.38	667.36	779.12	842.66	906.16	653.60	714.06	774.50
76	473.00	521.20	569.42	422.46	465.32	508.18	681.14	743.14	805.12	639.82	693.40	746.94	851.04	919.94	988.80	725.54	791.36	857.16
77	526.54	578.58	630.64	476.06	522.72	569.42	750.04	815.86	881.66	710.22	768.38	826.56	926.04	999.98	999.98	800.54	871.72	942.88
78	578.58	633.70	688.80	529.60	580.12	630.64	825.04	896.20	967.38	785.24	848.76	912.28	999.98	999.98	999.98	875.54	952.06	999.98
79	636.76	696.46	756.14	586.24	640.60	694.92	898.50	974.28	999.98	858.70	926.80	994.94	999.98	999.98	999.98	947.48	999.98	999.98

Attachment 2

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
41	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
42	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
43	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
44	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
45	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
46	58.16	67.34	76.54	41.34	48.24	55.10	85.72	97.96	110.22	70.40	81.14	91.84	131.62	146.94	162.24	116.34	128.58	140.82
47	58.16	67.34	76.54	41.34	48.24	55.10	88.78	101.02	113.28	70.40	81.14	91.84	137.78	153.06	168.38	116.34	128.58	140.82
48	59.70	69.64	79.60	42.84	50.54	58.16	90.32	103.32	116.34	73.46	84.20	94.90	139.32	155.36	171.44	120.94	133.92	146.94
49	62.76	72.70	82.66	45.94	53.60	61.22	93.38	106.40	119.40	75.02	86.50	97.96	142.38	158.42	174.50	120.94	133.92	146.94
50	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
51	64.28	75.02	85.72	49.00	58.16	67.34	97.96	111.76	125.52	78.08	89.56	101.02	146.94	163.78	180.62	125.52	139.32	153.06
52	67.34	78.08	88.78	55.10	64.28	73.46	101.02	114.82	128.58	79.60	91.84	104.08	150.00	166.86	183.68	125.52	139.32	153.06
53	68.88	80.38	91.84	56.64	66.58	76.54	104.08	119.40	134.68	85.72	97.96	110.22	151.54	169.16	186.74	131.62	146.94	162.24
54	68.88	80.38	91.84	56.64	66.58	76.54	107.16	122.46	137.78	85.72	97.96	110.22	154.60	172.22	189.80	131.62	146.94	162.24
55	73.46	85.72	97.96	61.22	71.94	82.66	111.76	127.82	143.88	90.32	103.32	116.34	159.18	177.56	195.92	139.32	155.36	171.44
56	76.54	88.78	101.02	64.28	75.02	85.72	122.46	139.32	156.12	97.96	111.76	125.52	169.92	189.04	208.18	146.94	163.78	180.62
57	81.14	94.14	107.16	68.88	80.38	91.84	130.12	147.72	165.30	107.16	122.46	137.78	177.56	197.48	217.36	154.60	172.22	189.80
58	88.78	102.56	116.34	73.46	85.72	97.96	137.78	156.12	174.50	117.88	133.92	150.00	191.34	213.54	235.72	162.24	180.62	199.00
59	97.96	113.28	128.58	78.08	91.08	104.08	148.48	167.62	186.74	125.52	142.38	159.18	202.06	225.00	247.96	177.56	197.48	217.36
60	102.56	118.64	134.68	88.78	102.56	116.34	159.18	180.62	202.06	137.78	156.12	174.50	214.30	238.78	263.28	186.74	208.18	229.60
61	107.16	124.00	140.82	91.84	105.64	119.40	166.86	189.04	211.24	148.48	167.62	186.74	221.96	247.20	272.46	194.40	216.60	238.78
62	114.82	132.42	150.00	97.96	113.28	128.58	177.56	200.54	223.46	156.12	176.04	195.92	234.20	261.00	287.76	209.72	233.46	257.14
63	122.46	140.82	159.18	102.56	118.64	134.68	185.22	208.96	232.66	165.30	186.74	208.18	246.44	274.76	303.08	217.36	241.84	266.34
64	127.06	146.18	165.30	107.16	124.00	140.82	192.86	217.36	241.84	176.04	198.24	220.40	254.08	283.18	312.24	228.10	253.32	278.58
65	134.68	154.60	174.50	114.82	132.42	150.00	209.72	236.50	263.28	188.28	212.02	235.72	269.40	300.02	330.62	241.84	269.40	296.96
66	157.66	179.86	202.06	133.18	152.30	171.44	237.26	265.58	293.90	212.78	238.02	263.28	303.08	336.74	370.42	270.94	300.80	330.62
67	180.62	205.12	229.60	156.12	177.56	199.00	266.34	296.96	327.56	243.38	271.70	300.02	338.28	374.26	410.20	304.62	337.52	370.42
68	200.54	227.34	254.08	177.56	200.54	223.46	300.02	333.68	367.36	270.94	300.80	330.62	378.08	417.12	456.14	336.74	371.96	407.14
69	223.46	252.56	281.64	192.86	217.36	241.84	329.10	365.08	401.02	298.50	331.40	364.30	414.82	456.92	498.98	375.02	414.06	453.08
70	246.44	277.82	309.18	217.36	244.90	272.46	362.78	401.82	440.82	327.56	362.78	397.96	451.56	496.70	541.86	407.14	448.50	489.80
71	269.40	303.08	336.74	238.78	267.88	296.96	391.86	433.18	474.52	355.12	391.86	428.58	486.74	534.22	581.64	437.76	482.18	526.54
72	289.32	325.28	361.24	254.08	284.70	315.30	422.46	466.86	511.24	382.68	422.46	462.26	525.02	576.32	627.58	471.44	518.90	566.36
73	310.74	348.22	385.74	277.06	309.98	342.86	454.62	501.28	547.98	410.20	451.56	492.86	560.22	613.80	667.36	505.12	555.64	606.14
74	335.22	375.78	416.34	298.50	332.92	367.36	486.74	535.74	584.70	440.82	485.24	529.60	600.02	656.68	713.28	537.28	590.06	642.88
75	361.24	404.08	446.96	321.44	358.18	394.92	520.42	572.48	624.50	469.92	516.60	563.28	636.76	696.46	756.14	575.52	632.18	688.80
76	411.76	458.44	505.12	368.90	409.44	450.02	575.52	632.18	688.80	525.02	576.32	627.58	693.40	758.44	823.50	632.18	694.16	756.14
77	459.20	509.72	560.22	419.40	463.80	508.18	632.18	692.64	753.08	581.64	636.76	691.86	750.04	820.44	890.84	687.28	753.88	820.44
78	511.24	564.84	618.38	471.44	518.90	566.36	691.86	757.68	823.50	641.36	701.82	762.26	809.74	885.50	961.24	746.94	818.92	890.84
79	563.28	621.44	679.60	523.48	575.52	627.58	750.04	820.44	890.84	699.52	764.56	829.62	866.34	947.48	999.98	803.60	880.90	958.18
80				575.52	630.64					759.20	829.62					863.28	945.94	
81				626.06	684.96					820.44	895.44					919.94	999.98	
82				681.14	744.68					880.14	960.48					979.62	999.98	
83				736.26	804.36					939.82	999.98					999.98	999.98	
84				786.76	858.70					998.00	999.98					999.98	999.98	

Attachment 2

RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474

Annual Premiums with 15% Rate Increase
Policies Issued Prior to September 16, 2002

Comprehensive Reimbursement Policy
FORM: 30160A-PA, with Endorsement Form 32100-PA

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
41	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
42	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
43	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
44	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
45	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
46	41.34	48.24	55.10	32.16	37.52	42.84	65.82	75.78	85.72	52.04	59.70	67.34	93.38	104.88	116.34	75.02	84.96	94.90
47	41.34	48.24	55.10	32.16	37.52	42.84	68.88	78.84	88.78	55.10	62.76	70.40	97.96	110.22	122.46	81.14	91.08	101.02
48	42.84	50.54	58.16	33.68	39.80	45.94	70.40	81.14	91.84	58.16	67.34	76.54	97.96	110.22	122.46	85.72	96.44	107.16
49	42.84	50.54	58.16	33.68	39.80	45.94	73.46	84.20	94.90	61.22	70.40	79.60	102.56	115.58	128.58	85.72	96.44	107.16
50	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	102.56	115.58	128.58	90.32	101.80	113.28
51	49.00	58.16	67.34	38.28	45.18	52.04	78.08	89.56	101.02	65.82	75.78	85.72	107.16	120.94	134.68	93.38	104.88	116.34
52	49.00	58.16	67.34	38.28	45.18	52.04	84.20	95.68	107.16	68.88	78.84	88.78	107.16	120.94	134.68	93.38	104.88	116.34
53	50.54	60.46	70.40	39.80	47.48	55.10	85.72	97.96	110.22	70.40	81.14	91.84	116.34	131.62	146.94	97.96	110.22	122.46
54	50.54	60.46	70.40	39.80	47.48	55.10	88.78	101.02	113.28	73.46	84.20	94.90	116.34	131.62	146.94	101.02	113.28	125.52
55	58.16	68.88	79.60	45.94	55.10	64.28	93.38	106.40	119.40	78.08	89.56	101.02	120.94	137.02	153.06	105.64	118.64	131.62
56	61.22	71.94	82.66	45.94	55.10	64.28	96.44	109.46	122.46	84.20	95.68	107.16	125.52	142.38	159.18	113.28	127.06	140.82
57	65.82	77.32	88.78	50.54	60.46	70.40	104.08	117.88	131.62	91.84	104.08	116.34	133.18	150.78	168.38	119.40	134.68	150.00
58	70.40	82.66	94.90	58.16	68.88	79.60	110.22	125.52	140.82	96.44	109.46	122.46	143.88	162.24	180.62	127.06	143.12	159.18
59	75.02	88.02	101.02	61.22	71.94	82.66	120.94	137.02	153.06	104.08	117.88	131.62	151.54	170.68	189.80	131.62	148.48	165.30
60	82.66	96.44	110.22	65.82	77.32	88.78	125.52	142.38	159.18	110.22	125.52	140.82	159.18	179.10	199.00	142.38	159.96	177.56
61	88.78	102.56	116.34	70.40	82.66	94.90	133.18	150.78	168.38	120.94	137.02	153.06	168.38	189.80	211.24	146.94	165.30	183.68
62	94.90	110.22	125.52	73.46	85.72	97.96	137.78	156.12	174.50	125.52	142.38	159.18	179.10	201.30	223.46	151.54	170.68	189.80
63	99.50	115.58	131.62	78.08	91.08	104.08	148.48	167.62	186.74	133.18	150.78	168.38	186.74	209.72	232.66	159.18	179.10	199.00
64	104.08	120.94	137.78	82.66	96.44	110.22	153.06	172.98	192.86	137.78	156.12	174.50	194.40	218.14	241.84	165.30	186.74	208.18
65	111.76	129.36	146.94	91.84	107.16	122.46	162.24	183.68	205.12	148.48	167.62	186.74	205.12	229.60	254.08	176.04	198.24	220.40
66	127.06	146.18	165.30	104.08	120.94	137.78	180.62	203.60	226.52	162.24	183.68	205.12	231.16	257.94	284.70	191.34	215.08	238.78
67	140.82	162.24	183.68	116.34	134.68	153.06	195.92	220.40	244.90	177.56	200.54	223.46	252.56	280.88	309.18	209.72	234.96	260.22
68	159.18	182.16	205.12	131.62	151.54	171.44	217.36	244.90	272.46	189.80	214.30	238.78	278.58	309.18	339.80	228.10	256.38	284.70
69	171.44	195.92	220.40	145.42	167.62	189.80	235.72	264.82	293.90	203.60	230.40	257.14	304.62	337.52	370.42	246.44	276.30	306.14
70	192.86	220.40	247.96	160.72	184.46	208.18	255.62	287.00	318.36	218.90	247.20	275.52	330.62	365.84	401.02	267.88	300.80	333.68
71	205.12	234.20	263.28	172.98	198.24	223.46	275.52	309.18	342.86	231.16	261.00	290.84	355.12	391.86	428.58	283.18	317.60	352.06
72	220.40	251.02	281.64	189.80	217.36	244.90	290.84	326.04	361.24	246.44	277.82	309.18	381.16	420.18	459.20	301.56	337.52	373.48
73	237.26	270.18	303.08	202.06	231.16	260.22	310.74	348.22	385.74	260.22	293.90	327.56	407.14	448.50	489.80	319.94	358.96	397.96
74	252.56	287.00	321.44	217.36	247.96	278.58	330.62	370.42	410.20	275.52	310.74	345.92	431.64	474.52	517.36	338.28	378.84	419.40
75	269.40	306.14	342.86	234.20	267.12	300.02	350.54	392.64	434.70	287.76	324.50	361.24	459.20	505.12	551.04	361.24	404.08	446.96
76	307.68	348.22	388.80	267.88	303.86	339.80	382.68	428.58	474.52	319.94	360.48	401.02	495.92	544.92	593.88	399.52	446.20	492.86
77	345.92	390.34	434.70	309.18	348.98	388.80	419.40	468.38	517.36	355.12	399.52	443.90	534.22	587.00	639.82	437.76	488.30	538.80
78	384.22	432.42	480.64	348.98	393.40	437.76	451.56	504.36	557.16	385.74	433.18	480.64	575.52	632.18	688.80	477.58	531.14	584.70
79	422.46	474.52	526.54	382.68	430.12	477.58	488.30	545.70	603.08	425.52	477.58	529.60	612.26	671.96	731.66	515.84	573.26	630.64
80				425.52	477.58					456.14	511.24					552.58	613.04	
81				462.26	517.36					491.34	550.28					593.88	658.20	
82				502.04	561.76					528.08	591.60					632.18	700.28	
83				544.92	609.20					564.84	632.94					671.96	743.14	
84				584.70	653.60					603.08	675.02					710.22	785.24	

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Projections, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	3,316,794	0	0.0%	6,279,206	0	0.0%	4.50%	1.8932
	2001	26,853,376	521,781	1.9%	48,648,429	945,275	1.9%	4.50%	1.8116
	2002	48,218,444	1,959,886	4.1%	83,592,406	3,397,696	4.1%	4.50%	1.7336
	2003	58,076,515	1,472,260	2.5%	96,346,932	2,442,429	2.5%	4.50%	1.6590
	2004	55,097,014	4,307,861	7.8%	87,467,984	6,838,844	7.8%	4.50%	1.5875
	2005	53,275,196	6,546,597	12.3%	80,933,779	9,945,357	12.3%	4.50%	1.5192
	2006	51,925,705	5,963,336	11.5%	75,486,775	8,669,175	11.5%	4.50%	1.4537
	2007	50,913,530	12,391,734	24.3%	70,828,067	17,238,690	24.3%	4.50%	1.3911
	2008	52,700,244	9,170,750	17.4%	70,156,597	12,208,457	17.4%	4.50%	1.3312
	2009	52,062,556	16,271,700	31.3%	66,323,140	20,728,721	31.3%	4.50%	1.2739
	2010	50,826,883	14,903,597	29.3%	61,960,767	18,168,304	29.3%	4.50%	1.2191
	2011	50,686,014	21,685,487	42.8%	59,128,267	25,297,418	42.8%	4.50%	1.1666
	2012	53,057,590	22,146,950	41.7%	59,229,524	24,723,198	41.7%	4.50%	1.1163
	2013	53,144,790	20,899,779	39.3%	56,772,122	22,326,268	39.3%	4.50%	1.0683
	2014	55,311,828	21,492,744	38.9%	56,542,650	21,971,009	38.9%	4.50%	1.0223
Projected Future Experience	2015	53,952,909	28,325,134	52.5%	52,778,461	27,708,552	52.5%	4.50%	0.9782
	2016	52,117,167	31,273,091	60.0%	48,787,253	29,274,964	60.0%	4.50%	0.9361
	2017	50,241,998	34,590,620	68.8%	45,006,597	30,986,150	68.8%	4.50%	0.8958
	2018	48,312,298	37,762,267	78.2%	41,414,334	32,370,622	78.2%	4.50%	0.8572
	2019	46,325,558	40,861,036	88.2%	38,001,204	33,518,615	88.2%	4.50%	0.8203
	2020	44,291,322	44,502,695	100.5%	34,767,947	34,933,871	100.5%	4.50%	0.7850
	2021	42,217,983	49,451,603	117.1%	31,713,311	37,147,064	117.1%	4.50%	0.7512
	2022	40,108,210	54,434,341	135.7%	28,831,092	39,129,184	135.7%	4.50%	0.7188
	2023	37,965,317	59,116,732	155.7%	26,115,513	40,665,110	155.7%	4.50%	0.6879
	2024	35,796,763	63,280,034	176.8%	23,563,457	41,654,502	176.8%	4.50%	0.6583
	2025	33,604,528	67,605,203	201.2%	21,167,850	42,585,237	201.2%	4.50%	0.6299
	2026	31,392,597	73,287,982	233.5%	18,922,996	44,176,919	233.5%	4.50%	0.6028
	2027	29,178,886	78,773,375	270.0%	16,831,200	45,438,692	270.0%	4.50%	0.5768
	2028	26,974,991	83,504,998	309.6%	14,889,887	46,093,804	309.6%	4.50%	0.5520
	2029	24,783,691	87,043,169	351.2%	13,091,210	45,977,831	351.2%	4.50%	0.5282
	2030	22,613,381	89,915,447	397.6%	11,430,441	45,449,782	397.6%	4.50%	0.5055
	2031	20,490,499	92,784,218	452.8%	9,911,371	44,880,255	452.8%	4.50%	0.4837
	2032	18,435,231	94,643,267	513.4%	8,533,231	43,808,122	513.4%	4.50%	0.4629
	2033	16,465,809	95,225,645	578.3%	7,293,428	42,179,609	578.3%	4.50%	0.4429
	2034	14,601,761	94,420,469	646.6%	6,189,244	40,021,973	646.6%	4.50%	0.4239
	2035	12,855,527	92,991,815	723.4%	5,214,419	37,719,052	723.4%	4.50%	0.4056
	2036	11,228,710	90,577,896	806.7%	4,358,425	35,157,824	806.7%	4.50%	0.3882
	2037	9,726,877	87,063,025	895.1%	3,612,908	32,338,302	895.1%	4.50%	0.3714
	2038	8,362,491	82,620,751	988.0%	2,972,370	29,366,779	988.0%	4.50%	0.3554
	2039	7,137,105	77,684,854	1088.5%	2,427,577	26,423,311	1088.5%	4.50%	0.3401
	2040	6,045,864	72,321,962	1196.2%	1,967,854	23,539,910	1196.2%	4.50%	0.3255
	2041	5,082,067	66,652,166	1311.5%	1,582,919	20,760,250	1311.5%	4.50%	0.3115
	2042	4,238,074	60,805,117	1434.7%	1,263,195	18,123,503	1434.7%	4.50%	0.2981
	2043	3,505,483	54,908,592	1566.4%	999,847	15,661,236	1566.4%	4.50%	0.2852
	2044	2,875,331	49,083,370	1707.1%	784,797	13,396,884	1707.1%	4.50%	0.2729
	2045	2,338,302	43,421,837	1857.0%	610,736	11,341,261	1857.0%	4.50%	0.2612
	2046	1,884,926	38,017,398	2016.9%	471,120	9,502,092	2016.9%	4.50%	0.2499
	2047	1,505,803	32,935,955	2187.3%	360,154	7,877,544	2187.3%	4.50%	0.2392
	2048	1,191,814	28,227,260	2368.4%	272,780	6,460,602	2368.4%	4.50%	0.2289
	2049	934,295	23,926,084	2560.9%	204,631	5,240,342	2560.9%	4.50%	0.2190
	2050	725,175	20,046,423	2764.4%	151,990	4,201,541	2764.4%	4.50%	0.2096
	2051	557,076	16,594,379	2978.8%	111,730	3,328,254	2978.8%	4.50%	0.2006
	2052	423,357	13,566,589	3204.5%	81,254	2,603,813	3204.5%	4.50%	0.1919
	2053	318,136	10,946,715	3440.9%	58,430	2,010,512	3440.9%	4.50%	0.1837
	2054	236,272	8,715,281	3688.7%	41,526	1,531,750	3688.7%	4.50%	0.1758
	2055	173,330	6,842,727	3947.8%	29,152	1,150,852	3947.8%	4.50%	0.1682
	2056	125,529	5,295,559	4218.6%	20,203	852,287	4218.6%	4.50%	0.1609
	2057	89,691	4,037,480	4501.6%	13,814	621,825	4501.6%	4.50%	0.1540
	2058	63,178	3,030,653	4797.0%	9,311	446,661	4797.0%	4.50%	0.1474
	2059	43,834	2,236,650	5102.5%	6,182	315,445	5102.5%	4.50%	0.1410
	2060	29,922	1,620,741	5416.5%	4,038	218,737	5416.5%	4.50%	0.1350
	2061	20,066	1,150,466	5733.5%	2,591	148,582	5733.5%	4.50%	0.1291
	2062	13,193	798,115	6049.4%	1,631	98,637	6049.4%	4.50%	0.1236
	2063	8,484	539,771	6361.9%	1,003	63,837	6361.9%	4.50%	0.1183
	2064	5,320	354,944	6671.3%	602	40,170	6671.3%	4.50%	0.1132
	Past	715,466,480	159,734,463	22.3%	979,696,645	194,900,842	19.9%		
	Future	771,616,131	2,297,815,904	297.8%	526,877,217	1,098,542,650	208.5%		
	Lifetime	1,487,082,611	2,457,550,366	165.3%	1,506,573,862	1,293,443,492	85.9%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Projections, All Policies
Projections with 15% Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	2000	3,316,794	0	0.0%	6,279,206	0	0.0%	4.50%	1.8932
	2001	26,853,376	521,781	1.9%	48,648,429	945,275	1.9%	4.50%	1.8116
	2002	48,218,444	1,959,886	4.1%	83,592,406	3,397,696	4.1%	4.50%	1.7336
	2003	58,076,515	1,472,260	2.5%	96,346,932	2,442,429	2.5%	4.50%	1.6590
	2004	55,097,014	4,307,861	7.8%	87,467,984	6,838,844	7.8%	4.50%	1.5875
	2005	53,275,196	6,546,597	12.3%	80,933,779	9,945,357	12.3%	4.50%	1.5192
	2006	51,925,705	5,963,336	11.5%	75,486,775	8,669,175	11.5%	4.50%	1.4537
	2007	50,913,530	12,391,734	24.3%	70,828,067	17,238,690	24.3%	4.50%	1.3911
	2008	52,700,244	9,170,750	17.4%	70,156,597	12,208,457	17.4%	4.50%	1.3312
	2009	52,062,556	16,271,700	31.3%	66,323,140	20,728,721	31.3%	4.50%	1.2739
	2010	50,826,883	14,903,597	29.3%	61,960,767	18,168,304	29.3%	4.50%	1.2191
	2011	50,686,014	21,685,487	42.8%	59,128,267	25,297,418	42.8%	4.50%	1.1666
	2012	53,057,590	22,146,950	41.7%	59,229,524	24,723,198	41.7%	4.50%	1.1163
	2013	53,144,790	20,899,779	39.3%	56,772,122	22,326,268	39.3%	4.50%	1.0683
	2014	55,311,828	21,492,744	38.9%	56,542,650	21,971,009	38.9%	4.50%	1.0223
Projected Future Experience	2015	54,288,581	28,312,313	52.2%	53,106,826	27,696,010	52.2%	4.50%	0.9782
	2016	57,048,780	31,346,760	54.9%	53,403,771	29,343,926	54.9%	4.50%	0.9361
	2017	56,624,771	34,520,878	61.0%	50,724,261	30,923,675	61.0%	4.50%	0.8958
	2018	54,450,070	37,310,467	68.5%	46,675,763	31,983,330	68.5%	4.50%	0.8572
	2019	52,211,064	40,235,231	77.1%	42,829,129	33,005,263	77.1%	4.50%	0.8203
	2020	49,918,511	43,805,981	87.8%	39,185,196	34,386,963	87.8%	4.50%	0.7850
	2021	47,581,874	48,661,335	102.3%	35,742,560	36,553,430	102.3%	4.50%	0.7512
	2022	45,204,161	53,548,880	118.5%	32,494,229	38,492,686	118.5%	4.50%	0.7188
	2023	42,789,106	58,139,999	135.9%	29,433,692	39,993,236	135.9%	4.50%	0.6879
	2024	40,345,113	62,219,795	154.2%	26,557,438	40,956,593	154.2%	4.50%	0.6583
	2025	37,874,414	66,457,938	175.5%	23,857,497	41,862,563	175.5%	4.50%	0.6299
	2026	35,381,499	72,029,447	203.6%	21,327,448	43,418,293	203.6%	4.50%	0.6028
	2027	32,886,560	77,406,298	235.4%	18,969,890	44,650,124	235.4%	4.50%	0.5768
	2028	30,402,672	82,041,867	269.9%	16,781,927	45,286,172	269.9%	4.50%	0.5520
	2029	27,932,968	85,504,656	306.1%	14,754,717	45,165,160	306.1%	4.50%	0.5282
	2030	25,486,909	88,313,618	346.5%	12,882,930	44,640,102	346.5%	4.50%	0.5055
	2031	23,094,293	91,119,534	394.6%	11,170,841	44,075,038	394.6%	4.50%	0.4837
	2032	20,777,875	92,934,287	447.3%	9,617,585	43,017,076	447.3%	4.50%	0.4629
	2033	18,558,205	93,495,922	503.8%	8,220,242	41,413,439	503.8%	4.50%	0.4429
	2034	16,457,294	92,695,752	563.3%	6,975,748	39,290,917	563.3%	4.50%	0.4239
	2035	14,489,163	91,284,237	630.0%	5,877,050	37,026,430	630.0%	4.50%	0.4056
	2036	12,655,623	88,906,510	702.5%	4,912,282	34,509,075	702.5%	4.50%	0.3882
	2037	10,962,944	85,449,228	779.4%	4,072,027	31,738,881	779.4%	4.50%	0.3714
	2038	9,425,175	81,082,876	860.3%	3,350,091	28,820,155	860.3%	4.50%	0.3554
	2039	8,044,070	76,233,165	947.7%	2,736,067	25,929,541	947.7%	4.50%	0.3401
	2040	6,814,157	70,965,505	1041.4%	2,217,924	23,098,400	1041.4%	4.50%	0.3255
	2041	5,727,883	65,397,728	1141.7%	1,784,072	20,369,528	1141.7%	4.50%	0.3115
	2042	4,776,636	59,657,010	1248.9%	1,423,719	17,781,299	1248.9%	4.50%	0.2981
	2043	3,950,949	53,868,662	1363.4%	1,126,904	15,364,623	1363.4%	4.50%	0.2852
	2044	3,240,719	48,151,103	1485.8%	884,526	13,142,430	1485.8%	4.50%	0.2729
	2045	2,635,445	42,594,883	1616.2%	688,346	11,125,270	1616.2%	4.50%	0.2612
	2046	2,124,455	37,291,539	1755.3%	530,988	9,320,671	1755.3%	4.50%	0.2499
	2047	1,697,155	32,305,621	1903.5%	405,921	7,726,782	1903.5%	4.50%	0.2392
	2048	1,343,265	27,685,838	2061.1%	307,444	6,336,682	2061.1%	4.50%	0.2289
	2049	1,053,021	23,466,201	2228.5%	230,635	5,139,617	2228.5%	4.50%	0.2190
	2050	817,327	19,660,354	2405.4%	171,304	4,120,624	2405.4%	4.50%	0.2096
	2051	627,866	16,274,202	2592.0%	125,928	3,264,037	2592.0%	4.50%	0.2006
	2052	477,154	13,304,379	2788.3%	91,579	2,553,487	2788.3%	4.50%	0.1919
	2053	358,563	10,734,798	2993.8%	65,855	1,971,590	2993.8%	4.50%	0.1837
	2054	266,296	8,546,305	3209.3%	46,803	1,502,052	3209.3%	4.50%	0.1758
	2055	195,356	6,709,866	3434.7%	32,856	1,128,507	3434.7%	4.50%	0.1682
	2056	141,480	5,192,600	3670.2%	22,770	835,716	3670.2%	4.50%	0.1609
	2057	101,088	3,958,882	3916.3%	15,569	609,720	3916.3%	4.50%	0.1540
	2058	71,206	2,971,585	4173.2%	10,494	437,955	4173.2%	4.50%	0.1474
	2059	49,404	2,193,009	4438.9%	6,968	309,290	4438.9%	4.50%	0.1410
	2060	33,724	1,589,084	4712.0%	4,551	214,465	4712.0%	4.50%	0.1350
	2061	22,615	1,127,972	4987.6%	2,921	145,677	4987.6%	4.50%	0.1291
	2062	14,870	782,497	5262.4%	1,838	96,707	5262.4%	4.50%	0.1236
	2063	9,563	529,199	5534.1%	1,131	62,586	5534.1%	4.50%	0.1183
	2064	5,997	347,987	5803.1%	679	39,383	5803.1%	4.50%	0.1132
	Past	715,466,480	159,734,463	22.3%	979,696,645	194,900,842	19.9%		
	Future	861,447,888	2,258,363,784	262.2%	585,860,933	1,080,875,174	184.5%		
	Lifetime	1,576,914,368	2,418,098,246	153.3%	1,565,557,578	1,275,776,016	81.5%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Written Premiums and Paid Claim Experience, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	9,088,168	0	0.0%	17,205,312	0	0.0%	4.50%	1.8932
	2001	32,595,440	21,276	0.1%	59,050,933	38,545	0.1%	4.50%	1.8116
	2002	52,856,981	136,954	0.3%	91,633,861	237,425	0.3%	4.50%	1.7336
	2003	57,311,938	556,372	1.0%	95,078,524	923,003	1.0%	4.50%	1.6590
	2004	54,599,779	985,329	1.8%	86,678,609	1,564,237	1.8%	4.50%	1.5875
	2005	52,865,306	1,787,976	3.4%	80,311,089	2,716,230	3.4%	4.50%	1.5192
	2006	51,619,122	2,925,405	5.7%	75,041,081	4,252,795	5.7%	4.50%	1.4537
	2007	50,932,606	4,416,093	8.7%	70,854,605	6,143,422	8.7%	4.50%	1.3911
	2008	52,741,829	6,435,184	12.2%	70,211,956	8,566,765	12.2%	4.50%	1.3312
	2009	51,707,976	8,372,960	16.2%	65,871,436	10,666,419	16.2%	4.50%	1.2739
	2010	50,479,428	11,345,459	22.5%	61,537,201	13,830,739	22.5%	4.50%	1.2191
	2011	51,542,030	14,679,317	28.5%	60,126,861	17,124,301	28.5%	4.50%	1.1666
	2012	52,712,437	17,944,382	34.0%	58,844,221	20,031,766	34.0%	4.50%	1.1163
	2013	54,035,108	20,855,900	38.6%	57,723,208	22,279,394	38.6%	4.50%	1.0683
	2014	55,014,771	22,450,688	40.8%	56,238,982	22,950,270	40.8%	4.50%	1.0223
Projected Future Experience	2015	53,844,269	24,626,943	45.7%	52,672,186	24,090,863	45.7%	4.50%	0.9782
	2016	52,012,157	24,513,232	47.1%	48,688,952	22,947,012	47.1%	4.50%	0.9361
	2017	50,139,294	29,261,689	58.4%	44,914,595	26,212,513	58.4%	4.50%	0.8958
	2018	48,208,339	34,045,891	70.6%	41,325,218	29,184,865	70.6%	4.50%	0.8572
	2019	46,220,940	38,218,206	82.7%	37,915,384	31,350,682	82.7%	4.50%	0.8203
	2020	44,185,978	41,553,306	94.0%	34,685,253	32,618,651	94.0%	4.50%	0.7850
	2021	42,114,743	45,278,894	107.5%	31,635,759	34,012,607	107.5%	4.50%	0.7512
	2022	40,007,946	49,266,388	123.1%	28,759,020	35,414,290	123.1%	4.50%	0.7188
	2023	37,869,549	53,659,507	141.7%	26,049,636	36,911,204	141.7%	4.50%	0.6879
	2024	35,705,252	58,191,878	163.0%	23,503,219	38,305,189	163.0%	4.50%	0.6583
	2025	33,515,977	62,753,598	187.2%	21,112,071	39,529,160	187.2%	4.50%	0.6299
	2026	31,306,487	67,557,219	215.8%	18,871,090	40,722,499	215.8%	4.50%	0.6028
	2027	29,094,695	72,778,839	250.1%	16,782,636	41,980,876	250.1%	4.50%	0.5768
	2028	26,891,523	78,242,671	291.0%	14,843,813	43,189,060	291.0%	4.50%	0.5520
	2029	24,700,520	83,528,324	338.2%	13,047,277	44,121,225	338.2%	4.50%	0.5282
	2030	22,530,516	88,361,456	392.2%	11,388,555	44,664,282	392.2%	4.50%	0.5055
	2031	20,410,068	92,708,484	454.2%	9,872,466	44,843,622	454.2%	4.50%	0.4837
	2032	18,358,263	96,513,795	525.7%	8,497,604	44,673,946	525.7%	4.50%	0.4629
	2033	16,393,612	99,568,538	607.4%	7,261,449	44,103,266	607.4%	4.50%	0.4429
	2034	14,535,400	101,598,378	699.0%	6,161,115	43,064,470	699.0%	4.50%	0.4239
	2035	12,795,894	102,586,951	801.7%	5,190,231	41,611,001	801.7%	4.50%	0.4056
	2036	11,175,496	102,595,962	918.0%	4,337,770	39,822,638	918.0%	4.50%	0.3882
	2037	9,679,292	101,598,512	1049.6%	3,595,233	37,737,299	1049.6%	4.50%	0.3714
	2038	8,320,865	99,543,600	1196.3%	2,957,574	35,381,848	1196.3%	4.50%	0.3554
	2039	7,101,185	96,512,965	1359.1%	2,415,359	32,827,404	1359.1%	4.50%	0.3401
	2040	6,015,100	92,640,085	1540.1%	1,957,841	30,153,209	1540.1%	4.50%	0.3255
	2041	5,055,931	88,050,005	1741.5%	1,574,778	27,425,066	1741.5%	4.50%	0.3115
	2042	4,216,060	82,876,571	1965.7%	1,256,634	24,702,095	1965.7%	4.50%	0.2981
	2043	3,487,113	77,257,644	2215.5%	994,608	22,035,717	2215.5%	4.50%	0.2852
	2044	2,860,152	71,339,441	2494.3%	780,654	19,471,488	2494.3%	4.50%	0.2729
	2045	2,325,886	65,257,151	2805.7%	607,493	17,044,382	2805.7%	4.50%	0.2612
	2046	1,874,878	59,135,322	3154.1%	468,608	14,780,319	3154.1%	4.50%	0.2499
	2047	1,497,761	53,087,344	3544.4%	358,231	12,697,305	3544.4%	4.50%	0.2392
	2048	1,185,449	47,210,810	3982.5%	271,323	10,805,521	3982.5%	4.50%	0.2289
	2049	929,317	41,589,716	4475.3%	203,541	9,109,068	4475.3%	4.50%	0.2190
	2050	721,330	36,288,573	5030.8%	151,184	7,605,742	5030.8%	4.50%	0.2096
	2051	554,144	31,355,668	5658.4%	111,142	6,288,853	5658.4%	4.50%	0.2006
	2052	421,151	26,824,681	6369.4%	80,831	5,148,417	6369.4%	4.50%	0.1919
	2053	316,501	22,715,413	7177.0%	58,130	4,171,992	7177.0%	4.50%	0.1837
	2054	235,079	19,035,439	8097.5%	41,316	3,345,565	8097.5%	4.50%	0.1758
	2055	172,472	15,781,495	9150.2%	29,007	2,654,229	9150.2%	4.50%	0.1682
	2056	124,923	12,940,703	10359.0%	20,105	2,082,724	10359.0%	4.50%	0.1609
	2057	89,269	10,492,272	11753.5%	13,749	1,615,947	11753.5%	4.50%	0.1540
	2058	62,890	8,409,315	13371.4%	9,269	1,239,373	13371.4%	4.50%	0.1474
	2059	43,641	6,660,014	15260.7%	6,155	939,291	15260.7%	4.50%	0.1410
	2060	29,796	5,210,035	17485.9%	4,021	703,152	17485.9%	4.50%	0.1350
	2061	19,985	4,023,805	20134.5%	2,581	519,672	20134.5%	4.50%	0.1291
	2062	13,143	3,066,148	23329.5%	1,624	378,939	23329.5%	4.50%	0.1236
	2063	8,454	2,303,591	27248.2%	1,000	272,436	27248.2%	4.50%	0.1183
	2064	5,303	1,705,057	32152.8%	600	192,967	32152.8%	4.50%	0.1132
	Past	730,102,918	112,913,296	15.5%	1,006,407,879	131,325,311	13.0%		
	Future	769,383,985	2,630,321,524	341.9%	525,487,894	1,154,703,942	219.7%		
	Lifetime	1,499,486,903	2,743,234,821	182.9%	1,531,895,773	1,286,029,252	84.0%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Written Premiums and Paid Claim Experience, All Policies
Projections with 15% Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	9,088,168	0	0.0%	17,205,312	0	0.0%	4.50%	1.8932
	2001	32,595,440	21,276	0.1%	59,050,933	38,545	0.1%	4.50%	1.8116
	2002	52,856,981	136,954	0.3%	91,633,861	237,425	0.3%	4.50%	1.7336
	2003	57,311,938	556,372	1.0%	95,078,524	923,003	1.0%	4.50%	1.6590
	2004	54,599,779	985,329	1.8%	86,678,609	1,564,237	1.8%	4.50%	1.5875
	2005	52,865,306	1,787,976	3.4%	80,311,089	2,716,230	3.4%	4.50%	1.5192
	2006	51,619,122	2,925,405	5.7%	75,041,081	4,252,795	5.7%	4.50%	1.4537
	2007	50,932,606	4,416,093	8.7%	70,854,605	6,143,422	8.7%	4.50%	1.3911
	2008	52,741,829	6,435,184	12.2%	70,211,956	8,566,765	12.2%	4.50%	1.3312
	2009	51,707,976	8,372,960	16.2%	65,871,436	10,666,419	16.2%	4.50%	1.2739
	2010	50,479,428	11,345,459	22.5%	61,537,201	13,830,739	22.5%	4.50%	1.2191
	2011	51,542,030	14,679,317	28.5%	60,126,861	17,124,301	28.5%	4.50%	1.1666
	2012	52,712,437	17,944,382	34.0%	58,844,221	20,031,766	34.0%	4.50%	1.1163
	2013	54,035,108	20,855,900	38.6%	57,723,208	22,279,394	38.6%	4.50%	1.0683
	2014	55,014,771	22,450,688	40.8%	56,238,982	22,950,270	40.8%	4.50%	1.0223
Projected Future Experience	2015	54,946,154	24,626,559	44.8%	53,750,085	24,090,487	44.8%	4.50%	0.9782
	2016	57,720,430	24,513,244	42.5%	54,032,508	22,947,023	42.5%	4.50%	0.9361
	2017	56,508,311	29,279,398	51.8%	50,619,937	26,228,377	51.8%	4.50%	0.8958
	2018	54,332,209	33,985,574	62.6%	46,574,730	29,133,160	62.6%	4.50%	0.8572
	2019	52,092,476	37,989,877	72.9%	42,731,850	31,163,382	72.9%	4.50%	0.8203
	2020	49,799,120	41,162,147	82.7%	39,091,476	32,311,597	82.7%	4.50%	0.7850
	2021	47,464,866	44,737,240	94.3%	35,654,666	33,605,727	94.3%	4.50%	0.7512
	2022	45,090,517	48,590,160	107.8%	32,412,538	34,928,196	107.8%	4.50%	0.7188
	2023	42,680,537	52,862,788	123.9%	29,359,010	36,363,158	123.9%	4.50%	0.6879
	2024	40,241,354	57,284,633	142.4%	26,489,138	37,707,990	142.4%	4.50%	0.6583
	2025	37,774,007	61,743,822	163.5%	23,794,249	38,893,091	163.5%	4.50%	0.6299
	2026	35,283,865	66,443,509	188.3%	21,268,596	40,051,171	188.3%	4.50%	0.6028
	2027	32,791,119	71,555,763	218.2%	18,914,837	41,275,371	218.2%	4.50%	0.5768
	2028	30,308,077	76,908,047	253.8%	16,729,712	42,452,362	253.8%	4.50%	0.5520
	2029	27,838,741	82,086,476	294.9%	14,704,944	43,359,613	294.9%	4.50%	0.5282
	2030	25,393,064	86,820,810	341.9%	12,835,494	43,885,528	341.9%	4.50%	0.5055
	2031	23,003,232	91,077,880	395.9%	11,126,795	44,054,890	395.9%	4.50%	0.4837
	2032	20,690,758	94,802,919	458.2%	9,577,261	43,882,022	458.2%	4.50%	0.4629
	2033	18,476,507	97,790,944	529.3%	8,184,054	43,315,892	529.3%	4.50%	0.4429
	2034	16,382,213	99,772,792	609.0%	6,943,923	42,290,660	609.0%	4.50%	0.4239
	2035	14,421,702	100,732,576	698.5%	5,849,686	40,858,836	698.5%	4.50%	0.4056
	2036	12,595,431	100,731,121	799.7%	4,888,918	39,098,799	799.7%	4.50%	0.3882
	2037	10,909,129	99,742,267	914.3%	4,052,038	37,047,823	914.3%	4.50%	0.3714
	2038	9,378,109	97,716,200	1042.0%	3,333,362	34,732,316	1042.0%	4.50%	0.3554
	2039	8,003,462	94,733,315	1183.7%	2,722,255	32,222,083	1183.7%	4.50%	0.3401
	2040	6,779,382	90,924,750	1341.2%	2,206,606	29,594,889	1341.2%	4.50%	0.3255
	2041	5,698,344	86,413,319	1516.5%	1,774,872	26,915,285	1516.5%	4.50%	0.3115
	2042	4,751,761	81,330,429	1711.6%	1,416,304	24,241,254	1711.6%	4.50%	0.2981
	2043	3,930,194	75,811,386	1928.9%	1,120,985	21,623,210	1928.9%	4.50%	0.2852
	2044	3,223,571	69,999,660	2171.5%	879,846	19,105,806	2171.5%	4.50%	0.2729
	2045	2,621,421	64,027,870	2442.5%	684,684	16,723,308	2442.5%	4.50%	0.2612
	2046	2,113,107	58,018,169	2745.6%	528,151	14,501,097	2745.6%	4.50%	0.2499
	2047	1,688,073	52,081,738	3085.3%	403,749	12,456,787	3085.3%	4.50%	0.2392
	2048	1,336,078	46,314,246	3466.4%	305,799	10,600,317	3466.4%	4.50%	0.2289
	2049	1,047,401	40,798,007	3895.2%	229,404	8,935,666	3895.2%	4.50%	0.2190
	2050	812,987	35,596,219	4378.5%	170,394	7,460,631	4378.5%	4.50%	0.2096
	2051	624,556	30,756,158	4924.5%	125,264	6,168,612	4924.5%	4.50%	0.2006
	2052	474,665	26,310,777	5543.0%	91,102	5,049,784	5543.0%	4.50%	0.1919
	2053	356,717	22,279,415	6245.7%	65,516	4,091,915	6245.7%	4.50%	0.1837
	2054	264,949	18,669,428	7046.4%	46,566	3,281,236	7046.4%	4.50%	0.1758
	2055	194,388	15,477,545	7962.2%	32,693	2,603,109	7962.2%	4.50%	0.1682
	2056	140,796	12,691,076	9013.8%	22,660	2,042,549	9013.8%	4.50%	0.1609
	2057	100,612	10,289,577	10226.9%	15,496	1,584,730	10226.9%	4.50%	0.1540
	2058	70,882	8,246,634	11634.4%	10,447	1,215,397	11634.4%	4.50%	0.1474
	2059	49,187	6,531,007	13277.9%	6,937	921,097	13277.9%	4.50%	0.1410
	2060	33,582	5,108,991	15213.6%	4,532	689,515	15213.6%	4.50%	0.1350
	2061	22,524	3,945,677	17517.6%	2,909	509,582	17517.6%	4.50%	0.1291
	2062	14,813	3,006,550	20297.0%	1,831	371,573	20297.0%	4.50%	0.1236
	2063	9,528	2,258,770	23705.8%	1,127	267,136	23705.8%	4.50%	0.1183
	2064	5,977	1,671,851	27972.2%	676	189,209	27972.2%	4.50%	0.1132
	Past	730,102,918	112,913,296	15.5%	1,006,407,879	131,325,311	13.0%		
	Future	860,490,886	2,586,249,311	300.6%	585,790,612	1,137,043,249	194.1%		
	Lifetime	1,590,593,804	2,699,162,607	169.7%	1,592,198,491	1,268,368,560	79.7%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience Projections, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	191,933	0	0.0%	363,359	0	0.0%	4.50%	1.8932
	2001	1,613,839	0	0.0%	2,923,682	0	0.0%	4.50%	1.8116
	2002	2,855,973	0	0.0%	4,951,168	0	0.0%	4.50%	1.7336
	2003	3,512,912	0	0.0%	5,827,799	0	0.0%	4.50%	1.6590
	2004	3,393,631	423,802	12.5%	5,387,480	672,797	12.5%	4.50%	1.5875
	2005	3,302,468	850,620	25.8%	5,016,992	1,292,231	25.8%	4.50%	1.5192
	2006	3,208,258	247,267	7.7%	4,663,992	359,464	7.7%	4.50%	1.4537
	2007	3,146,842	1,247,125	39.6%	4,377,711	1,734,930	39.6%	4.50%	1.3911
	2008	3,252,646	27,785	0.9%	4,330,048	36,988	0.9%	4.50%	1.3312
	2009	3,213,842	847,015	26.4%	4,094,154	1,079,023	26.4%	4.50%	1.2739
	2010	3,146,771	1,389,809	44.2%	3,836,087	1,694,254	44.2%	4.50%	1.2191
	2011	3,128,954	1,413,712	45.2%	3,650,112	1,649,180	45.2%	4.50%	1.1666
	2012	3,243,982	1,365,807	42.1%	3,621,339	1,524,685	42.1%	4.50%	1.1163
	2013	3,262,092	411,905	12.6%	3,484,742	440,019	12.6%	4.50%	1.0683
	2014	3,375,523	1,320,113	39.1%	3,450,636	1,349,489	39.1%	4.50%	1.0223
Projected Future Experience	2015	3,279,134	1,848,096	56.4%	3,207,754	1,807,866	56.4%	4.50%	0.9782
	2016	3,162,116	2,031,462	64.2%	2,960,079	1,901,666	64.2%	4.50%	0.9361
	2017	3,042,236	2,232,390	73.4%	2,725,224	1,999,767	73.4%	4.50%	0.8958
	2018	2,918,799	2,428,185	83.2%	2,502,057	2,081,492	83.2%	4.50%	0.8572
	2019	2,791,677	2,609,488	93.5%	2,290,034	2,140,583	93.5%	4.50%	0.8203
	2020	2,661,551	2,821,009	106.0%	2,089,273	2,214,445	106.0%	4.50%	0.7850
	2021	2,529,259	3,105,762	122.8%	1,899,929	2,332,987	122.8%	4.50%	0.7512
	2022	2,395,146	3,379,225	141.1%	1,721,709	2,429,097	141.1%	4.50%	0.7188
	2023	2,259,446	3,638,383	161.0%	1,554,223	2,502,764	161.0%	4.50%	0.6879
	2024	2,122,940	3,863,030	182.0%	1,397,439	2,542,865	182.0%	4.50%	0.6583
	2025	1,985,839	4,090,369	206.0%	1,250,901	2,576,567	206.0%	4.50%	0.6299
	2026	1,848,455	4,385,946	237.3%	1,114,221	2,643,784	237.3%	4.50%	0.6028
	2027	1,711,928	4,670,677	272.8%	987,488	2,694,178	272.8%	4.50%	0.5768
	2028	1,577,003	4,915,517	311.7%	870,488	2,713,309	311.7%	4.50%	0.5520
	2029	1,443,875	5,096,126	352.9%	762,682	2,691,869	352.9%	4.50%	0.5282
	2030	1,312,857	5,231,423	398.5%	663,613	2,644,340	398.5%	4.50%	0.5055
	2031	1,185,549	5,366,293	452.6%	573,457	2,595,707	452.6%	4.50%	0.4837
	2032	1,063,141	5,435,212	511.2%	492,103	2,515,831	511.2%	4.50%	0.4629
	2033	946,572	5,441,069	574.8%	419,278	2,410,088	574.8%	4.50%	0.4429
	2034	836,875	5,367,646	641.4%	354,726	2,275,182	641.4%	4.50%	0.4239
	2035	734,730	5,263,667	716.4%	298,019	2,135,032	716.4%	4.50%	0.4056
	2036	640,080	5,106,672	797.8%	248,447	1,982,155	797.8%	4.50%	0.3882
	2037	553,113	4,893,870	884.8%	205,446	1,817,757	884.8%	4.50%	0.3714
	2038	474,441	4,628,230	975.5%	168,636	1,645,061	975.5%	4.50%	0.3554
	2039	404,071	4,338,169	1073.6%	137,439	1,475,562	1073.6%	4.50%	0.3401
	2040	341,646	4,028,818	1179.2%	111,202	1,311,331	1179.2%	4.50%	0.3255
	2041	286,711	3,702,713	1291.4%	89,302	1,153,289	1291.4%	4.50%	0.3115
	2042	238,766	3,371,720	1412.1%	71,166	1,004,971	1412.1%	4.50%	0.2981
	2043	197,278	3,041,588	1541.8%	56,268	867,533	1541.8%	4.50%	0.2852
	2044	161,693	2,715,259	1679.3%	44,133	741,107	1679.3%	4.50%	0.2729
	2045	131,443	2,400,907	1826.6%	34,331	627,088	1826.6%	4.50%	0.2612
	2046	105,961	2,101,306	1983.1%	26,484	525,202	1983.1%	4.50%	0.2499
	2047	84,691	1,820,380	2149.4%	20,256	435,394	2149.4%	4.50%	0.2392
	2048	67,100	1,561,124	2326.6%	15,358	357,307	2326.6%	4.50%	0.2289
	2049	52,684	1,324,927	2514.9%	11,539	290,188	2514.9%	4.50%	0.2190
	2050	40,981	1,112,273	2714.1%	8,589	233,122	2714.1%	4.50%	0.2096
	2051	31,569	923,022	2923.8%	6,332	185,126	2923.8%	4.50%	0.2006
	2052	24,075	757,041	3144.5%	4,621	145,298	3144.5%	4.50%	0.1919
	2053	18,168	613,464	3376.7%	3,337	112,671	3376.7%	4.50%	0.1837
	2054	13,560	490,788	3619.4%	2,383	86,258	3619.4%	4.50%	0.1758
	2055	10,005	387,314	3871.2%	1,683	65,141	3871.2%	4.50%	0.1682
	2056	7,293	301,433	4133.1%	1,174	48,514	4133.1%	4.50%	0.1609
	2057	5,249	231,260	4405.9%	808	35,617	4405.9%	4.50%	0.1540
	2058	3,727	174,838	4691.1%	549	25,768	4691.1%	4.50%	0.1474
	2059	2,608	130,099	4987.6%	368	18,349	4987.6%	4.50%	0.1410
	2060	1,797	95,112	5291.5%	243	12,836	5291.5%	4.50%	0.1350
	2061	1,218	68,132	5595.3%	157	8,799	5595.3%	4.50%	0.1291
	2062	809	47,755	5899.7%	100	5,902	5899.7%	4.50%	0.1236
	2063	527	32,571	6183.2%	62	3,852	6183.2%	4.50%	0.1183
	2064	335	21,601	6454.9%	38	2,445	6454.9%	4.50%	0.1132
	Past	43,849,666	9,544,960	21.8%	59,979,302	11,833,060	19.7%		
	Future	45,710,727	133,643,359	292.4%	31,405,148	65,073,060	207.2%		
	Lifetime	89,560,394	143,188,319	159.9%	91,384,450	76,906,120	84.2%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience Projections, All Policies
Projections with 15% Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	191,933	0	0.0%	363,359	0	0.0%	4.50%	1.8932
	2001	1,613,839	0	0.0%	2,923,682	0	0.0%	4.50%	1.8116
	2002	2,855,973	0	0.0%	4,951,168	0	0.0%	4.50%	1.7336
	2003	3,512,912	0	0.0%	5,827,799	0	0.0%	4.50%	1.6590
	2004	3,393,631	423,802	12.5%	5,387,480	672,797	12.5%	4.50%	1.5875
	2005	3,302,468	850,620	25.8%	5,016,992	1,292,231	25.8%	4.50%	1.5192
	2006	3,208,258	247,267	7.7%	4,663,992	359,464	7.7%	4.50%	1.4537
	2007	3,146,842	1,247,125	39.6%	4,377,711	1,734,930	39.6%	4.50%	1.3911
	2008	3,252,646	27,785	0.9%	4,330,048	36,988	0.9%	4.50%	1.3312
	2009	3,213,842	847,015	26.4%	4,094,154	1,079,023	26.4%	4.50%	1.2739
	2010	3,146,771	1,389,809	44.2%	3,836,087	1,694,254	44.2%	4.50%	1.2191
	2011	3,128,954	1,413,712	45.2%	3,650,112	1,649,180	45.2%	4.50%	1.1666
	2012	3,243,982	1,365,807	42.1%	3,621,339	1,524,685	42.1%	4.50%	1.1163
	2013	3,262,092	411,905	12.6%	3,484,742	440,019	12.6%	4.50%	1.0683
	2014	3,375,523	1,320,113	39.1%	3,450,636	1,349,489	39.1%	4.50%	1.0223
Projected Future Experience	2015	3,299,243	1,847,314	56.0%	3,227,425	1,807,102	56.0%	4.50%	0.9782
	2016	3,454,533	2,035,702	58.9%	3,233,813	1,905,635	58.9%	4.50%	0.9361
	2017	3,428,689	2,228,500	65.0%	3,071,407	1,996,282	65.0%	4.50%	0.8958
	2018	3,289,582	2,399,776	73.0%	2,819,900	2,057,139	73.0%	4.50%	0.8572
	2019	3,146,321	2,569,678	81.7%	2,580,951	2,107,927	81.7%	4.50%	0.8203
	2020	2,999,672	2,777,036	92.6%	2,354,693	2,179,927	92.6%	4.50%	0.7850
	2021	2,850,582	3,056,341	107.2%	2,141,301	2,295,863	107.2%	4.50%	0.7512
	2022	2,699,438	3,324,481	123.2%	1,940,444	2,389,746	123.2%	4.50%	0.7188
	2023	2,546,504	3,578,493	140.5%	1,751,685	2,461,567	140.5%	4.50%	0.6879
	2024	2,392,662	3,798,508	158.8%	1,574,985	2,500,393	158.8%	4.50%	0.6583
	2025	2,238,148	4,021,132	179.7%	1,409,833	2,532,954	179.7%	4.50%	0.6299
	2026	2,083,313	4,310,781	206.9%	1,255,790	2,598,475	206.9%	4.50%	0.6028
	2027	1,929,444	4,589,742	237.9%	1,112,957	2,647,492	237.9%	4.50%	0.5768
	2028	1,777,379	4,829,487	271.7%	981,093	2,665,821	271.7%	4.50%	0.5520
	2029	1,627,337	5,006,112	307.6%	859,590	2,644,322	307.6%	4.50%	0.5282
	2030	1,479,675	5,138,257	347.3%	747,935	2,597,247	347.3%	4.50%	0.5055
	2031	1,336,192	5,270,020	394.4%	646,324	2,549,139	394.4%	4.50%	0.4837
	2032	1,198,232	5,337,053	445.4%	554,633	2,470,395	445.4%	4.50%	0.4629
	2033	1,066,851	5,342,207	500.7%	472,555	2,366,297	500.7%	4.50%	0.4429
	2034	943,216	5,269,559	558.7%	399,801	2,233,606	558.7%	4.50%	0.4239
	2035	828,092	5,166,962	624.0%	335,888	2,095,807	624.0%	4.50%	0.4056
	2036	721,415	5,012,385	694.8%	280,017	1,945,558	694.8%	4.50%	0.3882
	2037	623,398	4,803,097	770.5%	231,552	1,784,041	770.5%	4.50%	0.3714
	2038	534,729	4,542,020	849.4%	190,064	1,614,419	849.4%	4.50%	0.3554
	2039	455,417	4,257,042	934.8%	154,903	1,447,967	934.8%	4.50%	0.3401
	2040	385,060	3,953,195	1026.6%	125,332	1,286,716	1026.6%	4.50%	0.3255
	2041	323,143	3,632,967	1124.3%	100,650	1,131,566	1124.3%	4.50%	0.3115
	2042	269,106	3,308,000	1229.3%	80,209	985,979	1229.3%	4.50%	0.2981
	2043	222,347	2,983,929	1342.0%	63,419	851,088	1342.0%	4.50%	0.2852
	2044	182,239	2,663,637	1461.6%	49,741	727,017	1461.6%	4.50%	0.2729
	2045	148,145	2,355,138	1589.7%	38,694	615,134	1589.7%	4.50%	0.2612
	2046	119,425	2,061,147	1725.9%	29,849	515,164	1725.9%	4.50%	0.2499
	2047	95,453	1,785,507	1870.6%	22,830	427,053	1870.6%	4.50%	0.2392
	2048	75,626	1,531,151	2024.6%	17,309	350,447	2024.6%	4.50%	0.2289
	2049	59,379	1,299,436	2188.4%	13,005	284,605	2188.4%	4.50%	0.2190
	2050	46,188	1,090,831	2361.7%	9,681	228,628	2361.7%	4.50%	0.2096
	2051	35,581	905,196	2544.0%	7,136	181,551	2544.0%	4.50%	0.2006
	2052	27,134	742,395	2736.0%	5,208	142,487	2736.0%	4.50%	0.1919
	2053	20,476	601,577	2937.9%	3,761	110,488	2937.9%	4.50%	0.1837
	2054	15,283	481,264	3149.0%	2,686	84,584	3149.0%	4.50%	0.1758
	2055	11,276	379,787	3368.0%	1,897	63,875	3368.0%	4.50%	0.1682
	2056	8,220	295,568	3595.8%	1,323	47,570	3595.8%	4.50%	0.1609
	2057	5,916	226,755	3833.0%	911	34,923	3833.0%	4.50%	0.1540
	2058	4,201	171,428	4081.1%	619	25,265	4081.1%	4.50%	0.1474
	2059	2,940	127,559	4338.9%	415	17,990	4338.9%	4.50%	0.1410
	2060	2,026	93,253	4603.2%	273	12,586	4603.2%	4.50%	0.1350
	2061	1,372	66,800	4867.4%	177	8,627	4867.4%	4.50%	0.1291
	2062	912	46,820	5132.1%	113	5,786	5132.1%	4.50%	0.1236
	2063	594	31,933	5378.6%	70	3,777	5378.6%	4.50%	0.1183
	2064	377	21,178	5614.9%	43	2,397	5614.9%	4.50%	0.1132
	Past	43,849,666	9,544,960	21.8%	59,979,302	11,833,060	19.7%		
	Future	51,012,483	131,368,133	257.5%	34,904,890	64,040,423	183.5%		
	Lifetime	94,862,149	140,913,093	148.5%	94,884,192	75,873,483	80.0%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Written Premiums and Paid Claim Experience, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	585,110	0	0.0%	1,107,705	0	0.0%	4.50%	1.8932
	2001	1,996,380	0	0.0%	3,616,706	0	0.0%	4.50%	1.8116
	2002	3,194,846	0	0.0%	5,538,645	0	0.0%	4.50%	1.7336
	2003	3,479,645	0	0.0%	5,772,611	0	0.0%	4.50%	1.6590
	2004	3,366,191	5,916	0.2%	5,343,919	9,392	0.2%	4.50%	1.5875
	2005	3,274,475	135,976	4.2%	4,974,466	206,570	4.2%	4.50%	1.5192
	2006	3,179,563	272,023	8.6%	4,622,277	395,452	8.6%	4.50%	1.4537
	2007	3,146,475	293,713	9.3%	4,377,201	408,597	9.3%	4.50%	1.3911
	2008	3,259,683	437,754	13.4%	4,339,416	582,755	13.4%	4.50%	1.3312
	2009	3,189,689	531,577	16.7%	4,063,384	677,182	16.7%	4.50%	1.2739
	2010	3,123,211	771,069	24.7%	3,807,366	939,975	24.7%	4.50%	1.2191
	2011	3,195,986	953,782	29.8%	3,728,309	1,112,643	29.8%	4.50%	1.1666
	2012	3,217,546	1,253,737	39.0%	3,591,828	1,399,579	39.0%	4.50%	1.1163
	2013	3,315,927	1,439,716	43.4%	3,542,251	1,537,982	43.4%	4.50%	1.0683
	2014	3,352,915	1,229,860	36.7%	3,427,525	1,257,228	36.7%	4.50%	1.0223
Projected Future Experience	2015	3,268,288	1,595,740	48.8%	3,197,144	1,561,004	48.8%	4.50%	0.9782
	2016	3,151,436	1,600,799	50.8%	2,950,082	1,498,520	50.8%	4.50%	0.9361
	2017	3,031,745	1,902,289	62.7%	2,715,826	1,704,064	62.7%	4.50%	0.8958
	2018	2,908,308	2,216,734	76.2%	2,493,064	1,900,232	76.2%	4.50%	0.8572
	2019	2,781,204	2,480,367	89.2%	2,281,443	2,034,663	89.2%	4.50%	0.8203
	2020	2,651,151	2,676,224	100.9%	2,081,109	2,100,791	100.9%	4.50%	0.7850
	2021	2,519,152	2,894,880	114.9%	1,892,337	2,174,577	114.9%	4.50%	0.7512
	2022	2,385,376	3,124,674	131.0%	1,714,686	2,246,118	131.0%	4.50%	0.7188
	2023	2,250,167	3,374,088	149.9%	1,547,841	2,320,961	149.9%	4.50%	0.6879
	2024	2,114,139	3,625,222	171.5%	1,391,646	2,386,327	171.5%	4.50%	0.6583
	2025	1,977,502	3,875,387	196.0%	1,245,650	2,441,148	196.0%	4.50%	0.6299
	2026	1,840,485	4,138,538	224.9%	1,109,417	2,494,650	224.9%	4.50%	0.6028
	2027	1,704,289	4,417,995	259.2%	983,082	2,548,423	259.2%	4.50%	0.5768
	2028	1,569,638	4,704,650	299.7%	866,422	2,596,913	299.7%	4.50%	0.5520
	2029	1,436,732	4,980,336	346.6%	758,909	2,630,707	346.6%	4.50%	0.5282
	2030	1,305,911	5,229,133	400.4%	660,102	2,643,183	400.4%	4.50%	0.5055
	2031	1,178,946	5,447,981	462.1%	570,263	2,635,220	462.1%	4.50%	0.4837
	2032	1,056,913	5,632,923	533.0%	489,220	2,607,346	533.0%	4.50%	0.4629
	2033	940,816	5,772,640	613.6%	416,729	2,556,955	613.6%	4.50%	0.4429
	2034	831,642	5,853,709	703.9%	352,508	2,481,210	703.9%	4.50%	0.4239
	2035	730,065	5,875,637	804.8%	296,127	2,383,258	804.8%	4.50%	0.4056
	2036	635,971	5,843,878	918.9%	246,852	2,268,302	918.9%	4.50%	0.3882
	2037	549,474	5,759,023	1048.1%	204,094	2,139,106	1048.1%	4.50%	0.3714
	2038	471,288	5,617,681	1192.0%	167,515	1,996,753	1192.0%	4.50%	0.3554
	2039	401,376	5,423,789	1351.3%	136,522	1,844,819	1351.3%	4.50%	0.3401
	2040	339,360	5,185,761	1528.1%	110,458	1,687,901	1528.1%	4.50%	0.3255
	2041	284,786	4,910,489	1724.3%	88,703	1,529,477	1724.3%	4.50%	0.3115
	2042	237,158	4,606,035	1942.2%	70,687	1,372,869	1942.2%	4.50%	0.2981
	2043	195,946	4,280,317	2184.4%	55,888	1,220,848	2184.4%	4.50%	0.2852
	2044	160,597	3,941,263	2454.1%	43,834	1,075,734	2454.1%	4.50%	0.2729
	2045	130,549	3,596,082	2754.6%	34,098	939,253	2754.6%	4.50%	0.2612
	2046	105,238	3,251,366	3089.5%	26,303	812,649	3089.5%	4.50%	0.2499
	2047	84,111	2,913,303	3463.6%	20,118	696,797	3463.6%	4.50%	0.2392
	2048	66,639	2,586,728	3881.7%	15,252	592,046	3881.7%	4.50%	0.2289
	2049	52,320	2,275,893	4349.9%	11,459	498,471	4349.9%	4.50%	0.2190
	2050	40,696	1,984,098	4875.4%	8,529	415,848	4875.4%	4.50%	0.2096
	2051	31,348	1,713,515	5466.2%	6,287	343,671	5466.2%	4.50%	0.2006
	2052	23,903	1,465,762	6132.0%	4,588	281,321	6132.0%	4.50%	0.1919
	2053	18,036	1,241,615	6884.2%	3,312	228,039	6884.2%	4.50%	0.1837
	2054	13,459	1,041,162	7735.9%	2,365	182,989	7735.9%	4.50%	0.1758
	2055	9,928	864,011	8702.9%	1,670	145,315	8702.9%	4.50%	0.1682
	2056	7,235	709,330	9804.5%	1,164	114,162	9804.5%	4.50%	0.1609
	2057	5,205	575,903	11064.4%	802	88,697	11064.4%	4.50%	0.1540
	2058	3,694	462,268	12513.3%	544	68,130	12513.3%	4.50%	0.1474
	2059	2,584	366,711	14190.3%	364	51,719	14190.3%	4.50%	0.1410
	2060	1,780	287,377	16147.1%	240	38,785	16147.1%	4.50%	0.1350
	2061	1,205	222,353	18454.0%	156	28,717	18454.0%	4.50%	0.1291
	2062	800	169,727	21205.6%	99	20,976	21205.6%	4.50%	0.1236
	2063	520	127,706	24537.3%	62	15,103	24537.3%	4.50%	0.1183
	2064	330	94,613	28639.3%	37	10,708	28639.3%	4.50%	0.1132
	Past	44,877,646	7,325,123	16.3%	61,853,612	8,527,355	13.8%		
	Future	45,509,441	152,937,708	336.1%	31,275,608	68,655,472	219.5%		
	Lifetime	90,387,086	160,262,830	177.3%	93,129,220	77,182,827	82.9%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Written Premiums and Paid Claim Experience, All Policies
Projections with 15% Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	585,110	0	0.0%	1,107,705	0	0.0%	4.50%	1.8932
	2001	1,996,380	0	0.0%	3,616,706	0	0.0%	4.50%	1.8116
	2002	3,194,846	0	0.0%	5,538,645	0	0.0%	4.50%	1.7336
	2003	3,479,645	0	0.0%	5,772,611	0	0.0%	4.50%	1.6590
	2004	3,366,191	5,916	0.2%	5,343,919	9,392	0.2%	4.50%	1.5875
	2005	3,274,475	135,976	4.2%	4,974,466	206,570	4.2%	4.50%	1.5192
	2006	3,179,563	272,023	8.6%	4,622,277	395,452	8.6%	4.50%	1.4537
	2007	3,146,475	293,713	9.3%	4,377,201	408,597	9.3%	4.50%	1.3911
	2008	3,259,683	437,754	13.4%	4,339,416	582,755	13.4%	4.50%	1.3312
	2009	3,189,689	531,577	16.7%	4,063,384	677,182	16.7%	4.50%	1.2739
	2010	3,123,211	771,069	24.7%	3,807,366	939,975	24.7%	4.50%	1.2191
	2011	3,195,986	953,782	29.8%	3,728,309	1,112,643	29.8%	4.50%	1.1666
	2012	3,217,546	1,253,737	39.0%	3,591,828	1,399,579	39.0%	4.50%	1.1163
	2013	3,315,927	1,439,716	43.4%	3,542,251	1,537,982	43.4%	4.50%	1.0683
	2014	3,352,915	1,229,860	36.7%	3,427,525	1,257,228	36.7%	4.50%	1.0223
Projected Future Experience	2015	3,345,288	1,595,715	47.7%	3,272,468	1,560,979	47.7%	4.50%	0.9782
	2016	3,498,179	1,600,711	45.8%	3,274,670	1,498,437	45.8%	4.50%	0.9361
	2017	3,416,820	1,903,383	55.7%	3,060,775	1,705,043	55.7%	4.50%	0.8958
	2018	3,277,715	2,212,948	67.5%	2,809,727	1,896,987	67.5%	4.50%	0.8572
	2019	3,134,474	2,465,728	78.7%	2,571,233	2,022,656	78.7%	4.50%	0.8203
	2020	2,987,909	2,651,142	88.7%	2,345,459	2,081,102	88.7%	4.50%	0.7850
	2021	2,839,150	2,860,255	100.7%	2,132,713	2,148,567	100.7%	4.50%	0.7512
	2022	2,688,387	3,081,770	114.6%	1,932,500	2,215,277	114.6%	4.50%	0.7188
	2023	2,536,009	3,324,072	131.1%	1,744,465	2,286,556	131.1%	4.50%	0.6879
	2024	2,382,705	3,568,822	149.8%	1,568,432	2,349,201	149.8%	4.50%	0.6583
	2025	2,228,716	3,813,164	171.1%	1,403,892	2,401,953	171.1%	4.50%	0.6299
	2026	2,074,296	4,070,520	196.2%	1,250,355	2,453,650	196.2%	4.50%	0.6028
	2027	1,920,801	4,343,982	226.2%	1,107,972	2,505,731	226.2%	4.50%	0.5768
	2028	1,769,048	4,624,607	261.4%	976,494	2,552,730	261.4%	4.50%	0.5520
	2029	1,619,259	4,894,545	302.3%	855,323	2,585,390	302.3%	4.50%	0.5282
	2030	1,471,820	5,138,102	349.1%	743,964	2,597,169	349.1%	4.50%	0.5055
	2031	1,328,726	5,352,266	402.8%	642,712	2,588,921	402.8%	4.50%	0.4837
	2032	1,191,191	5,533,142	464.5%	551,374	2,561,160	464.5%	4.50%	0.4629
	2033	1,060,345	5,669,623	534.7%	469,673	2,511,324	534.7%	4.50%	0.4429
	2034	937,301	5,748,540	613.3%	397,294	2,436,632	613.3%	4.50%	0.4239
	2035	822,821	5,769,420	701.2%	333,750	2,340,174	701.2%	4.50%	0.4056
	2036	716,773	5,737,631	800.5%	278,215	2,227,062	800.5%	4.50%	0.3882
	2037	619,286	5,653,763	912.9%	230,025	2,100,008	912.9%	4.50%	0.3714
	2038	531,166	5,514,501	1038.2%	188,798	1,960,078	1038.2%	4.50%	0.3554
	2039	452,372	5,323,718	1176.8%	153,868	1,810,781	1176.8%	4.50%	0.3401
	2040	382,477	5,089,678	1330.7%	124,492	1,656,628	1330.7%	4.50%	0.3255
	2041	320,970	4,819,148	1501.4%	99,973	1,501,027	1501.4%	4.50%	0.3115
	2042	267,290	4,520,040	1691.1%	79,668	1,347,238	1691.1%	4.50%	0.2981
	2043	220,842	4,200,126	1901.9%	62,989	1,197,976	1901.9%	4.50%	0.2852
	2044	181,002	3,867,182	2136.5%	49,403	1,055,514	2136.5%	4.50%	0.2729
	2045	147,136	3,528,281	2398.0%	38,430	921,544	2398.0%	4.50%	0.2612
	2046	118,609	3,189,886	2689.4%	29,645	797,282	2689.4%	4.50%	0.2499
	2047	94,798	2,858,065	3014.9%	22,674	683,585	3014.9%	4.50%	0.2392
	2048	75,106	2,537,557	3378.7%	17,190	580,791	3378.7%	4.50%	0.2289
	2049	58,968	2,232,526	3786.0%	12,915	488,972	3786.0%	4.50%	0.2190
	2050	45,867	1,946,205	4243.2%	9,613	407,906	4243.2%	4.50%	0.2096
	2051	35,331	1,680,720	4757.1%	7,086	337,094	4757.1%	4.50%	0.2006
	2052	26,941	1,437,652	5336.4%	5,171	275,926	5336.4%	4.50%	0.1919
	2053	20,327	1,217,758	5990.8%	3,733	223,658	5990.8%	4.50%	0.1837
	2054	15,169	1,021,122	6731.7%	2,666	179,467	6731.7%	4.50%	0.1758
	2055	11,189	847,354	7572.9%	1,882	142,513	7572.9%	4.50%	0.1682
	2056	8,154	695,634	8531.2%	1,312	111,958	8531.2%	4.50%	0.1609
	2057	5,866	564,767	9627.2%	903	86,981	9627.2%	4.50%	0.1540
	2058	4,164	453,317	10887.6%	614	66,810	10887.6%	4.50%	0.1474
	2059	2,913	359,602	12346.4%	411	50,716	12346.4%	4.50%	0.1410
	2060	2,006	281,799	14048.6%	271	38,032	14048.6%	4.50%	0.1350
	2061	1,358	218,032	16055.3%	175	28,159	16055.3%	4.50%	0.1291
	2062	902	166,425	18448.9%	111	20,568	18448.9%	4.50%	0.1236
	2063	587	125,220	21347.0%	69	14,809	21347.0%	4.50%	0.1183
	2064	372	92,770	24915.3%	42	10,499	24915.3%	4.50%	0.1132
	Past	44,877,646	7,325,123	16.3%	61,853,612	8,527,355	13.8%		
	Future	50,898,902	150,402,932	295.5%	34,867,592	67,623,223	193.9%		
	Lifetime	95,776,548	157,728,054	164.7%	96,721,204	76,150,578	78.7%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balance at 12/31/2014, All Policies

	Nationwide Form 30160A, Subject to Endorsement Form 32100		Pennsylvania Form 30160A-PA, Subject to Endorsement Form 32100-PA	
Incurred Year	Claim Reserve [1]	Active Life Reserve [2]	Claim Reserve [1]	Active Life Reserve [2]
2000	0		0	
2001	0		0	
2002	75,243		0	
2003	0		0	
2004	12,390		0	
2005	132,941		0	
2006	112,492		0	
2007	748,137		112,101	
2008	346,221		0	
2009	1,524,103		75,213	
2010	2,963,386		229,788	
2011	6,731,421		425,201	
2012	10,408,234		663,826	
2013	14,269,778		237,907	
2014	20,390,181	587,634,145	1,266,051	34,941,980

[1] *Claim reserve is the sum of disabled life reserve and incurred but not reported reserve (IBNR). Disabled life reserve is discounted to the original loss date using 4.50%, and IBNR is allocated to calendar years 2012, 2013 and 2014 then discounted to the time it is assumed to incur at 4.50%*

[2] *Active Life Reserve is defined as "midterminal" and includes an unearned premium reserve.*

Attachment 8
RiverSource Life Insurance Company
Nationwide Experience by Duration, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

Policy Duration	Earned Premiums	Incurred Claims	Incurred Loss Ratio
1	63,251,793	725,461	1.1%
2	59,034,607	2,669,128	4.5%
3	55,776,420	2,515,454	4.5%
4	53,716,087	6,888,005	12.8%
5	52,327,112	6,604,422	12.6%
6	51,663,086	9,004,099	17.4%
7	51,789,903	10,716,636	20.7%
8	52,185,205	10,230,536	19.6%
9	51,236,421	17,816,614	34.8%
10	51,525,916	17,368,419	33.7%
11	51,979,822	21,621,210	41.6%
12	53,790,774	21,356,671	39.7%
13	53,556,930	24,301,551	45.4%
14	53,562,246	25,243,051	47.1%
15	52,253,937	30,188,726	57.8%
16	50,864,320	34,048,799	66.9%
17	48,954,617	36,928,014	75.4%
18	46,975,295	39,860,020	84.9%
19	44,938,958	43,254,025	96.3%
20	42,876,642	47,065,454	109.8%
21	40,770,550	53,983,656	132.4%
22	38,627,542	57,940,412	150.0%
23	36,457,880	62,375,530	171.1%
24	34,266,970	66,550,875	194.2%
25	32,046,794	70,249,707	219.2%
26	29,813,660	79,033,568	265.1%
27	27,601,058	82,638,933	299.4%
28	25,398,052	86,635,319	341.1%
29	23,199,545	90,023,342	388.0%
30	21,043,185	91,392,038	434.3%
31	18,960,939	95,720,974	504.8%
32	16,950,660	95,829,333	565.3%
33	15,041,406	95,137,782	632.5%
34	13,264,548	93,770,860	706.9%
35	11,599,555	92,228,222	795.1%
36	10,053,922	88,514,537	880.4%
37	8,650,782	84,182,250	973.1%
38	7,389,709	79,311,698	1073.3%
39	6,265,269	73,991,415	1181.0%
40	5,270,893	68,333,124	1296.4%
41	4,399,019	62,456,925	1419.8%
42	3,641,291	56,505,984	1551.8%
43	2,988,725	50,593,750	1692.8%
44	2,431,941	44,838,255	1843.7%
45	1,961,370	39,305,022	2004.0%
46	1,567,479	34,081,815	2174.3%
47	1,240,975	29,249,442	2357.0%
48	972,991	24,819,737	2550.9%
49	755,237	20,811,893	2755.7%
50	580,109	17,240,051	2971.9%
51	440,747	14,097,994	3198.7%
52	331,060	11,380,699	3437.7%
53	245,714	9,060,417	3687.4%
54	180,098	7,109,482	3947.6%
55	130,282	5,498,012	4220.1%
56	92,953	4,189,033	4506.6%
57	65,362	3,140,949	4805.5%
58	45,257	2,315,174	5115.6%
59	30,821	1,675,115	5434.9%
60	20,613	1,187,672	5761.7%
Total	1,487,055,054	2,455,807,286	165.1%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience by Duration, All Policies
Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

Policy Duration	Earned Premiums	Incurred Claims	Incurred Loss Ratio
1	3,760,889	0	0.0%
2	3,556,467	0	0.0%
3	3,408,275	0	0.0%
4	3,326,865	539,388	16.2%
5	3,244,912	1,742,482	53.7%
6	3,208,608	445,033	13.9%
7	3,217,493	166,608	5.2%
8	3,238,828	19,234	0.6%
9	3,174,268	1,633,009	51.4%
10	3,185,033	974,475	30.6%
11	3,193,190	988,008	30.9%
12	3,298,621	1,565,921	47.5%
13	3,279,826	1,003,608	30.6%
14	3,256,585	1,485,895	45.6%
15	3,169,816	2,135,118	67.4%
16	3,077,407	2,197,734	71.4%
17	2,955,471	2,371,711	80.2%
18	2,828,975	2,551,343	90.2%
19	2,698,946	2,753,025	102.0%
20	2,567,572	2,972,668	115.8%
21	2,433,821	3,356,597	137.9%
22	2,298,342	3,573,744	155.5%
23	2,161,856	3,821,493	176.8%
24	2,024,844	4,046,103	199.8%
25	1,886,957	4,239,219	224.7%
26	1,749,063	4,701,235	268.8%
27	1,613,363	4,887,716	303.0%
28	1,479,160	5,094,478	344.4%
29	1,346,115	5,264,599	391.1%
30	1,216,464	5,310,574	436.6%
31	1,092,085	5,515,792	505.1%
32	972,834	5,490,292	564.4%
33	860,308	5,421,752	630.2%
34	756,183	5,315,912	703.0%
35	659,203	5,205,530	789.7%
36	569,677	4,974,563	873.2%
37	488,793	4,712,404	964.1%
38	416,438	4,425,250	1062.6%
39	352,208	4,113,223	1167.8%
40	295,649	3,786,094	1280.6%
41	246,259	3,450,462	1401.2%
42	203,503	3,114,068	1530.2%
43	166,817	2,784,984	1669.5%
44	135,621	2,464,727	1817.4%
45	109,334	2,159,001	1974.7%
46	87,387	1,871,994	2142.2%
47	69,230	1,607,582	2322.1%
48	54,348	1,366,178	2513.8%
49	42,263	1,147,973	2716.3%
50	32,542	953,721	2930.7%
51	24,800	782,752	3156.3%
52	18,697	634,868	3395.6%
53	13,937	507,918	3644.3%
54	10,267	400,820	3904.0%
55	7,470	311,819	4174.5%
56	5,364	239,273	4461.0%
57	3,798	180,781	4759.5%
58	2,650	134,417	5071.7%
59	1,820	98,212	5396.7%
60	1,228	70,361	5731.0%
Total	89,558,745	143,083,740	159.8%

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milliman.com

June 19, 2015

To: Pennsylvania Insurance Department

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-129957728
Policy Form: Long Term Care Policy Form 30160A-PA
Long Term Care Insurance Endorsement Form 32100-PA

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in June 2015. Milliman has conducted a high-level review of the cover letter, actuarial memorandum, and supplement to the actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

Amy Pahl

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

IDS Life Insurance Compan
IDS Tower 10
Minneapolis, Minnesota 55440

11-17-97

Long-Term Care Insurance Policy

This policy is intended to be a tax qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

Insured: (John Q. Doe) **Policy Number:** 9100-(1234567)

We at IDS Life Insurance Company are pleased to issue this insurance policy to You. This policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

The issuance of this policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President: Richard W Kling

Secretary: William A. Stoltzmann

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Approved, Effective DEC 3 1 1997
PID # A0977900
Pennsylvania Insurance Department
By Richard W. Stoner

30160A-PA

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A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Schedule

Insured:	(John Q. Doe)	Policy Number:	9100-(1234,567)
First Premium:	$(xxx.xx)	Renewal Premium:	$(xxx.xx)
Premium Mode:	(Annual)	Policy Date:	(June 15, 1997)
Effective Date:	(June 15, 1997)		

FACILITY CARE BENEFIT: Nursing Home Care; Assisted Living Facility Care; Bed Reservation Benefit; Waiver of Premium

HOME AND COMMUNITY CARE BENEFIT: Home Care; Adult Day Care; Respite Care; Equipment Purchases; Caregiver Training; Alternate Plan of Care; Case Management Services

FACILITY CARE BENEFIT

Daily Maximum Benefit Amount: $(100.00)

HOME AND COMMUNITY CARE BENEFIT

Daily Maximum Benefit Amount:
$(100) (100% of Facility Care Daily Maximum)
$(75.00) (75% of Facility Care Daily Maximum)
$(50.00) (50% of Facility Care Daily Maximum)

LIFETIME MAXIMUM BENEFIT AMOUNT:
(Lifetime limit for all Facility Care and Home and Community Care Benefits Combined)
$(73,000) (730 days x $100)
$(146,000) (1460 days x $100)
$(219,000) (2190 days x $100)
$(Lifetime/Unlimited)

ELIMINATION PERIOD: (20)(90) Days

MONTHLY WAIVER OF PREMIUM FOR FACILITY CARE: Automatically Included

(NONFORFEITURE BENEFIT OPTION:)

(Do You have this Option?) (Yes - see attached rider)

BENEFIT INCREASE OPTION:

Do You have this Option? (Yes - see attached rider)

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this policy, Your application and any attached papers. No change in this policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this policy. None of Our representatives or other persons may change this policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:
(a) Misstatements in Your Application: During the first 6 months the policy is in force, We may rescind (void) the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage.

While the policy has been in force for at least 6 months but less than 2 years, We may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage; and pertinent to the conditions for which benefits are sought.

After the policy has been in force for 2 years it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health. If We pay any benefits under the policy, the benefit payments will not be recovered by Us in the event the policy is rescinded.

(b) Pre-existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this policy because a sickness or physical or medical condition had existed before the policy date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age.

Conformity with State Statutes: If this policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This policy does not participate in Our profits or surplus earnings; and no dividends will be paid at any time.

Conformity with Internal Revenue Code: It is intended that the policy be a tax qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the policy.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

Bathing:	Your abilitiy to wash Yourself in the tub, shower, or by sponge bath.
Continence:	Your ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including care for catheter or colostomy bag.
Dressing:	Your ability to put on and take off all clothing and any necessary braces, fasteners or artificial limbs.
Eating:	Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
Toileting:	Your ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
Transferring:	Your ability to move in or out of a chair, bed, or wheelchair.

Adult Day Care Center

An organization which provides a program of adult day care and:

- Is state licensed, if the state in which it is located licenses adult day care facilities;
- Operates at least 5 days a week for a minimum of 6 hours and is not an overnight facility;
- Maintains a written record for each client which includes a Plan of Care and a record of all services provided;
- Has established procedures for obtaining appropriate aid in the event of medical emergency;
- Has formal arrangements for providing services of: a dietician; a licensed physical therapist; a licensed speech therapist; and a licensed occupational therapist; and
- Its staff includes: a full time director and one or more Nurses in attendance during operating hours for at least 4 hours a day.

Assisted Living Facility

A facility* that is engaged primarily in providing ongoing care and related services to 8 (eight) inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and
- Provides 3 meals a day and accommodates special dietary needs; and
- Is licensed by the appropriate licensing agency (if any) to provide such care; and
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

An Assisted Living Facility is NOT: a hospital or clinic; a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; a Nursing Home; Your primary place of residence in an area used principally for independent residential living; or a similar establishment.

* If a facility has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as an Assisted Living Facility only if it is engaged principally in providing, to inpatients, not only room and board, but also care and services which meets all of the above criteria.

Case Management Services

Assistance in developing and implementing a plan to meet Your long-term care needs. This includes, but is not limited to:

- a comprehensive evaluation which may include a personal interview, identification of the services You use, and identification of the availability of care;
- care planning to identify problem areas and determine the optimal level of service to meet Your needs;
- assistance from a care coordinator who works with You, Your Doctor, and primary unpaid caregivers to suggest possible solutions using a variety of formal and informal support services and available financial support;
- develop, implement and coordinate a Plan of Care as appropriate; assist in the selection of providers and explain the needs and expectations; and make arrangements to initiate the services;
- ongoing care monitoring that includes: monitoring the delivery of the long-term care services; and periodic reevaluations and revisions of the Plan of Care as warranted.

Chore Services

Assistance a person provides to You with light work or household tasks You would normally perform (but can no longer do because of Your need for assistance) that are necessary to or consistent with Your ability to remain safely in Your home. This may include such activities as: simple household repairs; taking out the garbage; and related tasks that do not require the services of a trained aide or attendant.

Custodial Care

Care which can be performed by persons without professional medical training and which is primarily for the purpose of meeting the personal needs of the patient, including feeding and personal hygiene.

Daily Maximum Benefit Amount

The Daily Maximum Benefit Amount is the greatest amount We will pay for all expenses You incur on any one day that are covered by the benefits of the policy. The Daily Maximum Benefit Amount is stated in the Schedule. If the Schedule states that You have a Benefit Increases Option, the Benefit Increases Option provision of the Schedule expalins how this amount will increase over time.

Elimination Period

The Elimination Period is the number of days of service needed to qualify for benefits. It begins on the first day on which You incur an expense for which benefits would have been paid if there were no Elimination Period. It ends with the expiration of the number of days shown in the Schedule as the Elimination Period. Only days on which you incur expenses for which benefits would have been paid if there were no Elimination Period can be used to satisfy the Elimination Period. The days do not need to be consecutive days of care, but must be satisfied within 60 days if Your Elimination Period is 20 days; or, must be satisfied within 270 days if Your Elimination Period is 90 days. Benefits are not payable for any expenses incurred during the Elimination Period. Only one Elimination Period must be met during the lifetime of the policy.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Home Health Aide and Personal Attendant Services

Assistance a person provides to You with: simple health care tasks; personal hygiene; performing Activities of Daily Living; managing medications; and other related supportive services.

Homemaker Services

Assistance a person provides to You with activities necessary to or consistent with Your needs to manage and maintain a household when You are no longer capable of managing those activities and an informal caregiver is not available. This may include such activities as: preparing meals; doing laundry; and doing incidental household tasks.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Intermediate Nursing Care

Basic care including physical, emotional, social and other restorative services under periodic medical supervision. This nursing care requires the skill of the registered nurse in administration, including observation and recording of reactions and symptoms, and supervision of nursing care.

Licensed Health Care Prac loner

Any of the following who is not a member of the Immediate Family:
- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Licensed Therapist

A licensed physical, occupational or speech therapist who is operating within the scope of his or her license.

Lifetime Maximum Benefit Amount

The Lifetime Maximum Benefit amount is shown in the Schedule. It is the maximum benefit dollar amount that will be paid for all policy benefits. If the Schedule states that you have a Benefit Increase Option, the Benefit Increase Option provision of the Schedule explains how this amount will increase over time.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility* or distinctly separate part of a hospital or other institution which is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services to inpatients and:

- Provides 24 hour a day nursing service under a planned program of policies and procedures which was developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one Doctor and one Nurse; and
- Has a Doctor available to furnish medical care in case of emergency; and
- Has at least one Nurse who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds); and
- Has a Nurse on duty or on call at all times; and
- Maintains clinical records for all patients; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

A Nursing Home is not: a hospital or clinic, a place which operates primarily for the treatment of alcoholism, drug addiction or mental illness, an Assisted Living Facility, Your primary place of residence in an area used principally for independent residential living, or a similar establishment.

* If an institution has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Nursing Home only if it meets all of the above criteria, is authorized by license to provide nursing care to inpatients, and is engaged principally in providing such nursing care in accordance with that license.

Plan of Care

Plan of Care means a written document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform Activities of Daily Living or to perform basic cognitive functions appropriately.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Qualified Long-Term Care Services

Qualified Long-Term Care Services are the necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which (a) are required by a chronically ill individual, and (b) are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

Respite Care

Short-term care provided to You in an institution, Your home or at a community based program, in order to relieve Your primary caregiver in Your home. Examples of Respite Care Facilities are: community-based residential facilities; assisted living facilities; rest homes; custodial care facilities; personal care facilities; and alternate long-term care facilities.

Severe Cognitive Impairment

Deterioration or loss in Your intellectual capacity as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long-term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Severe Cognitive Impairment.

Skilled Nursing Care

Skilled care which requires the technical expertise of professional personnel such as a registered or a licensed practical nurse and is provided either directly by or under the supervision of these personnel in a Nursing Home, Assisted Living Facility, Your home, or community based program.

Substantial Assistance

The hands-on or standby assistance of another person without which You would be unable to perform an Activity of Daily Living.

Hands-on assistance is the physical assistance of another person without which You would be unable to perform an Activity of Daily Living. Standby assistance is the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to You while performing an Activity of Daily Living.

Substantial Supervision

Continual supervision (which may include verbal cueing, gestures, or other demonstrations) by another person that is necessary to protect You, as a severely cognitively impaired indiviudal, from threats to Your health or safety (such as may result from wandering).

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions and Limitations

This section states the conditions under which payment will not be paid even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for any expenses incurred for anything:

- Provided by a member of Your Immediate Family; unless
  - the Immediate Family member is a regular employee of the organization that is providing the services; and
  - the organization receives the payment for the services; and
  - the Immediate Family member receives no compensation other than the normal compensation for employees in his or her job category.
- For which no charge is made in the absence of insurance.
- Provided outside of the United States of America or its possessions.
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.
- That results from war or act of war, whether declared or not.
- That results from an attempt at suicide or an intentionally self-inflicted injury.
- That results from alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instruction of a Doctor.

Non-Duplication

The policy will pay benefits only for covered expenses You incur that are in excess of the amount paid or payable under Medicare (including amounts that would be reimburseable but for the application of an elimination or coinsurance amount) and any other federal, state or other governmental health care plan or law (except Medicaid).

As used above, "Medicare" means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Facility Care Benefit Provisions

This section describes the benefits payable under the policy for the Facility Care benefits of Nursing Home or Assisted Living Facilities.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

The policy must be in force when the Nursing Home or Assisted Living Facility stay starts.

Conditions

Benefits will be paid for expenses You incur after Your Elimination Period has been satisifed and while the policy is in force. Benefits are not payable for any day used to satisfy the Elimination Period. The Elimination Period is shown in the Schedule and is described in the Definitions section of this policy. Benefit payments are subject to the Facility Care Daily Maximum Benefit, the Lifetime Maximum Benefit, and all other provisions of the policy.

Confined in a Nursing Home or Assisted Living Facility

Your Nursing Home and Assisted Living Facility stay must be Necessary and You must be confined in the Nursing Home or an Assisted Living Facility as an overnight resident inpatient and a room and board or subsistence charge is made for each day.

Stay is Necessary

We consider Your Nursing Home or Assisted Living Facility stay to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner that Your stay is appropriate because You are a chronically ill individual. You are a chronically ill individual when You have been certified by Licensed Health Care Practitioner, within the preceding 12-month period, as either:

(a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home or Assisted Living Facility stay, whether skilled, intermediate or custodial.

How Much We Pay

We will pay the expenses You incur, up to the Facility Care Daily Maximum Benefit amount for each day of confinement in a Nursing Home or Assisted Living Facility after the Elimination Period. The Schedule shows the Facility Care Daily Maximum Benefit amount. It may be changed, over time, by a Benefit Increase Option, if applicable.

The benefit amounts We pay for reimbursement of expenses for Nursing Home or Assisted Living Facility stays will be deducted from the Lifetime Maximum Benefit amount.

How Long Benefits Will Be Paid

The Facility Care Benefit will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit amount has not been reached, or an extension of benefits has been granted.

Bed Reservation Feature

If You become hospitalized during a Nursing Home or Assisted Living Facility stay and You are charged to reserve Your accommodations in the Nursing Home or Assisted Living Facility, We will:
- pay the same benefits; and
- give the same Elimination Period credit;

that You would have received if You had stayed in the Nursing Home or Assisted Living Facility instead of a hospital. We will do this for a total of 21 days of hospitalization (continuous or not) each policy year.

The benefits paid for reserving Your accommodations in the Nursing Home or Assisted Living Facility will be deducted from the Lifetime Maximum Benefit Amount.

Home And Community Care Benefit Provisions

This section describes the coverage available for Home and Community Care.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

The policy must be in force when You receive the Covered Care.

Conditions

Benefits will be paid for expenses You incur after Your Elimination Period has been satisfied and while the policy is in force. Benefits are not payable for any day used to satisfy the Elimination Period. The Elimination Period is shown in the Schedule and is described in the Definitions section of this policy. Benefit payments are subject to the Home and Community Care Daily Maximum Benefit, the Lifetime Maximum Benefit Amount, and all other provisions of the policy. Benefits will not be paid for services received while hospitalized.

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

- Home health care services provided by a Nurse;
- Home health care services provided by a Licensed Therapist;
- Home Health Aide and Personal Care Attendant Services; and
- Day care services You receive at an Adult Day Care Center.

80% of the expenses You incur for:

- Homemaker Services; or
- Chore Services.

when the care is necessary because of Your:

(a) - Being unable to perform, without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

Determining When Care is Necessary

We consider care to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner that Your stay is appropriate because You are a chronically ill individual. You are a chronically ill individual when You have been certified by a Licensed Health Care Practitioner, within the preceding 12-month period, that You meet the requirements of (a), (b), or (c) above.

How Much We Pay

We will pay the Covered Care expenses You incur, up to the Home and Community Care Daily Maximum Benefit amount after the Elimination Period. The Schedule shows the Home and Community Care Daily Maximum Benefit amount. It may be changed, over time, by a Benefit Increase Option, if applicable.

The benefit amounts We pay for reimbursement of Covered Care expenses will be deducted from the Lifetime Maximum Benefit amount.

How Long Will Benefits Be Paid

Benefit payments will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit Amount has not been reached, or an extension of benefits has been granted.

ADDITIONAL COMMUNITY CARE BENEFIT PROVISIONS
(Respite Care; Equipment Purchases; Caregiver Training; Case Management Services; Alternate Plan of Care)

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Community Care

Covered Community Care is Covered Respite Care, Covered Equipment Purchases, Caregiver Training (as defined below), Case Management Services, and an Alternate Plan of Care when the care is necessary because of Your:

(a) Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

Determining When Care is Necessary

We consider care to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner that Your receipt of care is appropriate because You are a chronically ill individual. You are a chronically ill individual when You have been certified by a Licensed Health Care Practitioner, within the preceding 12-month period, that You meet the requirements of (a), (b), or (c) above.

How Long Benefits Will Be Paid

Benefit payments will be paid for as long as: You qualify for benefits; the policy remains in force; and the Lifetime Maximum Benefit Amount has not been reached, or an extension of benefits has been granted. Benefit payments are deducted from the Lifetime Maximum Benefit Amount unless stated otherwise by the provision.

Covered Respite Care

We will pay the expenses You incur, up to the Facility Care Daily Maximum, for Covered Respite Care that is provided to You in an institution, Your home or at a community based program in order to relieve Your primary caregiver in Your home.

Limitations on Benefit Payments: Covered Respite Care is limited to the actual expenses You incur, up to the Facility Care Daily Maximum, for the first 14 days of Respite Care per policy year. Respite Care is not subject to the Elimination Period, and may not be used to satisfy Your Elimination Period. Benefit payments are deducted from the Lifetime Maximum Benefit Amount.

Covered Equipment Purchases

We will pay the expenses You incur, up to fifty (50) times the Home and Community Care Daily Maximum, for Covered Equipment Purchases. Covered Equipment Purchases are the purchases of medically appropriate equipment that are made while the policy is in force and are:

- Intended to assist You in living at home or in other residential housing by relieving Your need for direct, physical assistance; and
- Expected to enable You to remain at home for at least 90 days after the purchase date; and
- Specified and provided in accordance with Your Plan of Care.

Covered Equipment Purchases will NOT include:

- Any equipment that will, other than incidentally, increase the value of the residence in which it is installed; or

- Artificial limbs, teeth or equipment that is placed in Your body, temporarily or permanently.

Examples of Eligible Equipment: Based on Your situation, the eligible equipment may include such items as:
- Pumps and other devices for intravenous injection;
- Grab bars to assist in toileting;
- Special hospital style beds; crutches; or wheelchairs;
- Interior and exterior ramps to permit movement from one level of the residence to another; or
- Other mechanical aids.

Limitations on Benefit Payments: The lifetime maximum total amount We will pay for expenses incurred under the Equipment Purchase Benefit is an amount equal to fifty (50) times the Home and Community Care Daily Maximum Benefit amount. Equipment purchases must be pre-approved by Us. Benefits paid for the Equipment Purchase Benefit are deducted from the Lifetime Maximum Benefit Amount. The Equipment Purchase Benefit is not subject to the Elimination Period, and may not be used to satisfy Your Elimination Period.

Caregiver Training Benefit

We will pay the expenses You incur, up to a lifetime maximum of five (5) times the Home and Community Care Daily Maximum Benefit, for the training of an informal caregiver to care for You in Your home. All of the following conditions apply to the payment of this benefit:

- We will not pay for training provided to someone who will be paid to care for You; and
- The training cannot be received while You are confined in a hospital, a Nursing Home, or an Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your home where You can be cared for by the person receiving the training.

Expenses covered by this benefit are not subject to the Elimination Period and may not be used to satisfy Your Elimination Period.

Limitations on Benefit Payments: The lifetime maximum total amount We will pay under this Caregiver Training Benefit is an amount equal to five (5) times Your Home and Community Care Daily Maximum Benefit. Payment under this Caregiver Training Benefit will not count against Your Facility Daily Maximum Benefit or Your Home and Community Care Daily Maximum Benefit for any day. Benefits paid for this Caregiver Training Benefit are deducted from the Lifetime Maximum Benefit Amount.

Alternate Plan of Care

We will pay the expenses You incur for care, treatment, services, supplies or other items You receive in accordance with an Alternate Plan of Care.

An Alternate Plan of Care must clearly specify the benefits to be payable, and is mutually agreeable to You, Your Doctor, and Us as a cost effective alternative to benefits otherwise covered by this policy. Benefits are not payable for any expenses incurred prior to the date of mutual agreement. Agreement to participate in an Alternate Plan of Care will not waive any of the rights You or We have under the policy.

Examples of an Alternate Plan of Care: An Alternate Plan of Care may indicate the use of providers, facilities, or supports not otherwise covered by the policy. Examples include, but are not limited to:
- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional Equipment Benefits.

Limitations of the Alternate Plan of Care: We will pay the expenses You incur up to the Facility Care Daily Maximum Benefit. Benefits are paid after the Elimination Period has been satisfied and are deducted from the Lifetime Maximum Benefit Amount.

Case Management Services

You have the option of selecting Case Management Services to assist You in developing and implementing a Plan of Care. You also have the option to reject recommendations provided.

We will pay the expenses You incur for Case Management Services which are provided by a Case Manager, chosen by You.

A Case Manager's initial assessment fee is subject to a maximum charge of five (5) times the Facility Care Daily Maximum Benefit. This amount will not be deducted from the Lifetime Maximum Benefit amount. A Case Manager's initial assessment fee in excess of five (5) times the Facility Care Daily Maximum Benefit amount will be deducted from the Lifetime Maximum Benefit amount.

Other fees charged for Case Management Services are subject to a maximum of two (2) times the Facility Care Daily Maximum Benefit amount per use. This amount will not be deducted from the Lifetime Maximum Benefit amount. Fees in excess of two (2) times the Facility Care Daily Maximum Benefit amount are deducted from the Lifetime Maximum Benefit amount.

The Case Management Services benefit is not subject to the Home and Community Care Daily Maximum benefit.

Expenses covered by this benefit are not subject to the Elimination Period and may not be used to satisfy Your Elimination Period.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your policy number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the policy; the periods for which You are claiming benefits; and copies of Your expense statements for covered items.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We must be furnished a written Plan of Care, prepared and certified by a licensed health care practitioner acting within the scope of his/her license and prescribing treatment accepted by the general medical community. We will also need a copy of Your Medicare Explanation of Benefits (or similar form for other plans and programs subject to the Non-Duplication provision to determine which expenses (if any) are excluded from coverage.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical examination when a claim is made and at reasonable intervals while You are claiming continued benefits. If an examination is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due immediately; and at the end of each 30 days thereafter, when the loss is expected to result in on-going benefits.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your beneficiary. If no beneficiary is designated and benefits are payable to Your estate, We may pay benefits up to $1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

Claim Denial: You will be informed by Us in writing if a claim, or any part of a claim, is denied. We will make available to You all information directly relating to the claim denial within 60 days of the date of Your written request, unless such disclosure is prohibited under state or federal law.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

Once We complete Our review of Your claim, We will act promptly on Your request and give You an answer within 30 days after We receive Your appeal; and pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your policy at any time by sending Us written notice. Your policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written notice of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

Monthly Waiver of Premium During Covered Confinements

We will waive premium payments on a month-to-month basis during extended Nursing Home and Assisted Living Facility stays. The waiver begins after You have been confined in a Nursing Home or Assisted Living Facility for 90 days during which You are satisfying Your Elimination Period or receiving policy benefits for the confinement. The 90 days does not have to be consecutive days, but must be satisfied within 180 days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and

- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Assisted Living Facility Benefits.

This waiver of premium payment stops when You cease to receive Nursing Home or Assisted Living Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the policy to its previous premium payment mode. You must pay future premiums as they become due.

What Happens When Premiums are Not Paid

Grace Period: This policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The policy will stay in force during the grace period. If the premium is not paid during the grace period, the policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the policy terminates.

Extension of Benefits: Termination of this policy will not affect any claim for uninterrupted institutional confinement that begins while the policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the policy was in force, will terminate when the Lifetime Maximum Benefit Amount that applies on the date of termination is reached, and is subject to the Elimination Period and all other applicable provisions of the policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Assisted Living Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Assisted Living Facility from a temporary or acute hospitalization.

Reinstatement: Once this policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated policy.

Any premiums We accept for a reinstatement will be applied to a period which begins on the date of reinstatement.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Protection Against Unintentional Lapse: You have the option to direct us to notify someone else when the 31 day grace period has expired and Your policy is about to terminate because premiums have not been paid on time. We will then give the person You name an additional 31 days during which premiums may be paid before the policy will terminate because the premium has not been paid. You may change the designation at any time.

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment: If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation You must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

(a) Are unable to perform, without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) Require substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:
- within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
- within 9 months of the lapse date, when You are eligible for continuation because You have been cognitively impaired.

You must pay all past-due premiums for the policy and all riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the policy and all riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable elimination periods, maximum payment periods and all other provisions of the policy and its riders.

Long-Term Care Insurance Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends).

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

11-5-97

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440
Tele: 612-671-3733

Nonforfeiture Benefit Rider

This rider was issued on the basis of Your application and payment of the required premium. This rider is made a part of the policy. This rider is subject to all terms, exceptions, and provisions of the policy unless changed by this rider. All changes are explained below.

If Your policy terminates due to nonpayment of premiums, it will continue automatically with a Reduced Lifetime Benefit. Your Facility Care Daily Benefit amount, Home and Community Care Daily Maximum Benefit amount, and Elimination Period will not change after the date of lapse. Increases to the Facility Care Daily Benefit amount and the Home and Community Care Daily Maximum Benefit amount as provided under the Benefit Increases Option, if applicable to the policy, will cease to apply.

The amount of Your Reduced Lifetime Benefit will be the total of all policy premiums paid including the premium for this nonforfeiture benefit.

If the policy has been in force for at least 3 years, the Reduced Lifetime Benefit will not be less than thirty (30) times the Facility Care Daily Maximum Benefit amount at the time of lapse.

The Reduced Lifetime Benefit will apply only to benefit amounts paid:

- for Facility Care that occurs after the lapse date, and
- for Home and Community Care You receive after the lapse date.

In no case will the sum of:

1. The expenses incurred for Facility Care while the policy was in force, and the expenses incurred for Facility Care after the lapse date, exceed the Lifetime Maximum Benefit amount as stated in the Schedule in effect at the time of lapse; and

2. The expenses incurred for Home and Community Care You receive for which benefits were paid while the policy was in force, and the expenses incurred for Home and Community Care You receive for which benefits were paid after the lapse date, exceed the Lifetime Maximum Benefit amount as stated in the Schedule in effect at the date of lapse.

This rider is issued as of the policy date of the policy unless a different date is shown here.

IDS Life Insurance Company

William A. Stoltzmann

Secretary

Approved, Effective DEC 3 1 1997
PID # A0977300
Pennsylvania Insurance Department
By Richard W. Stoner

30165A-PA

9/97

11-5-97

IDS Life Insurance Company
IDS Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Simple Increases Option

Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase, and each increase thereafter, will be equal to 5% of Your original Facility Care and Home and Community care Daily Maximum Benefit Amounts.

Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:
(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company

William A. Stoltzmann

Secretary

Approved, Effective DEC 3 1 1997
P/D File # A097 0081
Pennsylvania Insurance Department
By Richard L. Stover

30273A

11-5-97

IDS Life Insurance Company
IDS Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Compound Increases Option

Your applicable Facility Care and Home and Community Care Daily Maximum Benefit Amounts will increase on each anniversary of the Policy Date. Increases will apply to expenses You incur on or after the date of the increase. The first increase will be equal to 5% of Your original Facility Care and Home and Community care Daily Maximum Benefit Amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior year's increase.

Your Lifetime Maximum Benefit Amount will also be increased. It will be increased by an amount equal to (a) times (b), where:

(a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and

(b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company

William A. Stoltzmann

Secretary

Approved Effective DEC 3 1 1997
PID# A0971900
Pennsylvania Insurance Department
By Richard W. Stoner

30274A

A+H - Pennsylvania 2/22/2000

Form # 32100-PA

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

Long-Term Care Insurance Endorsement

This Endorsement is made a part of the Policy to which it is attached. It changes terms of the Policy.

I. The "Stay is Necessary" provision of the "Facility Care Benefit Provisions" section of the policy is amended to read:

Stay is Necessary

We consider Your Nursing Home or Assisted Living Facility stay to be necessary if We are given proof, in the form of a certification at least annually, and a written Plan of Care prepared and signed by a Licensed Health Care Practitioner that Your stay is appropriate because You are a chronically ill individual. You are a chronically ill individual when You have been certified by a Licensed Health Care Practitioner, within the preceding 12-month period, as either:

(a) - Being unable to perform without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in Consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a)

II. The "Covered Care" provision of the "Home and Community Care Benefit Provisions" section of the policy is amended to read:

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

-Home health care services provided by a Nurse;
-Home health care services provided by a Licensed Therapist;
-Home Health Aide and Personal Care Attendant Services; and
-Day care services You receive at an Adult Day Care Center.

80% of the expenses You incur for:

-Homemaker Services; or
-Chore Services.

when the care is necessary because of Your:

(a) - Being unable to perform, without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

ENDORSEMENT TO LTC POL. # 30160-A-PA

PID # A37952001 IDS LIFE

Approved, Effective MAR 22 2000 PID # A37952001 Pennsylvania Insurance Department By Richard L. Stroup

III. The "Covered Community Care" provision of the "ADDITIONAL COMMUNITY CARE BENEFIT PROVISIONS" section of the policy is amended to read:

Covered Community Care

Covered Community Care is Covered Respite Care, Covered Equipment Purchases, Caregiver Training (as defined below), Case Management Services, and an Alternate Plan of Care when the care is necessary because of Your:

(a) - Being unable to perform without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

(b) - Requiring substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or

(c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

IV. A Provision entitled "Monthly Reimbursement of Premium During Covered Home and Community Care" is added to the section of the Policy "Effective Date and Premium Payment Provisions" and reads:

Monthly Reimbursement of Premium During Covered Home and Community Care

We will reimburse premium payments on a calendar month basis during extended periods of Home and Community Care. You must continue to pay premiums as they become due.

The reimbursement begins after You have incurred an eligible expense for covered Home and Community Care, excluding Homemaker and Chore Services, for 90 days during which You are satisfying Your Elimination Period or are receiving Policy benefits for Home and Community Care. The 90 days does not have to be consecutive days but must be satisfied within 270 consecutive days. We will then:

- reimburse the pro-rata premium paid for monthly periods beyond that for which the waiver begins; and

- reimburse the payment of premium for each calendar month which begins while You continue to receive at least 12 days of covered Home and Community Care Services, excluding Homemaker and Chore Services.

Your premiums will not be reimbursed for any calendar month in which You:

- Receive less than 12 days of covered Home and Community Care Services; or

- Receive Homemaker and Chore Services only; or

- Have reached Your Lifetime Maximum Benefit amount.

V. The "Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment" section of the "Effective Date and Premium Payment Provisions" section of the Policy is amended to read:

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Funtional Impairment: If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation you must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

(a) - Are unable to perform without substantial assistance from another individual, 2 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
(b) - Require substantial supervision to protect You from threats to health and safety due to Severe Cognitive Impairment; or
(c) - Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:

-within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
-within 9 months of the lapse date, when You are eligible for continuation because You have been cognitvely impaired.

You must pay all past-due premiums for the policy and all riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the policy and all riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the policy and its riders.

This endorsement is issued as of the Policy Date of the Policy.

IDS Life Insurance Company

William A. Stoltzmann

Secretary